Reasons Why We Can't Profile Sex Offenders

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There is no existing unifying theory or model that explains the developmental aspects of erotic development in the individual. Absent in books on human sexuality is a unifying theory describing the critical periods in the development of lust and/or the stages of lust.

Yet, in the fields of the behavioral sciences and criminology extensive research has been trying delicately put together the complicated puzzle of "profiling" the sex offender. A multitude of articles have been published in the field of sex offenders using a variety of highly sophisticated instrumentation that reports their findings of the measure of arousals (thought by many to mean *sexual* arousal) and compare "arousal" data with that of specific types of sex offenders pedophiles, rapists, peeping toms, exhibitionists.

Researchers develop "typologies" of sex offenders who are purported to have "multiple" sex disorders (or "multiple Paraphilias") (Abel, Barlow, Blanchard & Guild, 1977; Barbaree, Marshall & Lanthier, 1979; Quinsey, 1986). Researchers also focus on describing characteristics of adult and adolescent sex offender, both males and females (Cooper, C., Murphy W.D., & Haynes, M.R., 1996; Miccio-Fonseca, 1996; Miccio-Fonseca, 2000; Miccio-Fonseca, 2002).

Although all of this information is helpful none of this speaks to erotic development and its connection with the sex disorder or Paraphilia Disorder. Perhaps the lack of knowledge in the etiology of sex disorders may be one of the contributory reasons that the treatment outcome studies don't bear out more robust findings than the slight positive indicators of positive treatment outcome (Langevin, R., Marentette, D., & Rosati, B. 1996; Lieb, Quinsey, and Berliner, 1998; Hall, 1995; Becker, J.V & & Hunter, J. A., 1992).

We really have little understanding of these sex disorders, these sexual orientations (note sexual orientations **not** sexual *preferences*). We don't know what causes homosexuality, or bisexuality or for that matter, heterosexuality. The same holds true for the sexualities, the sexual anomalies, like sex errors of the body (Money, 1968) and the sex disorders.

Human sexuality is a bit more complicated than to simply tell a sex offender that the reasons he/she has long standing unconventional sexual practices is "because you want to" or because of "cognitive distortions". Although such responses may have some elements of truths to its posture it also blatantly ignores a great deal about human sexuality, its function, developmental aspects and the neuropsychological tenants in human sexuality (Langevin (Ed.), 1985; Langevin, R., Wortzman, G. Wright, P., Handy, L., 1989). Sexual fantasy, sexual arousal and "erotic turn ons" are all dependent on a variety of elements; one of the major ones is the developing brain.

Sexual development for the human organism is a life span developmental process housed in the evolutionary aspects of the human organism. Longevity of the human organism has been extended by decades as a result of the technological advances in medicine, antibiotics and clinical drugs the last 100 years. Such advancement has not only brought

with it longevity of the human being but also some surprising developmental manifestations of other developmental phases in human development that is related to human sexuality. Some of these developmental phases are related to the endocrine system (in the brain), which is delicately, and intimately connected to the sexual reproductive system of the organism. In turn changes of the reproductive system for both males and females also changes sexuality, sexual development, erotic development, "erotic turn ons" and sexual behaviors.

For example, the impact of longevity on human female sexuality can be seen in 21st Century where young girls beginning menses (their periods) as young as 9-11 years of age; in the late 1800's and early 1990's young women did not begin their periods until later like 15 and late as 18 years of age. Cessation of menses for many of today's women is by the fifth decade, "menopause" (period of infertility), both term and developmental phase was virtually absent among women in the late 1800's and early 1900's simply because most women did not live long. These are two examples of how longevity has impacted the human female organism as it relates to her reproductive system and her sexuality. The same kinds of developmental changes exist for males who are developing sperm at a younger age than say 100 years ago.

Having such significant developmental changes in the reproductive system also means earlier manifestations in erotic development and sexual behaviors evidenced by the sexual health problems of the young in the 21st Century. Teen pregnancy, incidence and prevalence of sexually transmitted diseases (3 million teenagers, 1 in 4 sexually experienced teenagers, acquire an STD ever year). By end of 1995, there were more than 2,300 teenagers diagnosed with AIDS, (The Hidden Epidemic: Confronting Sexually Transmitted Diseases, National Academy Press, Washington D.C. December 1996).

So too there can be significant developmental (brain) changes in sex disorders; for example this idea that an individual has "multiple paraphilias" is frankly, questionable. It may in fact be that sex disorders, are progressive elaboration and revision of the paraphilic fantasies, desires, behaviors with it having many deep fissures and winding crevices giving impressions of different Paraphilia disorders operating simultaneously when it is only one.

Brain functioning and it's activity, is rarely discussed with regard to typology of sex offender. Surprisingly in the field of sex offenders "cognitive distortions" and Relapse Prevention models largely ignores the neuropsychological aspects of the sex offender. Neuropsychological factors are rarely considered in most research, as well as in most psychological assessments and evaluations, absent in research on recidivism, risk, and the treatment of sex offenders (Groth, N.A., 1977; Groth, N.A., & Birnbaum, H.J., 1978; Groth, N.A., & Birnbaum, H.J. 1979; Clark, T.F., & Fehrenbach, P.A., 1982; Abel, G., Mittelman, M.S., & Becker, J., 1985; Wormith, J. S., 1985;Abel, G.G., Becker, J.V & Skinner, L.J., 1985; Becker, J.V. Kaplin, M.S., Cunningham-Rathner, J., & Kavoussi, R., 1986; O'Connor, A.A., 1987; Davis, G.L., & Leitenberg, H., 1987; Fehrenbach, P.A., Smith, W., Monastersky, C., & Deisher, R.W. 1986; Levin, S. M, & Stava, L., 1987; Fehrenbach, P.A., & Monastersky, C., 1988; Scavo, Rebecca, 1989;Marshall, W.L. & Barbaree, H.E., 1990; Marques, J. & Nelson, C. 1992; Marques, J. & Nelson, C., West, M.A., Day, D.M., 1994; Kaplan, M.S., & Green, A., 1995; Cooper, C., Murphy W.D., & Haynes, M.R., 1996; Hanson, R. K. & Bussiere, M.T., 1996; Mathews, R., Hunter, J. &

Vuz, J. 1997; Greenfeld L.A., 1997; Prentky, R. A., Lee, A. F. S., Knight, R. A., & Cerce, D. 1997; Hanson, R. K., & Bussiere, M.T., 1998).

Current practice amongst professionals who work with sex offenders is to primarily focus on the behavioral ***manifestations*** of brain functioning and not the functioning itself. Inferences about brain functioning from behavioral manifestations are open to unreliable interpretations not to mention that the proposed "typologies" of sex offenders may in fact be superficial. As more research sheds light on the developing brain and the sex offender the better able we as professionals will be to provide comprehensive assessment and evaluation process, and design a treatment program regime that will deal with the whole sex offender rather than the small partitions that is currently dealt with.

A calling for a new model and paradigm is made as well as taking the obvious steps to incorporate the view of the sex disorders are very likely to have roots in "the wiring" of the individual; the developing brain.