

# Polygraph and Phallometry (Plethysmography) Position Statement for VADJJ and Regional Service Coordinators

DJJ's position on polygraph and phallometry supports the Association for the Treatment of Sexual Abusers (ATSA) current practice guidelines as cited and referenced in this document. Therefore, DJJ shall not endorse the use of polygraph or phallometry with individuals under the age of 18, and further, shall not make recommendations of such on its risk assessment, agency reports, etc., nor refer any of its committed, probationed, or paroled youth to clinical partners or agencies who will utilize polygraph and/or phallometry for assessment, treatment or supervision purposes outside the scope of ATSA's current guidelines.

DJJ cautions the use of polygraph and/or phallometry with its committed, probationed, or paroled individuals who are 18 years or older. Use of polygraph and/or phallometry for DJJ involved individuals, 18 years or older, shall take into consideration ATSA's practice guidelines and shall consider the individual's emotional intelligence, maturity and any intellectual disability or developmental delay. Additionally, justification for such use shall be specific to the individual, with particular regard to addressing specific aspects of the individual's offending; and how such use will improve public safety.

## For Juveniles

The ATSA practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior, 2017 (pages 32-33), outlines the following on the use of polygraph and phallometry with juveniles:

"Polygraphs and plethysmography (phallometry) are physiological measurements designed for use with adults. Their use was extended to adolescents and younger children without establishing the measure's scientific validity and without full consideration of their potential for harm. In particular, no research has subjected either measurement to controlled evaluation with relevant comparison groups such as adolescents who have not offended sexually. There are, therefore, no norms against which to compare measurement results, which severely limits their interpretability. More generally, neither measurement has been shown to improve treatment outcomes, reduce recidivism, or enhance community safety. Neither measurement is regularly used outside of the United States. Indeed, some countries have banned the use of one or both measurements with minors.

Ethical concerns raised for both measurements include the potential for coercion and for engendering fear, shame, and other negative responses in adolescent clients. Further ethical concerns relate to the prospect of basing impactful decisions including those relevant to such things as legal restrictions and/or family reunification on the results of measurements that are largely unsupported empirically. Separately,

plethysmography involves the ethically concerning practice of exposing adolescents to developmentally inappropriate sexual material. Without a clearly identified benefit and with a potential for harm, ATSA recommends against using polygraph or plethysmographs with anyone under the age of 18.”

### **For Adults**

The ATSA Practice Guidelines for Assessment, Treatment, and Management of Male Adult Sexual Abusers, 2014 (pages 27-28), outlines that phallometry and polygraph are not to be used as the sole criterion for the following:

- Estimating level of risk for recidivism;
- Making recommendations for release to the community from a correctional, institutional, or other non-community placement;
- Determining treatment completion; or
- Drawing conclusions regarding compliance with or violations of conditions of release or community placement.

Phallometry shall be limited to:

- Assessing the client’s relative risk for sexual arousal and preferences regarding age and gender;
- Evaluating the client’s arousal responses to various levels of sexually intrusive or aggressive/coercive behaviors;
- Exploring the potential role of offense-related sexual arousal in the client’s sexually abusive or at-risk behavior and developing accompanying treatment goals; and
- Monitoring the effectiveness of interventions involving the modification, management, and expression of both healthy and offense-related sexual arousal.

Phallometry shall limit viewing time measures to the following purposes:

- Assessing the client’s sexual interests with respect to age and gender;
- Exploring the potential role of offense-related sexual interests in the client’s sexually abusive or at-risk behavior and developing accompanying treatment goals; and
- Monitoring the effectiveness of interventions involving the modification, management, and expression of both normative and offense-related sexual interests.

Polygraph shall be limited to the following purposes:

- Facilitating a client’s disclosure of sexual history information, which may include sexually abusive or offense-related behaviors (generally disclosed in the interview portion of the examination);
- Eliciting from the client clarifying information regarding the instant offense/index offense;
- Exploring potential changes, progress, and/or compliance relative to treatment and other case management goals and objectives (through yes/no questions about adherence to specific treatment and other case management expectations); and/or
- Making collaborative case management decisions about a client with other partners and stakeholders based on the information gleaned from the examination and interview.

In conclusion, any consideration to include the use of polygraph or phallometry as part of a court ordered probation strategy, risk assessment or treatment compliance tool, and/or parole safety plan, should adhere to the above cited principles. Any use of polygraph or phallometry beyond these principles is not endorsed by DJJ and are outside the instructional scope of this RPSP guideline.