

REPORT

Standardization of Penile Plethysmography Testing in Assessment of Problematic Sexual Interests

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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. **Murphy L, Ranger R, Fedoroff JP, Stewart H, Dwyer RG, and Burke W. Standardization of penile plethysmography testing in assessment of problematic sexual interests. J Sex Med 2015;12:1853–1861.**

Key Words. Phallometry; Penile Tumescence; Sexual Arousal; Assessment; Paraphilias; Standardization

Penile tumescence, as measured by the penile plethysmograph, is a widely recognized means of measuring male sexual arousal to given stimuli. The use of penile plethysmography (PPG) has become a standard objective measure of arousal and is considered by some researchers and clinicians to be essential in the assessment and treatment of male sex offenders and men with paraphilic interests [1–8]. In the past, PPG has also been used to assess differences in penile responses observed from effects of medication [9] and as a result of biologic factors effecting erectile responses in nocturnal penile tumescence in the process of aging [10]. This article intends to focus solely on the standardization of PPG procedures when used in contexts to assess paraphilic and problematic sexual interests

and arousal. A typical PPG assessment includes the presentation of sexual and neutral nonsexual stimuli while the subject wears a gauge that records electronic measurements of fluctuations in penile blood flow. The degree of arousal is measured by increase in penile circumference after the presentation of a given stimulus. Sexual response patterns can be compared with determine sexual interest [2].

Wide variation exists concerning stimuli types, assessment protocols and means of analyzing and interpreting phallometric results in forensic laboratories across North America [7]. Concerns regarding the lack of standardization in phallometry across sites have been discussed since its creation; however, little improvement has been

made [2–4,6]. There are challenges in the implementation of standardization within jurisdictions and between countries. For example, forensic assessment laboratories in Canada typically rely on a combination of audio and visual stimuli; the visual stimuli often depicting nude images of children, as nude pictures of children and adolescents are permitted for clinical purposes. However, despite the clinical utility of such materials, they are prohibited in the United States [2,7]. Even within the same country, there is significant variation in the approaches utilized between laboratories.

While initially developed by Kurt Freund in the Czechoslovakia in the 1950s, PPG is not utilized as widely and frequently on the international scale as it is in North America. In a legal evaluation of PPG in the context of the Convention of Human Rights conducted by the European Court of Human Rights, the court reported that equipment and materials for PPG was available in seven of 25 establishments providing sex offender treatment in England and Wales. Of these seven, only three agencies conducted PPG regularly [11]. Gazan [11] reports the use of PPG in Belgium, but highlights the very limited use of this measure in other European countries.

This article identifies empiric technical data from peer-reviewed journal literature and academic books to provide a technical review of the current state of the art and makes recommendations for future research.

Assessment Stimulus

The types of PPG stimuli sets used to assess sexual arousal tend to be visual, auditory, or both. They are often presented in the form of still slides, videos, and audio recordings that are projected onto a large screen or wall for viewing. In the United States, it is illegal to possess photographs of nude persons under the age of 18, even for clinical, legal, or research purposes [2,7,12,13]. This is because the use of a photograph depicting a nude child defined as illegal in any case where the stimuli are intended to be used to elicit a sexual arousal response, falling under the legal definition of lascivious exhibition of the genital region [12,13]. As a result, all the stimuli sets in the United States are strictly audio or a combination of audio with nonnude and/or nude images of adults and nonnude images of children and teenagers under age 18.

In Canada, nude images with models of all ages are permitted for clinical assessment and are used routinely for research purposes. This exception arises from the “public good” statutory defense defined in s.163.1(6) of the *Criminal Code of Canada, 1985*. The defense described in this section circumvents criminal conviction in cases where the otherwise illegal pornographic material depicting children serves a “legitimate purpose related to the administration of justice or to science, medicine . . .” and “does not pose a risk of undue harm to persons under the age of 18 years” [14]. The audio depictions in both the United States and Canada have historically used adult male voices speaking in a monotone voice to describe both legal and illegal sexual scenarios [2]. However, even when different labs use the same types of materials, the content of the stimuli may differ between labs.

There is evidence that videotapes and auditory stimuli of preferred sexual scenarios are more effective than still slides in eliciting both subjective reports of sexual arousal based on self-report and measured changes in penile tumescence in men with paraphilic and nonparaphilic interests [2,8]. Some researchers have wondered if videotape stimuli may be too effective in evoking sexual stimulation, which may consequentially reduce discrimination between different categories of stimuli [15]. The authors of this article believe that this concern is unfounded as long as equivalent quality videos depicting other sexual scenario are presented. In these cases, data across different sexual scenarios can then be compared. In a sense, the person being tested becomes his own control.

While videotape scenarios provide an excellent test for sexual arousal, there are obvious ethical concerns about presenting videotapes of criminal sexual scenarios [16]. A paradoxical problem of videotape scenarios is that they may present too much information, given their explicit nature. Some men with paraphilic disorders tend to be highly specific in what they find arousing. Therefore, an audiotape in which the appearance of the person is left to the imagination of the individual being tested may be more effective at eliciting arousal than videotapes.

According to Lalumière and Harris [1], sexual preference for age and gender is most effectively discriminated using visual stimuli, while sexual arousal because of coercion is most effectively measured by presenting auditory stimuli [17]. Gaither and Plaud’s study found that sexual arousal was greater when audio stimuli accompa-

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