

Developmental Influences on Those Who Sexually Abuse

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ABSTRACT

This review explores the overlapping and problematic developmental influences on those persons who engage in sexually offending behaviors. Sexual offending behaviors are both aberrant and antisocial. However, when we compare observations concerning sexual offending behavior tension exists. There are many voices offering perceptions regarding its' causes. At times, society at large can be motivated by fear or a customary desire for summary resolutions. The research, legal and treatment community find their motivation from an analytical, juridical/ community safety and therapeutic perspective. To further comprehend the complexity of sexual offending, we must widen our scope of investigation. Examining the complex genetic, environmental and sociological factors that can influence the decisions resulting in criminal sexual acts is essential.

Keywords: sexual offending, developmental, environmental, genetic, familial, attachment, social

INTRODUCTION

While cursory explanations of why humans behave in certain ways do little more than give us superficial gratification, they offer no genuine solutions. Yet, we continue to seek for them. Our sense is to assign causation; “A” causes “B” and if we solve “A” we eliminate “B”. Human behavior is far more complicated especially when we examine factors leading to sexual deviancy and personal violations. While each act is horrific, a glib response about the offender; “He’s a pervert” or “He’s just a creeper” can typify the anecdotal understanding of the egregious behavior. These parochial observations are meritless. A more significant question is; “How could the perpetrator come to behave this way”?

GENETICS AND FAMILIAL CONCENTRATION

There are those who posit the argument that the sexual violator was born with certain genetics and there is some evidence that biological factors are likely predisposing and modulating elements in sexually deviant behavior (Labelle, et al 2012). The hereditary and brain dysfunction dimension of deviancy and paraphilias is not new to science. Richard von Krafft-Ebing detailed it in *Psychopathia Sexualis* (1894). As a working definition, genetic inheritance consists of the genetic resources (i.e., the genome) available to the next generation, and is responsible for some of the cognitive, motivational and behavioral characteristics comprising the nature of the species in question (Ward & Beech, 2006).

Endophenotypes are phenotypic traits or markers thought to represent biological systems underlying a behavioral disorder and are assumed to be under greater genetic influence than the disorder itself (Gottesman & Gould, 2003). We cannot deny the potential or the effects of genetics. Some studies (Twin studies are insightful) indicate that owing to a genetic lineage, predispositions to certain deviant behaviors are beyond supposition or conjecture. In all hormone-linked genes studied, preliminary

associations with pedophilic sexual interest were found, indicating that several genetic variants could be involved in sexual interest in children (Alanko, et al, 2016).

The nature of genetics is that they are transmitted along reproductive avenues with origins in the respective familial lineage. Familial concentration of crime has been confirmed as a characteristic of the general population (Farrington, Barnes, & Lambert, 1996; Farrington, Jolliffe, Loeber, Stouthamer-Loeber, & Kalb, 2001; Rowe & Farrington, 1997). In general, fewer than 10% of the families in any community account for more than 50% of that community's criminal offenses. This low percentage of the population causes the greatest criminal harm and garners the most flagrant headlines. The family concentration of antisocial behavior could be explained by a genetic influence on antisocial behavior, but it could just as easily be explained by nongenetic social transmission of antisocial behavior within families (Moffitt, 2005). Richard Louis Dugdale recognized the familial (if not the genetic) concentration of crime phenomenon, including sexual crimes. He noted that many inmates he researched in his 19th century New York prison audit were related by blood or marriage. Encouraged to do a comprehensive study, it was eventually published in 1877 under the title *The Jukes: A Study in Crime, Pauperism, Disease and Heredity*.

Monoamine oxidase (MAOA) is a mitochondrial (passed on by the mother) enzyme responsible for the breakdown of several neurotransmitters, including dopamine and serotonin, which affect brain function. (Levitt, 2012) It is a protein involved in regulating the metabolism of serotonin in the brain and thus influencing brain function. Genetic variations associated with high or low levels of MAOA-A activity have been associated with various neurological disorders.

First-degree biological relatives living in the same family, i.e. full brothers and son-father dyads, are at the highest familial risk. Having a father or a brother convicted of a sexual offence increased the

odds of being convicted oneself 4 to 5 times compared with age-matched control men without a sexually aggressive father or brother (Langström, et al, 2015).

There are no criminal genes; notions such as genes for crime are nonsense (Gottesman, Goldsmith, & Carey, 1997, pp. 117) in the sense of genes that “cause” criminal behavior. There are genetic factors that make people *more likely* to engage in criminal behavior, just as there are social and environmental factors that increase the likelihood of criminal behavior. More study is needed to understand the link between genetics, paraphilic interest and criminal offending behavior.

NON-GENETIC HERITABLE ABNORMALITY

Although not technically genetic, there are other resultant anomalies; heritable disruptions owing to transmitted gestational teratogens. They can be introduced into the familial genetic pool through an outside environmental contributing source and subsequently passed down generationally. Some offenders are victims of Fetal Alcohol Syndrome Disorders (FASD). FASD is a result of prenatal exposure to alcohol, which can lead to varying levels of brain damage for the unborn child and a host of secondary mental health conditions. The majority of FASD-impacted individuals do not exhibit visible signs of impairment which makes accurate diagnosis difficult (Herrick, Long-McGie, 2014).

Often, these persons are undiagnosed or under-diagnosed. A point of clear concern: treatment programs may have high numbers of these patients- if not identified by early adolescence- and may be overlooked as an adult diagnosis associated with criminal behaviors (Baumbach, 2002). Individuals with FASD commonly experience problems with boundary awareness that can result in inappropriate sexual behaviors (Brown, Wartnik, Connor, & Adler, 2010). These individuals can possess a limited capacity of impulse control (Verbrugge, 2003). A lack of inhibitions often causes individuals with FASD to engage in impulsive acts without a requisite intentionality and consideration of consequences

(Fast & Conry, 2009; Rasmussen, 2005; Saleh, et al, 2009). It is obviously impossible to determine the level of influence that genetic disruptions can be attributed directly to FAS. Many mothers will not self-disclose concerning their alcohol consumption during a pregnancy. Many women who do consume alcohol during a pregnancy will outright deny. The same lack of disclosure holds true for those women who consume non-prescribed drugs or medications. The criminal behavioral outcomes are not encouraging. It has been estimated that individuals affected by FASD are between 19 and 40 times more likely to become involved in the Criminal Justice System (Allely, Gebbia, 2016)

LIMBIC SYSTEM AND HORMONES

Physiological and hormonal imbalances can be genetic. Limbic and hormonal irregularities may manifest owing to authentic non-teratogenic heritability traits. Factors that influence infant neural development are myriad. Many of them have been empirically linked to antisocial outcomes. One possible source of neuropsychological variation that is linked to problem behavior is disruption in the ontogenesis of the fetal brain. Minor physical anomalies, which are thought to be observable markers for hidden anomalies in neural development, have been found at elevated rates among violent offenders and subjects with antisocial personality traits. Two independent investigations of endocrinological function in pedophilia found that pedophilic patients had elevated responses of luteinizing hormone (LH) to the infusion of luteinizing hormone-releasing hormone or gonadotropin-releasing hormone (GRH) (Moffitt, 1993). Ward and Beech (2006) propose that the origins of paraphilias may derive from abnormal brain development leading to problems in neurological function, specifically problems in neurobiology around the levels or operation of the neurotransmitters (or monoamines) such as serotonin (5-hydroxytryptamine, 5HT), norepinephrine, and dopamine.

Although it is best known for its role in processing fear, the amygdala has also been implicated in emotional states associated with aggressive, maternal, sexual and eating behaviors (DeLisi, et al,

2009). The amygdala is intimately involved in sex and sexuality as well (Salamon, 2005). Limbic System irregularities in the Amygdala, Thalamus, Hypothalamus Hippocampus, etc. (Horn, Dolan, Elliott, et al, 2003) as well as hormonal imbalances contribute to impulsivity (Jordan, et al, 2015). Lesions of the thalamus have been noted to produce alterations in sexual behavior, often characterized by disinhibition (Spinella, 2007). Damage or developmental irregularities to the Amygdala, Hippocampus or Corpus Callosum have similar behavioral implications. These flaws can contribute to impediments in emotional learning, aversive conditioning, response to fear and other emotions, recognition of facial expression and social judgment. Distorted limbic behavioral manifestations can all play a role in sexual offending.

TRAUMATIC BRAIN INJURY

While prenatal perturbations influence cognitive functioning and disorder development, so can head injuries resulting in [but not exclusive to] unconsciousness in childhood, especially before age 13 years (Blanchard et al., 2002, 2003). The high significance of these injury types are a result of cortical development plasticity during childhood, when synaptic myelination and pruning are at their peak (Zhong et al., 2013).

Documented clearly with the case of Phineas Gage (1848), TBI's have long been known to compromise the ability to manage emotions and control impulses. TBI's have been directly correlated to criminal behavior and criminal attitudes, as well as increased risk of criminal recidivism, including sexual offending. Aberrant behaviors are often reported as a sequela of traumatic brain injury (TBI). Behaviors range from serious sexual offenses, such as pedophilia, rape, and exhibitionism, to less serious but socially maladaptive behaviors, such as inappropriate touching and verbal disinhibition (Blaszczynski, et al, 2000)

Damage to the orbitofrontal [as well as the Dorsolateral, Ventromedial, Prefrontal and Parietal Lobe] regions has been associated with decreased inhibitions that may result in abnormal sexual behaviors such as public masturbation (Herrick, et al, 2014). Damage to the Frontal lobe can result in diminished executive functioning, self-governance and prosocial decision-making i.e. increased impulsivity. Details of Phineas Gage's personality change are revealing as recorded by his attending physician, Dr. John M. Harlow. [Gage] "Remembers passing and past events correctly, as well before as since the injury. Intellectual manifestations feeble, being exceedingly capricious and childish, but with a will as indomitable as ever; is particularly obstinate; will not yield to restraint when it conflicts with his desires." Dr Harlow reports that Gage's employers, "who regarded him as the most efficient and capable foreman ... considered the change in his mind so marked that they could not give him his place again.... He is fitful, irreverent, indulging at times in the grossest profanity (which was not previously his custom), manifesting but little deference for his fellows, impatient of restraint or advice when it conflicts with his desires.... A child in his intellectual capacity and manifestations, he has the animal passions of a strong man.... His mind was radically changed, so decidedly that his friends and acquaintances said he was 'no longer Gage'" (Harlow, 1868). More often than we may imagine head injuries remain unreported, undiagnosed and untreated. Closed-head TBIs can be more damaging than open-head wounds.

INTELLIGENCE QUOTIENT (IQ)

Associated with but not dependent upon any single genetic, developmental and head injury concern is IQ. The biologically relevant trait most commonly assessed in sexual offenders is IQ, the first of which studies appeared in the 1930's (e.g., Frank, 1931). Many subsequent studies have been executed along these lines. Analyses revealed lower IQ scores to be strongly related to greater numbers of child victims, and higher IQ scores to be related to greater numbers of consenting adult sexual partners (Barbaree, Marshall 2006).

When compared with NSV [non-sexually violent] criminals, sex offenders showed significantly lower results on [IQ] performance scales. While research on NSV criminals tends to show mental imbalance (higher performance on non-verbal than on verbal IQ), sex offenders tend to perform poorly on virtually all scales (Guay, et al 2005). Considered in its entirety, the literature supports the claim that men who commit sexual offenses score lower in IQ than men who commit nonsexual offenses. Moreover, these results also confirm that for adult men, IQ differences between sexual and nonsexual offenders do not occur uniformly across sexual offender subtypes (Cantor, 2005).

DISTINCTIVE INDICATORS

Other developmental indicators are also present. Gender and low birth weight are also described as predicting early onset offending. (Tibbets, Hemmons, 2010). As additional evidence that paraphilia may have a biological basis; two recent studies have reported an association between handedness and erotic age preference. Cantor, et al. assessed 404 men who had clinically significant sexual behaviors or interests, nearly half of whom had committed a sexual offense against victim(s) aged 11 or under. These investigators found that patients' right-handedness was negatively correlated with their phallometric responses to erotic stimuli depicting prepubescent children, and positively correlated with stimuli depicting adults (Labelle, et al, 2012). Cantor, et al. suggest that elevated levels of non-right-handedness [left handed dominance] in pedophiles indicates a relationship between pedophilia and brain organization, similar to that of other major neurological conditions (Cantor, Klassen, Dickey et al, 2005) Lower mean IQs, greater frequencies of childhood head injuries (Blanchard et al., 2002, 2003), and elevated levels of non-right-handedness (Bogaert, 2001; Cantor et al., 2004, 2005) can be interpreted relatively easily as reflections of a perturbation of brain development.

Nonetheless, none of these physiological observations account for deviancy. In other words: not all persons who are born with genetic anomalies, who inherit neuro-developmental deficits, those with distinctive indicators, have a low IQ or who incur cranial injuries eventually commit sexual offenses.

VICTIMS CREATE VICTIMS

Some suggest that those who commit sexually deviant acts are themselves prior victims of those acts and therefore repeat what was done to them. This scenario is described as “vampire syndrome” (St-Yves, Pellerin, 2002). Approximately one-third of victims go on to offend (Center for Sex Offender Management). In contrast, when subject to polygraph, the self-report numbers of perpetrators claiming prior sexual victimization can drop dramatically. In other words, some men may fabricate or exaggerate early childhood trauma in an attempt to rationalize their behavior or to curry sympathy from therapists. While sex offenders have higher rates of sexual abuse victimization in their histories than expected when compared to the general population, the majority of offenders were not abused. Some studies have shown that concerning specific offender types, those who rape and those who molest children have been more likely to have been abused by adults than other offender groups. (Connolly, Woollons, 2008) These observations do not translate unilaterally across all offender profiles. While past sexual victimization can increase the likelihood of sexually aggressive behavior, countless children and adults who were sexually victimized never perpetrate against others. Genetic [heritable] factors and in some cases, prior victimization may predispose an individual to pursue a specific human need (e.g., sex or intimacy), but it is the environmental experiences (e.g., child maltreatment) that provide the methods for which human needs are met either appropriately through the development of relationships or inappropriately through the use of sexual violence. (e.g., Lee, Jackson, Pattison & Ward, 2002; Simons, Wurtele & Heil, 2002).

INTEGRATED AND ENVIRONMENTAL CONCEPTS

Other models explaining avenues to sex offending behavior (Sheldon and Eleanor Glueck, Sampson and Laub, Terrie Moffitt, et al) incorporate developmental influencers. In 1990, Travis Hirschi, along with his colleague Michael Gottfredson, proposed a general theory of low self-control as the primary cause of all crime and deviance; this is often referred to as the General Theory of Crime. Like other control theories of crime, this theory assumes that individuals are born predisposed toward selfish, self-centered activities and that only effective child-rearing and socialization can create self-control (Tibbets, Hemmons 2010).

Any one of the negative biologic influencing factors discussed above can contribute to human development and contribute to criminal behaviors. Environmental dynamics certainly contribute additional weight or influence. Ward and Siegert (2002) hypothesized that the mechanisms implicated in child sexual abuse are multiple and associated with distinct systems or factors. These factors include developmental adversity, cultural values and belief systems, family context, biological variables, psychological deficits and situational variables. They propose five pathways to offending behavior.

Intimacy Deficits- The primary cause is loneliness leading to a need to engage in a sexual relationship with a vulnerable child or other. That person has insecure attachments, mood management, impaired problem- solving, reduced autonomy, low self-efficacy and problems building healthy relationships with an appropriate partner.

Deviant Sexual Scripts- Contains individuals whose thoughts involve distortions in their sexual ideas or beliefs. This constitutes emotional self-awareness, organizing the sequence of sexual acts, decoding novel situations, setting limits on sexual responses and linking meaning from nonsexual aspects of life to the specific sexual experience. These distorted thoughts interact with dysfunctional relationship ideas and play out where relationships are defined in purely sexual terms. Early abuse may play a role in the distortions and perpetrators can believe that “love equals sex”.

Emotional Dysregulation- Contains individuals who have normal sexual ideas but have a difficult time managing and balancing their emotions. Emotional regulation involves personal control of affective states in the service of the individuals' goals. It includes monitoring, evaluation, selection, modification, inhibiting, enhancement, maintenance or elicitation. Through their lack of ability to manage emotions and sexual desires, the individual may have very poor boundaries. This may lead to impulsive decision making and acting-out their deviant desires more freely.

Antisocial Cognitions- Contains individuals who have generally, pro-criminal attitudes and beliefs. Their offending reflects general antisocial tendencies. They may also have male dominated, superior or authoritarian ideas about raising children or relationships with others. They may believe in their own superiority or patriarchal attitudes toward children.

Multiple Dysfunctional Mechanisms- Contains individuals who have developed deviant sexual scripts that activate deviant sexual fantasies. This pathway contains pronounced flaws in other primary psychological mechanisms (poor impulse control, child's sexuality, inappropriate attachments, entitlement, distorted thinking [An ideal relationship is one between an adult and a child and they see the interest as healthy and legitimate], etc.). This pathway encapsulates the other mentioned categories as well and individual specifics not mentioned above.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

The health and social consequences of child maltreatment are more wide-ranging than death and injury alone and include major harm to the emotional, physical and mental health and development of victims. Studies have indicated that exposure to maltreatment and other forms of violence during childhood is associated with risk factors and risk-taking behaviors later in life. These include violent victimization and the perpetration of violence, depression, smoking, obesity, high-risk sexual behaviors,

unintended pregnancy, alcohol and drug use (WHO, 2006). The prototypical pathway to violence and criminality starts early on with children who are aggressive and hard to handle in first and second grade. From early childhood, antisocial behavioral risk factors begin to manifest. (Goleman, 1995) These 6 and 7 year olds are already identified by teachers or others as presenting with ongoing problematic characterological behaviors. They are in fact, acting out in response to a constellation of experiences and it may not be one type of abuse that serves as a developmental risk factor for later sexual offending. Multiple abusive experiences may precede maladjustment. Through detailed assessment and careful interview practices, examining Adverse Childhood Experiences (ACE) and the test scores can be revelatory. ACEs contribute to social, emotional and cognitive impairment, inciting the adoption of high-risk behaviors as coping strategies. Emerging evidence suggests that early traumatic experiences are common in the lives of sexual offenders. The prevalence of early trauma is significantly higher for sex offenders than for males in the general population. As well, multiple maltreatments often co-occurred with other forms of family dysfunction, suggesting that many sex offenders were raised within a disordered social environment by caretakers with problems of their own who were ill-equipped to adequately protect children from emotional, physical, and sexual harm (Levenson, et al 2016).

In their familial environment or at the hands of their primary care-givers, these children may have experienced emotional abuse or rejection (Simmons, Wurtele, Durham, 2008), psychological maltreatment, witnessed chronic domestic violence or arguments, experienced verbal hostility (McGee, Wolfe, & Wilson, 1977; Straus, 1979), capricious punishments and neglect (e.g., Craissati, McClurg, & Browne, 2002a), hostile masculinity (Malamuth 1996; Malamuth et al. 1993), exposure to pornography/sexualized behaviors at a young age, cruelty to animals as well as early and frequent masturbation. These descriptors provide an opportunity for a protracted examination of client experiences but oftentimes remain under-investigated or not considered as informing treatment. In fact, they do. ACEs

create indelible imprinted emotional, neuro-psychological and developmental markers that contribute negative influences on child development. An adverse family environment is a fertile breeding ground for sexual offending. Abuse, neglect and family dysfunction often lead to mistrust, hostility and insecure attachment, which then contribute to social rejection, loneliness, negative peer associations, and delinquent behavior (Levenson, et al 2016).

ATTACHMENT AND PARENTING STYLES

Another contributing factor to potential sexual offending behaviors is parenting style/ child attachment type. Humans have particular needs. Infancy, childhood and adolescence are the times of greatest impact on our development and maturation. The long duration of human childhood testifies to its importance and reflects the complexity of tasks involved (Rees, 2005). It requires parents or custodial caregivers to face the challenge of balancing the maturity and disciplinary demands they make to integrate their children into the family and social system with maintaining an atmosphere of warmth, responsiveness and support (Bornstein, Bornstein, 2007).

Procreation is necessary for human propagation however; many people do not understand the requisite skills for healthy parenting. Many people appear to rely on family tradition or “make it up as they go” as a way to decide how to parent. Although a child can choose how to behave regardless of what style of parenting the parent chooses to use, research clearly shows what is more effective for positive outcomes (Johnson, 2016).

Attachment has long been the study of research and a wealth of information has accrued. Lorenz (1935) identified imprinting using geese and Harlow (1958) surveyed attachments in his work with Rhesus monkeys. In the 1950's, Bowlby proposed his attachment theory stating that styles are developed and internalized early in childhood and can impact one's ability to develop quality relationships

throughout life (Miller, P. H., 2002). Their observations have been well validated and accepted. Child development theorists have identified three types of attachments. Each attachment style identifies provision or deprivation of the essential components necessary for prosocial development. Secure Attachments develop when parents are consistently sensitive to the needs of the child.

Anxious/Ambivalent Attachments develop when parents respond inconsistently to the needs of the child. Insecure/ Avoidant attachments develop when the parent is typically detached, lacking in emotional expression and unresponsive to a child's needs (Ainsworth & Bowlby, 1991). Disordered parental attachment can commit children to lives characterized by relationship difficulties, behavior problems, educational failure, and poor self-esteem. It is a major root of trans-generational neglect and abuse and frequently underlies mental health problems, drug and alcohol addiction, homelessness and crime. Early childhood setting of hypothalamus-pituitary-adrenal axis function appears to contribute to these costly difficulties (Rees, 2005). In other words, parenting and attachment style influences the child's physiological development and potentially, future behaviors.

Attachment styles differ across offender types and many offenders identify their parents as "affectionless". This term describes inconsistent parenting, characterized by neglectful and indifferent parental care combined with intrusive, rejecting and abusive control (Staufenberg, 2010). Irresponsible and inconsistent parenting styles can provide the seedbed for producing children with antisocial tendencies. Marshall postulated that sexual offenders fail to achieve secure childhood attachments (Marshall, 1989). He proposes that this process occurs because "insecure" childhood attachment results in deficits of interpersonal skills, self-confidence and empathy which then lead to difficulties in engaging in appropriate courtship behaviors and in achieving intimacy as an adult. He further suggests that one consequence of lacking intimacy skills and the subsequent experience of emotional loneliness is that men may indirectly seek emotional intimacy through sex even if they have to force a partner to

participate. This fusion of the need for emotional closeness with the drive for sex, together with a minimal awareness that their needs remain unfulfilled, can lead to persistent promiscuity and increasing sexual deviancy as offenders escalate their attempts to achieve emotional intimacy through sexual contact.

Imbedded within extreme parenting styles is the concept of shame. Shame, whether in, families, community or society as a whole, also exerts an adverse sway on criminogenic behavior as articulated by Braithwaite (1989) in his book *Crime, Shame and Reintegration*. Family life teaches us that shaming and punishment are possible while maintaining bonds of respect and he defines two types of shame. Reintegrative shaming means that expressions of family, community or societal disapproval, which may range from mild rebuke to degradation ceremonies, are followed by gestures of reacceptance into the community of law-abiding citizens. These gestures of reacceptance will vary from a simple smile expressing forgiveness and love to quite formal ceremonies to decertify the offender as deviant. Disintegrative shaming (stigmatization), in contrast, divides by creating a class of outcasts. Much effort is directed at labeling deviance, while little attention is paid to de-labeling, to signifying forgiveness and reintegration, to ensuring that the deviance label is applied to the behavior rather than the person and that this is done under the assumption that the disapproved behavior is transient, performed by an essentially good person. The best place to see reintegrative shaming at work is in loving families. Griffiths has described a 'family model' of the criminal process as one in which, instead of punishment being administered within the traditional framework of disharmony and fundamentally irreconcilable interests, it is imposed within a framework of reconcilable, even mutually supportive interests (Braithwaite, 1989).

CONCLUSION

The human condition is far more complex than we can apprehend. Rarely are the answers about that which we seek black and white. Yet, our desire to have these answers in an efficient manner persists as does our effort to remedy the defectiveness we observe. Research continues concerning the mordant developmental influences on human behavior that contribute to maladaptive life responses. More study is required.

Genetic or heritable abnormalities in proximal or distal development account for a portion of the biological considerations that influence individual behavior. Insofar as natural organic transmissions or physiological variances occur, they remain outside medical or scientific purview to prevent them. Heritable phenomena, owing to the maternal introduction of disruptive teratogens during pregnancy, necessitates that the responsibility for their transmission rests squarely within parental control. Admittedly, a disparate range of hereditary influence is leveraged within some individuals however; these persons are not hapless victims of biologic circumstance and thereby consigned to a life of behavioral antisociopathy.

Acknowledging a resident common denominator within the offender population is that many have endured a negative palette of environmental influences. Additionally, most have not engaged a self-appraisal of them nor disclosed the resulting effect on their lives. Upon formal assessment, we may discover that the myriad and comorbid nature of their ACEs can be extreme. Whether leveraged in the home or from without, these actors lack a healthy life-blueprint by which they may form prosocial attitudes and lifestyles. As a result, they adopted maladaptive thinking processes eventually giving themselves permission to engage deviant behaviors by which to obtain their needs. Observationally, while engaged in the detection and compilation of their ACEs, one could ponder the question; “Would the individual choice to act out with deviancy been much different had these children of adversity been

raised by hyenas and jackals?” Parenting is a responsibility and is vital to the health of our children, adolescents and young adults. The children, adolescents and adults that engage in amoral, antisocial and/or violent behavior made a conscious choice to do so. Therefore, they are fully responsible for their choice. However, the parents share in the creation of the amoral, antisocial and violent belief system instilled in their child’s environment (Johnson, 2016). Society assumes the direct and indirect burden and costs of those who commit crimes and their victims. Labeling and finger-pointing yield no useful results. The challenge is to ascertain and disentangle the complex genetic, physiological and environmental factors that compromise abnormal human development and antisociopathy. They are the fuel for potential deviant sexual misbehavior.

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