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ocean newsletter

Overcoming Corruption Encouraging All Nations

In this 2nd issue of the ocean newsletter we will show that how the gulag forces the men at their facilities to watch child pornography. Then we will look at how unethical it is for a staff member to even show up to "work" every day. We will then tell the story about a man who committed a crime over 15 years ago and continues to be held for behaviors he might commit in the future. We then expose the myth of "volitional impairment," encouraging all people that they have a choice to hurt others or not. Then we will delve into the atrocious penile plethysmograph, a machine that gages the changes in a man's penis while he is forced to watch child porn.

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msop Clients are Expected to Watch Child Porn to Progress Through Treatment

Whoever approved of the use of pictures of underage children, including babies in diapers, to be used in the penile-plethysmograph (PPG) should be arrested and charged for the production and distribution of child pornography – including the parents of the children involved.

Child porn is defined by Minnesota statute as using a person under the age of 18 to issue sexual performance for purposes to depict actual or simulated sexual conduct. It is unlawful for a person to permit a minor to engage in posing or modeling in any sexual performance if the person knows that the conduct intended is sexual. Any person who violates this subdivision is guilty of a felony.

Neither consent to sexual performance by a minor or the minor's parent, guardian, or custodian nor mistake as to the minor's age is a defense to a charge of violation of this section. The purpose of the law is to protect minors from the physical and psychological damage caused by their being used in pornographic work.[1]

Although msop has immunity for them built into this law, which does not stop such material from hurting the children in the photos. Nor does it stop the mental damage this inflicts on the client forced to endure it.

Keep in mind, the PPG required for msop clients to "move forward" in the msop program. It is used to try to detect pedophile thoughts by using a stretchable band with mercury inside which is fitted around the subject's penis and the band is connected to a machine with a video screen and data recorder. Any changes in the penis size, even those not felt by the subject, are recorded while the subject views sexually suggestive or pornographic pictures and listens to audiotapes with descriptions of children being molested and raped, as well as other disgusting variations of images and audio descriptions.

Our very own Daniel A. Wilson of ocean has taken the PPG. Here is what he said about it:

I wish I knew what I was getting myself into before I took it. This was a modern day *Clockwork Orange.* I'd rather stay locked up the rest of my life than to witness those children being abused again.

Footnotes

1. See Minn. Stat. § 617.246 "Use of minors in sexual performance prohibited" and Minn. Stat. § 617.247 "Possession of pornographic work involving minors"

MSOP Staff... Least Accomplished Group of People...

With any other profession consisting of "sick" people, if the clients do not get well, it is the fault of the doctors and nurses, not the clients. Any clinician, who decides to get an education to help others, should expect to see the results of their hard work. However, an msop clinician is like a surgeon who leaves her patient on the operation table to die (But not before she gets her paycheck from the tax payers). No client ever gets rehabilitated at msop.

msop clinicians will blame the client for having an "illness," and then also blame the client for not curing it. This fly's in the face of the concept of "volitional impairment" – the initial purpose for the commitment. If the offending behavior is not a matter of the client's will, then he cannot be held responsible for his recovery either. However, the truth is, no one is truly "volitionally impaired."

Among the 20 states with civil commitment programs, Minnesota has the highest number of civilly committed sex offenders per capita[1] At $124,465 a year; housing one sex offender costs the tax payer three times the cost of a prison inmate. There are currently about 755 Clients at msop. At $93,971,075 a year,[2] (not to mention court costs because as long as msop administration continues to abuse its clients, they will continue to hold administration accountable by exercising their right to the court system). msop is a massive waste of Minnesota money and this is expected to only get worse as long as no one gets released. It is projected that by 2022 the number of sex offenders in Minnesota will be 1,125.[3] We will never lock up all the sex offenders as selfish deviants are born every day. As sex offender laws become stricter – as they should – the msop system will just continue to grow (However, it will end, because it is founded on lies).

The Minnesota Commitment and Treatment Act, which is the law governing the standard for how someone gets committed, defines that Minnesota's interest in enacting civil commitment laws lies in both protecting the public from sexual violence and rehabilitating the mentally ill. msop does neither. It does not act as a deterrent to those who want to sexually offend, because most of the public does not even know it exists, and it surly does not rehabilitate anyone. It does, however, lock up those who have already learned their lesson because they did their prison time.

If msop staff really wants to treat and reintegrate clients back into the community, then they should be encouraging and educating their clients about the Special Review Board (SRB) process. The SRB process should be taught to clients in orientation upon admission to msop and encouraged throughout treatment. Instead, clinicians rarely even bring it up. In fact, it is almost blasphemous to even mention any kind of legal avenue to get released as if the ideology of psychology is at war with the ideology of the justice system. SRB has become a mystery to many clients who actually believe that it's up to their clinician to approve their release.

Footnotes

1. Nobles, James R., Legislative Auditor, Evaluation Report, Civil Commitment of Sex Offenders, March 2011, Office of the Legislative Auditor, Program Evaluation Division, Centennial Building, Suite 140, 658 Cedar Street, St. Paul, MN 55155-4708. E-mail: auditor@state.mn.us, Web Site: http://www.auditor.leg.state.mn.us. Phone: (651) 296-4708. p.x
2. Rosario, Ruben. "This Judge Believes Even Sex Offenders Have Rights" Pioneer Press, Ruben Rosario can be reached at 651-228-5454 or rrosario@pioneerpress.com follow him at twitter .com/nycrian.
3. Ibid

Client Interview

If the public and the state authorities are going to keep us locked up forever, they are at least going to know how we're getting along. After praying for an interview, God provided. After venting to a friend via letter, he responded just in time for this publication of the second issue of our ocean newsletter.

It's been 15 years since I committed my crime; 15 years that they have wanted to know why; 15 years wanting to know what "caused" this "mental illness" I was alleged to have had; 15 years ... and my primary therapist, Ross Peterson, states that it is his professional opinion that I "do not have a mental illness nor do I exhibit sexual deviancy."

I have spent the greater part of these last 12 years studying psychology, through the tragedy of my uncles stroke, we discovered neuroscience. It has been neuroscience and the power of God that I am now on a discovery of truth.

I used to blame my past; I used to blame my alcohol and drug addictions for the harm I afflicted. But the truth is.... these things were a choice. In order to take accountability for my rehabilitation, I needed to take accountability for my choices and not believe it was some act stemming from a symptom.

I cannot change the past, I can only apologize, and tell you that I Am Sorry! Nor can I, or anyone for that fact, predict the future.

The choices I make in the present moment are for understanding. To becoming a Defender. I am NOT a sex offender, I committed a sexual offence, a choice of a criminal nature, not a symptom of some manifested mental disorder.

Through my study of neuroscience, I've learned the impacts of drugs and alcohol on the prefrontal cortex. The Prefrontal Network plays an important role in behaviors that require the integration of thought with emotion. Its integrity appears important for the simultaneous awareness of context, options, consequences, relevance, and emotional impact that allows the formulation of adaptive interpretations, decisions, and actions. Damage to this part of the brain impairs reasoning, judgment, the online (attentive) holding of information, and the ability to inhibit inappropriate responses and behaviors.

I've learned that had I not been inebriated I would not have committed the sexual abuse. This is no excuse or scapegoating, science does not allow for such. The truth is the truth. Nor does it allow for unaccountability. I am accountable, and I have displayed it for the last 12 years.

I don't spend time waiting for change, I pursue it, craving knowledge and understanding. I take accountability through taking responsibility for my rehabilitation, I need to because MSOP does not.

So, *why am I here?* A long, long time ago, I realized msop is not about providing rehabilitation, but the courts opportunity to reconvict the already convicted

John Grzybek from the 1994 Legislative Hearings on the Minnesota Sex Offender Commitment Bill, tells the truth:

> No one has, I think, really been honest as to what we're trying to do here. I've heard arguments before the Court of Appeals and Supreme Court by prosecutors, the county prosecutor and the Attorney General's Office, saying that what we want to do and why we can withhold these individuals, these sex offenders, for life is because we want to treat them, we want to make them better. I don't think so. I don't think that's the intent here at all. I think the intent is to use the psychopathic personalities statute to get a second bite at the apple. After an individual has been subjected to the criminal justice system, and maybe we don't like the deals that were cut by the prosecutors, or the length of sentences by the courts, but the fact of the matter is through the sex offender statutes, the criminal statutes, we as a society have determined that if you commit a crime, a sex offense, you will serve it behind bars, and after you serve that time, society deems that you have paid your debt to society, and you shall be let free. Under the psychopathic personality statute, county prosecutors are taking a second bite of the apple, saying, 'that plea agreement that we entered into, the sentence that the judge gave, isn't good enough; we want to

get you life!' How many people who have been committed to St. Peter under the psychopathic personality statute have been freed? Two? ... It is essentially a life sentence...

Those Who Choose to Offend are also Capable of Choosing not to Offend.

Humans are animals of progress and discovery. However, we are also afraid of taking responsibility. So although our natural curiosity has driven mankind to progress and discover in amazing ways, our fear of being personally accountable has hindered our mental health systems.

In relation to a propensity to sexually offend, to indoctrinate the idea that there will never be a cure, is to slam the door in the face of a possible cure. This is essentially what the Freud's Medical Model has inadvertently done: suppressed a cure for sex offenders by preaching the doctrine that we have a "disease." In other words, there is no "cure" because there is no "disease." Sex offending is a choice and the solution is a few years in prison:

> ...The 80% recidivism rate [for sex offenders] is an entirely invented number... [it came from] a Psychology Today article published in 1986. That article was written, not by a scientist, but by a treatment provider who claimed to be able to essentially cure sex offenders through innovative 'aversion therapies' including electric shocks and pumping ammonia into offenders' noses via nasal cannulas. The article offered no backup data, no scientific control group, and no real way to fact-check any of the assertions made to promote the author's program... But in the last 30 years since that Psychology Today article was published, there have been hundreds of evidence-based, scientific studies on the question of the recidivism rate for sex offenders... Convicted sex offenders have among the lowest rates of same-crime recidivism of any category of offender... one by the federal government that followed every offender released in the United States for three years..... the results clustering around 3.5% [recidivism]... a study by the California Department of Corrections concluded that 91% of sex offenders returned to California prisons were returned for... technical violations, while only 1.8% were returned as a result of having committed a new sex crime.[1]

Sex offenders don't need intense drawn out treatment because good old fashion prison is effective. This is because sex offending is a choice and if the punishment is severe enough, the offender will think twice about sexually offending. Personally, I believe a 1st time offender should get at minimum 20 years in prison. But a lifetime in prison, while being tricked into believing you can work your way out, is not only cruel, it's unnecessary and expensive for tax payers.

As long as clinicians insist that clients are victims to external stimuli that enter the mind, causing the thoughts and emotions that lead to offending (ignoring the theistic belief in freewill), clinicians will never understand their clients. I agree with Dr. Jay E. Adams who wrote:

> ...the mental health viewpoint [is] plainly wrong in removing responsibility from the sinner by locating the source of his... sexual problem in constitutional or social factors over which he has no control... the Medical Model took away the sense of personal responsibility. As a result, psychotherapy became a search into the past to find others (parents, the church, society, grandmother) on whom to place the blame. Therapy consists of siding against the too-strict Super-ego (conscience) which these culprits have socialized into the poor sick victim.[2]

People no longer consider themselves responsible for what they do wrong. They claim that their problems are allogenic (other-engendered) rather than autogenic (self-engendered). And when people seek help from mainstream sources they run the risk of experiencing iatrogenic (problems caused by treatment) symptoms.

Excuses have coddled our society even in recent events. School shootings are the fault of musical performers. Bombings are the fault of religious ideology. And sexual offending is the fault of early exposure to porn, "negative emotions" caused by others, or one's own experience of being sexually

victimized. The idea is that one or all of these external influences somehow cause "volitional impairment" (an impairment in one's own voluntary choice to act). "He couldn't help it" has become the default go to since Freud. Richard T. LaPiere exclaims, "...Freudian assumption [is] that it is entirely natural for the criminal to act as he does and quite unreasonable for society to make him stand trial for being his antisocial self."[3]

Dr. Jay E. Adams tells us how this allogenic mindset causes an iatrogenic outcome:

> ...personal helplessness, hopelessness, and irresponsibility are the natural results of the Medical Model. If a person's problems in living are basically problems of disease and sickness rather than problems of behavior, he has no hope unless there is medicine or therapy which can be applied to his case. Since there is no medical cure for people in such trouble, they move from despair to deeper despair.[4]

Now you know why MSOP is stacked to the ceiling with despair: because clients are taught that they are victims of their sexual impulses. They are victims of their "cycles" and "triggers."

Footnotes

1. Feige, David. "When Junk Science About Sex Offenders Infects The Supreme Court." The New York Times, 12 Sept. 2017
2. Adams, Jay E. Competent to Counsel: Introduction to Nouthetic Counseling. Presbyterian and Reformed Pub. Co., ©1970, pp. xiv, xvii-5
3. Ibid
4. Ibid., p.7

"Convicted sex offenders have among the lowest rates of same-crime recidivism of any category of offender... Sex offenders don't need intense drawn out treatment because good old fashion prison is effective."

Plethysmography - Wrongly Testing the Wrong Thing.

Just as with the polygraph, penile plethysmography has grave problems as to its unscientific nature. The lead article as to these problems is the first one below. Excerpts from: Max B. Bernstein, "Supervised Release, Sex Offender Treatment Programs, and Substantive Due Process," 85 Fordham Law Review 261 (2016, Issue 1, Article 11); http://ir.lawnet.fordham.edu/flr/vol85/iss1/11 Abstract: p. 261: "...This Note argues that mandated PPG testing should be eliminated as a condition of federal supervised release. The test infringes on a constitutionally protected liberty interest against unwanted bodily intrusions and, as only the Second Circuit has held, any condition of supervised release that infringes on a constitutionally protected right may be mandated only where it is narrowly tailored to serve a compelling government interest. Because there are a number of viable, less intrusive alternatives, PPG testing as it stands today is not narrowly tailored enough to serve a compelling government interest." Text, p. 266: "...[E]ven sex offenders retain at least some level of humanity, and testing methods should not be unnecessarily intrusive or humiliating. The federal supervised release statute codifies this sentiment by explicitly barring any condition of supervised release that unnecessarily infringes on the liberties of the offender.19 p. 268:

"Freund's PPG testing is commonly referred to as the 'volumetric method.'37 Freund's machine was a glass tube that went over the man's flaccid penis. The tube was filled with air and sealed with the 'ominous-sounding "locknut."'38 After being 'strapped in,' the subject would be shown suggestive pictures or reading material, and as blood rushed to the man's penis it would enlarge and displace the air in the tube.39 Electric wires attached to the tube measured even slight changes in the air volume inside of the glass, signifying to the clinician that the subject was aroused.40 Levels of arousal could be traced to the volume of air displaced.41"Bancroft invented what he considered to be a less cumbersome and cheaper PPG testing method that is referred to as the 'circumferential method.'42 Bancroft's test used 'a mercury strain gauge inside a stretchable band.'43 The band is usually a silicone ring wrapped around the penis.44 The mercury in the band surrounds the flaccid penis and is plugged with electrodes.45 As the penis's circumference expands, the mercury is thinned out against the ring and increases the resistance, which the electrodes pick up to measure expansion of the penis.46 "The volumetric method is considered to be the more accurate and sensitive of the two, as it can detect even 'the smallest changes in penis diameter.'47 The volumetric method, however, is more expensive and cumbersome to administer.48 Thus, the circumferential method is used more frequently.49"Regardless of the method employed. There is a documented lack of standardization in the administration of PPG testing.50 p. 269: "...There is great variation among operators as to what stimuli they present to their subjects.60 Some offenders are even shown real child pornography.61 A number of treatment centers obtained confiscated visual images from law enforcement; however, this was unsurprisingly met with resistance and is now uncommon.62 Other treatment centers have used photos of nude children who were 'reared in a nudist environment,' with written consent from the child's parents.63 ...However, the use of computer-fabricated images of children64 or nonsexual photographs of clothed children65 are becoming more common in the administration of PPG testing." p. 271: "II. The Science Behind PPG Testing "Despite the widespread use of PPG testing as a condition of supervised release, legal scholarship on the test is practically nonexistent. There has been only one in-depth review of PPG testing – a 2004 article in the Temple Political and Civil Rights Law Review written by Jason Odeshoo, which has since become the leading (and only significant) legal scholarship on the PPG.82 Other legal scholars have provided cursory critiques of the test, but have failed to meaningfully engage with the test's utility or limitations, The same cannot be said, however, of the scientific community." p. 272: "A. What Does PPG Testing Measure and What Do Its Results Say About the Risk of Reoffense? "...[S]ex offenders will express 'a preference for these cues or for behaviors motivated by the stronger sexual arousal.'86 Because people are more likely to perform behavior that optimizes rewards or personal satisfaction, it follows that men with sexually deviant preferences will act on those preferences.87 [But this is actually a non sequitur.] In short, sex offenders are aroused by deviant acts and are more likely to act on their arousal. "...[A]ssuming that

PPG testing can accurately determine a test subject's preference for sexually deviant material, what does that tell us about the subject's risk of acting on that behavior? Or, what can PPG testing tell us about the risk of recidivism?" pp. 272-3: "1. Can PPG Testing Accurately Measure Sexually Deviant Arousal? "As stated above, the short answer is that PPG testing can measure sexually deviant arousal. However, the test has significant limitations. "PPG testing's effectiveness rest on the premise that a man's level of tumescence is an objective measure of his sexual arousal to stimuli. Erectile responses, however, are not based on a stable individual trait, and thus it is hard to directly correlate tumescence with arousal.88 Erectile responses are the result of a number of factors, including arousal, but also the subject's emotional state, fatigue, intoxication, recency of an orgasm, and other unknown endocrine factors.89 Even the gender of the clinician may affect the subject's level of tumescence.90 "Moreover, sexual stimulus is actually compound stimuli made up of multiple components.91 For instance, a subject may be presented with sadomasochistic sexual scenes that also include explicit descriptions of foreplay and intercourse.92 If the subject reaches 40 percent of full tumescence, was that a result of the violent depictions, the foreplay, the intercourse, or some combination of all three? That 40 percent may be a result of arousal to the violence. Or it may be a result of the intercourse, which would normally arouse the male to 80 percent, but his arousal was partially inhibited due to the violence. Based on the problem illustrated by this hypothetical, PPG test results can be unambiguous only when at least two depictions are shown, when all extraneous elements are similar as possible, and when there is only one key difference.93 "The selection of stimuli has a tremendous impact on the erectile response measures.94 For example, some studies have found that audio stimuli present different and more consistent results than videos,95 while other studies have found that only when the stimuli depict particularly violent scenes can the data be useful.96 Indeed, the selection of stimuli has such a great impact on the erectile response measures that 'an experimenter could construct stimulus materials for use in a study in which any desired result could be obtained.'97 "Understanding that the clinician exhibits such a great degree of control over the test makes it troubling that there is practically no standardization in the administration or scoring of PPG testing.98 PPG testing was originally created as a research tool, not a method of clinical assessment. Thus no manual or standard practices were developed.99 pp. 274-5: "The lack of standardization across PPG testing leads to serious questions regarding the procedures of scientific reliability. Reliability refers to 'the extent to which an experiment, test, or measuring procedure yields the same results on repeated trials.'100 '[U]nless a test can be shown to be reliable, there is essentially no point in giving it further consideration.'101 PPG's lack of reliability comes from a lack of standardization in administering and scoring the test, and the problem of faking. In 1995, a researcher named R.J. Howes conducted a study assessing the reliability of PPG testing and the lack of standardization in the test's administration.102 Howes examined forty-eight treatment centers throughout the United States and Canada.103 The centers had been administering PPG tests for an average of 5.5 years.104 The clinicians administering the test had been doing so for an average of 3.4 years.105 Seventy-six percent of the clinicians reported that they had been trained for one week or less, and 18 percent responded that they had never been formally trained to administer the PPG at all.106 A former president of ATSA noted that the lack of training was 'truly appalling.'107 Without training and without standard procedural guidelines, the following aspects of PPG testing vary greatly from center to center:

1) Type of gauge used (mechanical, mercury) and transducer placement
2) Type of stimuli used (audiotapes, slides, videotapes)
3) Content of stimuli used (differences in models)
4) Duration of stimulus presentation (2 sec to > 4 min.)
5) Length of interstimulus (detumescence) intervals (fixed time vs. return to baseline)
6) Nature of stimulus categories sampled ...
7) Number of categories and of stimuli used for each category
8) Instructions to subjects (imagine sexual behavior with target vs. no instructions)

9) Whether a warm-up was used and number of assessment sessions
10) Type of recording instrumentation used ...
11) Whether calibration was used to correct for any nonlinear characteristics of recording
12) Data sampling rate (every 5 sec. vs. every min.)
13) Whether methods were used to attempt to assess for faking
14) Gender and other characteristics of the evaluator
15) Type of data transformation (z-score vs. a deviance index)
16) Characteristics of the laboratory ... and
17) Type of sample and setting (outpatient, prison).108'

"Howes concluded that such inconsistencies across treatment facilities 'discredit' PPG testing and cast serious doubt on its results.109 "Further, there are numerous documented issues that arise from 'faking.'110 As both supporters and critics of PPG testing agree, those subjects who wish to trick the PPG will likely be successful.111 Individuals may fake responses by fantasizing about deviant sexual scenes while being presented with non-deviant stimuli or may try to distract themselves while deviant stimuli are presented.112 Even tests designed to ensure that the subject is paying attention to the stimuli are not foolproof, as many studies have shown that men can exert control over their erectile response or suppress their response entirely.113 "Despite the significant limitations of PPG testing, it is still 'generally considered the most accurate measure of sexual arousal.'114" p. 275: "One meta-analysis of a number of PPG testing studies could find only two studies in which pedophilic offenders could not be distinguished from other offenders.120" p. 276: ...Although a number of studies have shown that PPG testing can distinguish rapists from non-rapists,121 a significant number of researchers suggest that it cannot.122 Those in the latter explain that a number of studies have resulted in ambiguous results or even severe misclassifications of rapists and non-rapists, and thus the studies that have distinguished between rapists and non-rapists lack reliability and should not be trusted.123 "...PPG testing has very limited utility in measuring past offense history for rapists as well.126 PPG tests were unable to determine subjects' number of victims or whether violence was used and to what extent violence was used in the commission of the subjects' rapes.127" p. 277: "2. What Do PPG Test Results Say About the Risk of Recidivism? "...[A] man may be aroused by sexually deviant stimuli, but engage in exclusively non-deviant activity because he is aware of social and penal sanctions that come with acting on his deviant arousal.138 Such concerns, among others, leave PPG testing's ability to predict the risk of recidivism largely unsettled.139 "...[S]ome studies found that PPG testing has a significant relationship with rates of recidivism, albeit a small one.141 "...Other researchers believe the relationship between PPG testing and recidivism risk is usually weak144 or, further, 'that predicting who is at risk to commit a sexual crime and who is likely to recidivate cannot be predicted with even a moderate level of confidence.'145 Due to issues with the standardization of PPG testing, the test's lack of reliability, and the potential for faking, PPG testing's ability to predict the 'likelihood of reoffending is beyond the scope of the test's validity.'146 p. 278: "...The lack of standardization across the administration and scoring of the PPG makes any data derived from the procedure 'idiosyncratic, unamenable to normative comparisons, if not impossible to interpret from a traditional psychometric perspective.'148 Moreover, there may be significant biases resulting from studies that exclude data from non-responders or low responders, an exceedingly common practice among PPG practitioners.149 The sheer lack of evaluations of the test's validity regarding the biases associated with the exclusion of non-responders suggests that PPG test results cannot be trusted to predict recidivism.150. "...Considering PPG's validity issues, many researchers believe the test should not be used as a predictor of recidivism, especially when making decisions regarding periods of civil confinement, ... More ardent critics believe that because PPG testing is susceptible to a high rate of false negatives and false positives, either through faking or failure to interpret the data correctly, it should never be used as a predictor of recidivism.157" p. 279: B. PPG's Limited Utility "...Subjects who fail to produce erectile responses present 'non-interpretable' data, even though such failure could be due to a number of factors,

including faking or a real lack of sexual arousal to the stimuli.165 ... It is non-familial child molesters whose erectile data appear most deviant, but even within that subgroup, 'no more than 50 [percent] of those who admit to offending and who have multiple victims display deviant arousal.'167 [Thus, what use? You're damned if you do erect, but disregarded if you don't!] p. 281: D. Alternatives to PPG Testing "...VRT [Visual Reaction Time] testing is premised on the assumption that a man will view an image for longer if he is interested in the type of person or activity displayed in that image.187 Dr. Gene Abel, a pioneer of VRT testing, used the test to successfully discriminate between child sex offenders and non-offenders as well as to distinguish between child sex offenders and non-child sex offenders.188 Dr. Abel combined VRT testing with self-reporting questionnaires. Together commonly referred to as 'the Abel Assessment,' to achieve results that 'speak[] the same language' as PPG testing.189p. 291: "...Subjects who fail to produce erectile responses present 'non-interpretable' data, even though such failure could be due to a number of factors, including faking or a real lack of sexual arousal to the stimuli.165 ... It is non-familial child molesters whose erectile data appear most deviant, but even within that subgroup, 'no more than 50 [percent] of those who admit to offending and who have multiple victims display deviant arousal.'167 [Thus, what use? You're damned if you do erect, but disregarded if you don't!] p. 281: D. Alternatives to PPG Testing"...VRT [Visual Reaction Time] testing is premised on the assumption that a man will view an image for longer if he is interested in the type of person or activity displayed in that image.187 Dr. Gene Abel, a pioneer of VRT testing, used the test to successfully discriminate between child sex offenders and non-offenders as well as to distinguish between child sex offenders and non-child sex offenders.188 Dr. Abel combined VRT testing with self-reporting questionnaires. Together commonly referred to as 'the Abel Assessment,' to achieve results that 'speak[] the same language' as PPG testing.

"One would expect to find it [the tests] bracing the pages of George Orwell novel ... There is a line at which the government must stop. This test crosses it."

Wrote by Judge Marsha Berzon of the U.S. 9th Circuit Court of Appeals.