

Changes in Sexual Arousal as Measured by Penile Plethysmography in Men with Pedophilic Sexual Interest

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ABSTRACT

Introduction. Although pedophilia is defined by a recurrent sexual interest in prepubescent children, little attention has been paid to the stability or fluidity of this sexual interest over time.

Aim. The aim of the current study was to investigate if patterns of penile tumescence (as a proxy for sexual interest) measured by penile plethysmography testing (PPT) can change.

Methods. In this retrospective chart review study, PPT results of 43 men diagnosed with pedophilia were collected and analyzed. All participants displayed a pedophilic sexual arousal pattern at the time of their first PPT. To test for change, we compared initial PPT results with subsequent PPT results measured at least 6 months later.

Main Outcome Measure. Sexual arousal was assessed using PPT by measuring change in penile circumference induced by the presentation of standardized sexual audio stimuli.

Results. Approximately half of the sample ($n = 21$) displayed a change in PPT results. This change was characterized by a significant decrease of sexual arousal in response to pedophilic (child) stimuli and a significant increase of sexual arousal in response to nonpedophilic (adult) stimuli. No differences between sexual interest changers (ICs) and nonchangers (NC) were found for demographic data or for length of time between assessments. However, between-group comparisons revealed that ICs had significantly lower pedophilic indices at the initial assessment than NCs.

Conclusions. Results from the current study indicate that relative pedophilic interest, as defined by increase in penile circumference in response to nonpedophilic stimuli as measured by PPT, changed in about 50% of men diagnosed with pedophilia who also had initial pedophilic PPT sexual responses. This represents a significant challenge to the hypothesis that sexual interest in men with pedophilia is unchangeable and should be the focus of future studies. Müller K, Curry S, Ranger R, Briken P, Bradford J, and Fedoroff JP. Changes in sexual arousal as measured by penile plethysmography in men with pedophilic sexual interest. *J Sex Med* 2014;11:1221–1229.

Key Words. Pedophilia; Change in Sexual Interest; Stability of Sexual Interest; Sexual Arousal; Penile Plethysmography; Prepubescent Children

Introduction

Pedophilia is a psychiatric disorder defined by persistent, intense sexually arousing fantasies,

Note: This study is based on work done by Karolina Müller in partial fulfillment of her master's degree under the supervision of Drs. Peer Briken and John Paul Fedoroff.

sexual urges, or behaviors involving sexual activity with a prepubescent child or children (Diagnostic and Statistical Manual of Mental Disorders [DSM], versions II–5 and International Classification of Diseases [ICD], version 10) [1–6]. The term “pedophilia” was first introduced diagnostically, in the DSM II [1], under the category of “sexual deviations.” Years later, the DSM III [2]

expanded the categorization to include specifications, including experiencing sexual urges and/or fantasies for prepubescent children (13 years or younger); the individual must have either acted on these urges or be distressed by them, and the object of the attraction must be at least 5 years younger than the individual who must be over 16 years of age. Further to this, the criteria excludes late adolescents with ongoing sexual relationships with 12- to 13-year-olds. Lastly, it encourages specifying the gender(s) of the children to whom the person is sexually attracted, whether the attraction is limited to incest and whether it is exclusive (attraction only to children) or nonexclusive (attraction to both children and adults). The only difference to the criterion for the DSM IV [3] entry for pedophilia was the addition of the qualifier that the sexual fantasies, urges, and behaviors must have been present for at least 6 months. The DSM IV-TR [4] did not provide any updates to the criterion for pedophilia. Despite ongoing debate over the diagnostic criteria for pedophilia, the current DSM 5 [5] retained the same original criteria as listed in the DSM IV-TR. The most important update, which was made to all the paraphilias, categorized them as “disorders.” Pedophilia is the only DSM 5 paraphilic disorder in which there is no provision for coding an “in remission” criterion.

It is often claimed that pedophilia is a “lifelong condition” based on the hypothesis that sexual interest cannot be changed. This claim is typically based on studies of men convicted of sexually assaulting children, especially men who have sexually reoffended. This is problematic as prison populations are more likely to include repeat offenders who have demonstrated a pattern of failure to change. In addition, not all men who commit sex crimes have a pedophilic disorder. It has been argued that pedophilia must be “incurable” since given the social stigma and legal consequences; men with pedophilia would change if they could. However, the fact that people do not change in spite of adverse consequences is not in itself proof they cannot change. Some theorists have used the failed and misguided attempts to change sexual orientation (e.g., faradic conditioning and so-called reparative therapy of gay men) to support the argument that pedophilic sexual interest is immutable [7–9]. However, sexual orientation is different from sexual interest. Advocates for the idea that pedophilic sexual interest is fixed also pointed out that while anti-androgen pharmacologic interventions decrease pedophilic

reoffense rates, they do so by suppressing all sex interest.

The self-reported sexual interests of men with pedophilia who claim their interests have changed are often viewed with skepticism because of their presumed tendencies to deny or diminish their pedophilic sexual interests [10]. The measurement of sexual interest by men in prepubescent children has been attempted by using various techniques [11–15]. In many countries, penile plethysmography testing (PPT) is one of the main physiological measures of sexual arousal in men. PPT has been criticized [16] but is still considered the “gold standard” for objective measurement of sexual interest in men. PPT is based on the observation that sexual arousal in men is associated with penile tumescence. Therefore, we operationalized sexual interest as penile tumescence in response to auditory stimuli as measured by PPT. For example, men who demonstrate a sexual response to audiotaped sexual scenarios involving sexual relations between two men typically continue to show the same response pattern over time. In some cases, the response decreases for one of four reasons: (i) the man is attempting to suppress his response to gay stimuli and has learned how to suppress his erection by, for example, distracting himself by doing mathematical puzzles in his head during the test; (ii) he has become simply bored (less aroused) on hearing the same stimuli a second time; (iii) he is taking a medication that suppresses his sex drive; and (iv) his physiology has changed because of recent sexual activity, illness, or age. Although it is common for penile response to decrease on repeat testing, it is rare for a man with a primary sexual arousal pattern in response to male stimuli to change by showing a new increased sexual arousal pattern in response to female stimuli.

The theory that pedophilia is a lifelong condition presents a testable hypothesis, namely that men with a primary PPT response pattern demonstrating penile tumescence in response to pedophilic (child) stimuli should not demonstrate increased penile tumescence in response to nonpedophilic (adult) stimuli on follow-up PPT. Alternatively, if pedophilic interest is changeable, it should be possible to show that men with pedophilia can not only show a decrease in penile response to pedophilic (child) stimuli but also show an increase in penile response to nonpedophilic (adult) stimuli.

In order to test these two competing hypotheses, we selected men diagnosed with pedophilia

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