3.130 The content of sex offense specific treatment shall focus on decreasing deviance and dysfunction and improving overall health with the goal of decreased risk. Treatment planning shall be formulated to set measurable outcomes:

10. The role of sexual interest or arousal in sexual offending or abusive behaviors; definition of non-offensive and non-abusive sexual fantasy; reduction and disruption of deviant sexual thoughts and arousal, when indicated.

Discussion: Plethysmography is a specialized form of assessment used in treatment with individuals who have committed sexual offenses. Penile plethysmography involves measuring changes in penile circumference and volume in response to sexual or nonsexual stimuli. Plethysmograph testing provides objective information about male sexual arousal and is therefore useful for identifying deviant sexual interests during an evaluation, increasing client disclosure, and measuring changes in sexual arousal patterns over the course of treatment (ATSA, Practice Standards and Guidelines, 2005).

It should be recognized that to date, no research on plethysmography (PPG) has included non-offending youths, and “norms” have not been established for the use of this measure. Therefore, the use of the PPG with adolescents under the age of 18 is not recommended, except for in rare cases for older adolescents in which case dynamics, assessment of risk and identified risk factors establish a clearly identifiable benefit. If the PPG is used, the treatment provider should document the empirically based rationale and monitor for possible detrimental impact.

11. Disinhibiting influences such as stress, substance use, impulsivity, and peer influence.


15. Identification of physical health and safety needs.

16. Accurate information about healthy sexuality, positive sexual identity, and healthy relationships. (Refer to Appendix M, “Guidelines for the Use of Sexually Stimulating Materials” for further details).

Discussion: A goal of treatment is to help juveniles who have committed sexual offenses to gain an increased understanding of healthy, non-abusive sexuality. To achieve this goal, treatment providers and supervising officers must engage the juvenile in non-judgmental
discussion of sexual topics and materials. The MDT should support the development of healthy sexual relationships, when appropriate, that involve consent, reciprocity, and mutuality.