

## **The Strength of Sexual Arousal as a Function of the Age of the Sex Offender: Comparisons Among Pedophiles, Hebephiles, and Teleiophiles**

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*Previous research has shown that sexual arousability in human males declines from its peak in early adolescence until old age. This study compared the rates of decline in three groups of males: those most attracted sexually to prepubescent children (pedophiles), those most attracted to pubescent children (hebephiles), and those most attracted to physically mature persons (teleiophiles). The participants were 2,028 patients referred to Toronto's Centre for Addiction and Mental Health from 1995 to 2004 for evaluation of criminal or otherwise disturbing sexual behavior, but not for erectile or ejaculatory problems. All underwent phallometric assessment for erotic age-preference. This is a psychophysiological technique in which an individual's penile blood volume is monitored while he is presented with a standardized set of laboratory stimuli depicting male and female children, pubescents, and adults. The experimental measure of sexual arousability was the average of the participant's three greatest penile responses to any stimulus category, expressed in cubic cm of blood volume increase. The results showed that sexual arousability was an inverse function of age, and that there were no differences between the pedophiles, hebephiles, and teleiophiles in the rate at which arousability declined.*

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**KEY WORDS:** aging; pedophilia; penile erection; phallometry; recidivism; sexual offences.

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## INTRODUCTION

There is a strong belief among clinicians who treat sex offenders that sexual aggression continues into old age. Some influential empirical studies seem to support the notion that there are no clinically significant aging effects in sex offenders. For example, Hanson and Bussiere (1998) conducted a highly influential meta-analytic review of the world's literature on sexual recidivism using 61 data sets representing 23,393 sex offenders. They found that indicators of deviant sexual interests were the best predictors of sexual recidivism. In comparison, age was identified as only a moderate predictor, with younger offenders recidivating at a modestly higher rate. Other studies of recidivism highlighted the fact that sex offenders were at risk for sexual reoffense for 20–30 years after their release from custody (Hanson, Steffy, & Gauthier, 1993; Prentky, Lee, Knight, & Cerce, 1997). These and other data have supported this belief among scientists/professionals, and it is reflected in society where sex offenders are often disparaged as “dirty old men.”

There are good reasons, however, to question the notion that sexually motivated behaviors of any type—paraphilic or conventional—would continue unabated throughout a man's middle years and into old age. Such an expectation is at variance with the known facts of human endocrinology—specifically, findings concerning testosterone and age. Numerous studies have established that bioavailable testosterone peaks in early adulthood and thereafter decreases with age through the remainder of the lifespan (e.g., Denti et al., 2000; Jankowska, Rogucka, Medras, & Welon, 2000). There is also evidence that testosterone receptor sites may become less sensitive with age, so that the threshold concentration of testosterone necessary to maintain libido may increase with age (e.g., Baker & Hudson, 1983). Testosterone is necessary (or at least important) in maintaining libido. The populations in which a significant relationship between serum testosterone levels and libido has been found include normal men, normal adolescent boys, men in or past middle-age, men complaining of loss of sexual interest, men with erectile dysfunction, and hypogonadal men (e.g., Schiavi, 1999; Udry, Billy, Morris, Groff, & Raj, 1985). Based on this well-established relationship, one would expect that the normal decline in testosterone levels with age would be accompanied by a concomitant decrease in libido, over and above any decreases in libido attributable to health problems in later life.

Andropause, sometimes referred to as male menopause, is a medical condition diagnosed more frequently in older men (40–70), with symptoms of decreased libido, less strong erections, and decreased quality of orgasm. The mass advertising and marketing of recently developed drugs (sildenafil, vardenafil, and tadalafil) to address erectile dysfunction would indicate that decreases in libido in men are common and are seen as problematic for men and their partners.