
ERECTION RESPONSE
CHARACTERISTICS OF
ADOLESCENT SEX OFFENDERS

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ABSTRACT

One hundred and sixty adolescent sexual offenders were evaluated by penile plethysmography, using two-minute audiotaped stimulus cues. Results indicate that 80.6% of the adolescents achieved greater than 20% of an erection response. Mean latency from stimulus onset to maximum tumescence was 95 seconds. Mean latency to detumescence from stimulus offset was 109 seconds. These results indicate that adolescent males are suitable subjects for psychophysiological assessment which can be used as part of an overall evaluation to determine treatment needs in this population.

**Becker, J.V., Stein, R.M., Kaplan, M.S., & Cunningham-Rathner, J. (1992).
Erection response characteristics of adolescent sex offenders. *Annals of Sex
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A comprehensive evaluation of adult and adolescent males who have been accused of committing sexual crimes is of utmost importance to researchers and clinicians in order to identify relevant treatment needs. Traditionally, clinicians have relied solely on assessment by verbal report or attitudinal measures (Barlow & Abel, 1976) which has raised the issue of under-reporting of sexually deviant behavior. Therefore, in investigating sexual preference, researchers have focused on more objective methods of assessing sexual arousal patterns (Abel, Becker, Murphy & Flanagan, 1981). Several researchers have reviewed the available literature on physiological measures and concluded that the measurement of penile erection is the most valid objective assessment of male sexual arousal available (Barlow & Abel, 1976; Freund, Langevin & Barlow, 1974; Zuckerman, 1971). Direct measurement of erection responses has been widely used with adults. An extensive review and critique of the literature on the psychometric properties of erectile measures has been completed by Murphy and Barbaree (1987).

Recently, studies assessing adolescent sex offenders' erection responses to audiotaped stimuli have been completed (Becker, Hunter, Stein, & Kaplan, 1989; Becker, Kaplan, & Kavoussi, 1988; Becker, Kaplan, & Tenke, 1992).

The present study examined two characteristics of erection responses in adolescent sex offenders; latency to maximum tumescence from stimulus onset and latency to detumescence from stimulus offset. Information about erection latency serves several functions including: (1) determining how long stimuli should be presented, (2) establishing normative data so that comparisons can be made with other populations and with different stimulus material, and (3) detumescence data can potentially be useful in order to infer the presence or absence of sexual fantasy immediately following stimulus offset.

METHOD

Research Participants

Participants were 160 male adolescents, ages 13-18, who were referred to the Sexual Behavior Clinic in New York City, an outpatient evaluation and treatment program for adolescents who have engaged in norm-violating sexual behavior. These behaviors included involvement with age-inappropriate partners and/or coercive sexual behavior.

Procedure

Informed consent was obtained from each participant and his parent(s) prior to participation. As part of the total evaluation, psychophysiological assessment

Table 1
Percent of Full Erection Responses
Achieved By Adolescent Sexual Offenders

Percent Maximum Erection Response	Number Cases	Percent Cases	Cumulative Percent of Cases
0 - 19	31	19.4	19.4
20 - 40	21	13.1	32.5
41 - 60	12	7.5	40.0
61 - 80	20	12.5	52.5
81 - 100	71	47.5	100.0
Totals	160	100.0	100.0

Note: Fifty-five of the 71 subjects in the 81 - 100 percent level achieved 100% of an erection response.

DISCUSSION

Recent research on the psychophysiological assessment of erection responses has concentrated on adult sexual offenders. The results of this study demonstrate that this procedure can also be used with adolescent sexual offenders because they tolerate the procedure well and show considerable arousal during the assessment. The finding that 19% of the adolescent offenders achieved less than 20% of a full erection response is consistent with studies of adult offenders (Murphy & Barbaree, 1987).

Contrary to the notion that adolescents have a long detumescence time, the results of this study indicate that this is not the case. These findings suggest that psychophysiological assessment can be used as an integral part of a comprehensive evaluation along with psychometric testing and clinical interviews.

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