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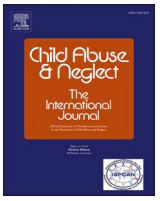

Contact sex offenders with adult and minor victims: Psychopathological and criminological differences

Virginia Soldino [a,*], Carlos López-Pinar [b], Enrique J. Carbonell-Vayá [a]

[a] University Research Institute of Criminology and Criminal Science, University of Valencia, Valencia, Spain
[b] Department of Psychology, European University of Valencia, Valencia, Spain

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ABSTRACT

Background: Effective classification of individuals who commit sexual offences is important for their assessment, treatment, and risk management. Victim age has often been used as a distinguishing factor between perpetrators.
Objective: This study aimed to analyse the distinctive psychopathological and criminological characteristics of contact sexual offenders with adult and minor victims.
Participants and setting: The study involved 97 adult males who were serving a prison sentence in Spain for at least one contact sexual offence against an adult or a minor.
Methods: Researchers gathered data on criminological variables concerning the offender, victim, and modus operandi from prison records and interviews. Participants completed the Millon Clinical Multiaxial Inventory-III (MCMI-III) in a second session, and between-group differences were analysed.
Results: Sex offenders with minor victims (SOMV) had significantly lower scores than sex offenders with adult victims (SOAV) on the Antisocial ($r = -0.283$, $p = .005$) and Sadistic ($r = -0.209$, $p = .04$) personality subscales, and on the Alcohol ($r = -0.426$, $p < .001$) and Drug dependence ($r = -0.332$, $p = .001$) syndrome subscales. SOAV were also more likely to use violence and/or intimidation, use a weapon, offend against female victims, offend against an intimate partner, commit their offences in public places, serve other ongoing prison sentences, and report a history of alcohol and substance abuse. SOMV were older and more likely to offend against family members.
Conclusions: These results suggest that there are key differences between SOAV and SOMV that should be considered in tailored prevention programmes for each subgroup of offenders.

1. Introduction

Sexual violence is defined as a "sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse" (Basile et al., 2014). In Spain, prior to the enactment of the Comprehensive Sexual Freedom Guarantee Organic Law 10/2022 (6 September 2022), contact sexual offences were divided into two categories: sexual abuse (i.e., non-consensual sexual act that involves physical contact) and sexual assault (i.e., non-consensual sexual act

* Corresponding author at: Instituto Universitario de Investigación en Criminología y Ciencias Penales, Facultad de Derecho, Edifico Departamental Central/Despacho 4P03, Campus Tarongers s/n, E-46071 Valencia, Spain.
E-mail address: virginia.soldino@uv.es (V. Soldino).

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that involves physical violence and/or intimidation). Currently, all contact sexual offences are considered as sexual violence. The penalties for these offences depend on several factors, including the age of the victim, with the Spanish Criminal Code including a specific chapter for cases of sexual violence involving victims under 16 years old.

Considering the findings of the most recent report on sexual offences (Dirección General de Coordinación y Estudios, 2023), Spain witnessed a rise in the overall number of police-registered reports in 2022 compared to previous years. Particularly noteworthy was the upward trend in reported contact sexual offences, including both penetration and non-penetration acts, representing a 13.27 % increase in comparison to data from 2021. According to the most recent official statistics, Spain recorded a total of 2728 adult convictions for contact sexual offences in 2022 (Instituto Nacional de Estadística, 2023). Specifically, 1966 adults were convicted of at least one contact sexual offence against other adults, while 762 adults were convicted of at least one contact sexual offence against minors under 16 years old. In 2022, a total of 3755 adult men were serving a prison sentence in Spanish prisons for sexual offences, representing 8.71 % of the male prison population (Secretaría General de Instituciones Penitenciarias, 2023).

Sexual violence appears to be influenced not only by the characteristics of the offender, but also by those of the victim, environmental, and situational factors. For instance, in their analysis of 369 criminal events, Balemba and Beauregard (2012) found that the offender's response to victim resistance varied significantly depending on whether the victim was a child or an adult, with planning and preparation variables being more significant in cases involving child victims, while reactive variables were more significant in cases involving adult victims. Given the considerable heterogeneity among individuals involved in this criminal behaviour, researchers have attempted to develop classifications to assist in the assessment, treatment, and prediction of recidivism for those adjudicated for sexual offences (Lim et al., 2021), with victim age identified in several studies as a valid discriminator between individuals convicted of contact sexual offences. According to the literature, sex offenders with adult victims (SOAV) and sex offenders with minor victims (SOMV) differ in their developmental trajectories, clinical profiles, and criminal behaviour, supporting a typological distinction between both groups. For example, Cohen et al. (2007), examining data on 837 sex offenders, found that SOMV had different demographic characteristics (e.g., older age) and criminological characteristics (e.g., less use of force or weapons, more likely to offend against a known victim) compared to SOAV. Rebocho and Gonçalves (2012), using a sample of 216 sex offenders, found that SOMV were typically manipulative, whereas SOAV were more coercive. Additionally, Shechory and Ben-David (2005), examining data from 88 sex offenders, found that levels of aggression were higher among SOAV. In experimental settings, Herrero et al. (2019), studying 100 sex offenders, found that SOMV had higher fluid thinking scores, while Giotakos (2022), with 135 participants, found that SOMV had the longest viewing times of photographs of semi-nude minors.

1.1. Psychopathological characteristics

The effective management of convicted individuals requires knowledge of risk factors for sexual offending (Schmucker & Lösel, 2017). One of the main dynamic risk factors identified for sexual offending is the presence of psychiatric disorders or certain pathological personality traits (van den Berg et al., 2020). Therefore, it is important to establish potential links between personality traits, mental disorders, and different types of sexual offending. Although complex and controversial, this has been proven useful in psychological assessment and treatment (Heffernan et al., 2019).

Personality assessment tools, such as the Millon Clinical Multiaxial Inventory (MCMI-III; Millon et al., 1997), have been widely used in forensic settings to examine the psychopathological characteristics of individuals who engage in sexual offending, although no prototypical personality profiles have been identified (Soldino et al., 2019). The study by Francia et al. (2010), analysing data from 858 incarcerated individuals, revealed that SOAV exhibited personality traits more similar to those of non-sexually violent offenders, particularly in terms of antisocial and sadistic traits. Furthermore, the meta-analysis conducted by Whitaker et al. (2008), including 89 studies, found that SOAV displayed elevated levels of externalising behaviours compared to SOMV. Rice and Knight (2019), based on a sample of 900 sex offenders, found that SOAV scored significantly higher on psychopathic traits and antisocial behaviour than SOMV. Furthermore, Sigre-Leirós et al. (2015) found that SOMV ($n = 59$) exhibited more defectiveness, subjugation, and social isolation schemas compared to SOAV ($n = 50$). Conversely, some other studies have failed to find differences between SOMV and SOAV concerning internalising symptoms (Francia et al., 2010) and sexual problems (Whitaker et al., 2008). Similarly, Gullotta et al. (2021), found similar rates of self-harm among 160 SOAV and 77 SOMV.

1.2. Criminological profiles

When compared to SOAV, SOMV are more likely to offend against male victims and have multiple victims (Cohen et al., 2007). They are more likely to offend against close relatives or children of family friends (da Costa et al., 2022). They also tend to prepare and plan their offences to a greater extent and control the situation before acting out (Balemba & Beauregard, 2012). Furthermore, Reale et al. (2022), in a study of 101 sex offenders, found that SOMV were more likely to be classified as sadistic ritualists. In contrast, SOAV are more likely to engage in sexual intercourse with their victim (Cohen et al., 2007).

Deviant sexual behaviour may be shaped by social learning factors related to sexual development and affective processing during childhood (Langfeldt, 2010). Adverse childhood experiences (ACEs) have also been associated with an increased risk of sexual offending (Jespersen et al., 2009). In this regard, developmental histories of most SOMV appear to be characterised by heightened sexuality; whereas childhood histories of SOAV tend to be more indicative of violence (Simons et al., 2008), as reflected in the nature and motivations of their criminal behaviour. Jespersen et al. (2009) conducted a meta-analysis of 32 studies involving 5095 participants and found that SOMV were more likely to have experienced child sexual abuse than SOAV, while SOAV were more likely to report physical abuse. However, it is crucial to note that not all individuals who have experienced sexual or physical abuse in their

childhood become perpetrators, and not all sex offenders have a history of child abuse. Moreover, previous research has not identified differences in sexual problems and family risk factors between SOAV and SOMV (Whitaker et al., 2008). This underscores the necessity for further investigation into other potential risk factors (Simons et al., 2008).

Studies suggest SOMV are driven more by sexual arousal, particularly paraphilic offenders, while SOAV are driven more by impulsive aggression, particularly non-paraphilic offenders (Shechory & Ben-David, 2005). SOAV often adopt a coercive approach, using either verbal or physical force to compel their victim (Rebocho & Gonçalves, 2012). SOAV are commonly depicted as antisocial individuals with a history of non-sexual criminal behaviour, while SOMV are often portrayed as being specialised in sexual offending or having no prior criminal record (Shechory & Ben-David, 2005). While violent individuals diagnosed with paedophilia may receive the most media attention, it should be noted that SOMV who have a diagnose of paedophilia are not typically characterised as aggressive (Cohen et al., 2007). Non-violent methods such as manipulation and bribery are the most used tactics among SOMV (Rebocho & Gonçalves, 2012).

When considering recidivism rates, individuals convicted of sexual offences exhibit relatively low rates, a trend observed not only in Spain (Pueyo & Nguyen, 2020) but also across various Western nations (Laajasalo et al., 2020; Lussier et al., 2023). Moreover, these rates tend to decrease over time (Singh et al., 2012). Risk factors such as psychopathy traits, paraphilias and criminal history (including previous sexual offences) increase the risk of reoffending (Lussier et al., 2023). Differences between SOAV and SOMV in terms of reoffending have been reported. Prior studies suggest a certain degree of specialisation among SOMV, who exhibit a higher prevalence of sexual offences within their criminal history compared to SOAV, who may have a broader criminal repertoire (Lussier & Cale, 2013). Freeman (2007), using a sample of 5331 sex offenders on probation, found that SOMV had higher rates of sexual reoffending, whereas SOAV exhibited higher rates of nonsexual recidivism (Freeman, 2007). Moreover, Budd and Desmond's (2014) study, which included a sample of 8461 sex offenders, found that longer periods of imprisonment were associated with a reduction in reoffending rates for SOMV, but were conversely correlated with an increased likelihood of sexual reoffending for SOAV. Additionally, Parent et al. (2011), based on a sample of 590 sex offenders, found that SOAV committed new non-sexual offences at a faster rate than SOMV.

1.3. The current study

The treatment and management of individuals who have committed sexual offences can be challenging, primarily because of their varying criminogenic needs (Ennis et al., 2016). The existing literature on treatment for sex offenders has produced mixed results (Duggan & Dennis, 2014; Kim et al., 2016; Tyler et al., 2021), suggesting that a one-size-fits-all approach may not be effective. In this sense, recent research has emphasised the importance of tailored treatment programmes for different types of offenders (Soldino & Carbonell-Vayà, 2017), including specific programmes for SOMV to address their unique therapeutic needs (e.g., Lambie & Stewart, 2012). In Spanish prisons, two treatment programmes exist for incarcerated individuals convicted of sexual offences, but neither is specific for contact SOAV or SOMV. The “Sexual Aggression Control” (Rivera González et al., 2006) is a general programme aimed at individuals convicted of sexual offences, while the “Out of the Net” programme (Herrero et al., 2015) targets individuals convicted of online sexual offences against minors.

Although progress has been made, there is still a lack of research, particularly in non-English speaking countries, regarding the differences in characteristics of those who have committed contact sexual offences based on the age of their victims. This gap is particularly significant given the diverse legal implications and sentencing criteria outlined in the Spanish Criminal Code for cases of sexual violence involving victims under 16 years old. This study aims to fill this gap by identifying significant psychopathological and criminological differences between contact SOMV and SOAV serving a prison sentence in Spain. The research findings may hold significant implications for the treatment, risk management, and forensic assessment of individuals involved in contact sexual offending. These implications become especially relevant in light of the recent upward trend in reported contact sexual offences in Spain. Furthermore, the absence of tailored treatment programmes for specific subgroups of contact sexual offenders underscores the importance of addressing this issue. Ultimately, the outcomes of this research could contribute to the development of more effective prevention strategies aimed at safeguarding potential adult and child victims.

Based on previous research, we hypothesised that SOMV would exhibit higher levels of dependent, anxious, and depressive traits, while SOAV would score higher on the antisocial and sadistic scales (Francia et al., 2010; Rice & Knight, 2019). Additionally, we aimed to examine the criminological differences between the two groups to identify key distinctions. Specifically, we expected SOMV to be older (Cohen et al., 2007), more likely to have previous criminal records for sexual offences (Freeman, 2007) and report a history of child sexual abuse (Jespersen et al., 2009; Simons et al., 2008). For SOAV, we hypothesised that they would use violence against their victims to a greater extent (Rebocho & Gonçalves, 2012), have more non-sexual criminal records than SOMV (Freeman, 2007), report a history of substance abuse and be more likely to have experienced physical abuse during their childhood (Jespersen et al., 2009; Simons et al., 2008). Regarding victim characteristics, we expected the highest percentage of male victims and relatives in the SOMV group (Cohen et al., 2007; da Costa et al., 2022).

2. Methods

2.1. Participants

Participants were 97 adult males serving a prison sentence for (at least) a contact sexual offence (i.e., non-consensual sexual interaction that involves physical contact) in a Spanish correctional facility. Due to the small number of females imprisoned for sexual offences at the time of data collection (only 3 in the prisons where the study was conducted), the decision was made to limit the study

to adult males. The average age of the participants was 43.67 years (standard deviation (*SD*) = 11.97; range = 19–77). Out of the 97 participants, 77 (79.4 %) were Spanish, while the remaining 20 (20.6 %) were mostly Latin American (14 individuals). Offenders were imprisoned (index offence) for either sexual abuse (61.86 %), sexual assault (31.96 %), or both offences (4.12 %). Considering the legal classification in force at the time of the convictions, the only distinction between sexual abuse and sexual assault was the use of violence and/or intimidation by the perpetrator. Additionally, some participants were also convicted of other non-contact sexual crimes such as child sexual abuse material offences (12.4 %), exhibitionism (6.2 %), and child prostitution (3.1 %). The participants were divided into two groups based on the age of their victims: those who had victimised minors (77.32 % of participants, or 75 individuals), and those who had victimised adults (22.68 % of participants, or 22 individuals). Based on the provisions outlined in the Spanish Criminal Code and considering the age of sexual consent established in Spain (16 years), individuals who had offended exclusively against victims under the age of 16 were categorised as SOMV, while individuals who had offended solely against victims 16 years old or older were classified as SOAV. None of the participants had victims in both age groups.

2.2. Instruments

The participants were assessed using the Spanish adaptation of the MCMI-III (Cardenal et al., 2007), which was the most recent version available in Spain during the time of data collection (between 2013 and 2016). The MCMI-III is a self-report questionnaire consisting of 175 true/false items that evaluate 24 clinical scales grouped into four categories: 11 personality disorders, 3 severe personality disorders, 7 clinical syndromes, and 3 severe syndromes. It also includes 4 validity indices. The scales in the Personality cluster assess personality disorders listed in Axis II of the DSM-IV-TR (American Psychiatric Association, 2000), while the Syndrome cluster assesses disorders listed in Axis I. This questionnaire has been widely used in forensic settings to provide diagnostic and psychometric evidence of psychopathological disturbances (Loinaz & Ortiz-Tallo, 2012). It uses base-rate (BR) scores (i.e., transformed scores reflecting the prevalence rates of personality characteristics within the standardisation sample) that range from 0 to 115. A BR score of 60 represents the median raw score, a BR score higher than 75 indicates the presence of a trait, and a BR score higher than 85 indicates the presence of a disorder (McCann et al., 1996). The reliability and validity of the original version of the MCMI-III (Millon et al., 1997) have been established with alpha coefficients ranging from 0.66 to 0.90 and test-retest reliabilities ranging from 0.82 to 0.96. The Spanish adaptation has comparable properties, with internal consistency values ranging from 0.65 to 0.88 and a median test-retest reliability of 0.91 (Cardenal et al., 2007).

2.3. Procedure

First, institutional research approval was obtained from the General Secretariat of Penitentiary Institutions to conduct this research in two prisons in Spain. Individuals serving a prison sentence for contact sexual offences were individually informed about the purpose of the research, emphasising that participation was voluntary, not rewarded, confidential, and devoid of impact on their sentence or future management. A total of 132 individuals accepted to participate in the study. Following the signing of informed consent forms, researchers reviewed participants' prison records and collected sociodemographic and criminological information. Afterwards, individual interviews were conducted, each lasting a minimum of 90 min, to gather information regarding other relevant criminological variables concerning the offender, victim, and modus operandi and establish the necessary rapport with the inmate for increasing disclosure (Sun et al., 2021). The codebook detailing the criminological variables analysed in the sample is included in Table 1. In a second session, participants responded individually to the MCMI-III. However, logistical challenges arose, such as instances where an inmate was transferred to another prison, or cases where individuals withdrew their consent to participate further in the study, resulting in a subset of 103 participants who completed the assessment. Following scoring, only valid MCMI-III profiles ($n = 97$) were included in the study.

Table 1
Codebook for criminological variables.

Criminological variables	Values
Offender's age at the time of assessment	Age in years
Use of violence and/or intimidation during the offence	Yes; no
Use of a weapon	Yes; no
Victim(s) gender	Male; female; both
Multiple victims	Yes; no
Relationship between the offender and the victim	Acquaintances; strangers; relatives; professional/academic; intimate partners
Crime location	Offender's residence; victim's residence; family residence; public place; other/various
Long prison sentence (imprisonment exceeding nine years)	Yes; no
Previous convictions (for any offence)	Yes; no
Previous convictions for sexual offences	Yes; no
Serving other ongoing prison sentences	Yes; no
Reported history of substance abuse	Yes; no
Reported history of child sexual abuse	Yes; no
Reported history of child physical abuse	Yes; no

2.4. Data analysis

The first step involved analysing the 24 MCMI-III clinical scales across the entire sample, followed by a clinical examination of the resulting MCMI-III profiles for each group. This allowed us to gain insight into the shared personality structure of each group by examining their modal profile codes. Second, the data distribution did not conform to normality assumptions, as evidenced by the Shapiro–Wilk test ($p < .05$). Consequently, the Mann-Whitney U test was employed to compare the MCMI-III scores of SOMV and SOAV.

Third, a chi-squared test for categorical data was performed to determine the differences between SOAV and SOMV regarding other sociodemographic and criminological factors. Φ coefficient (2×2 contingency tables) and Cramér's V ($2 \times k$ contingency tables) were used as the effect size measures. Φ and V values of 0.10, 0.30, and 0.50 were considered small, moderate, and large effect sizes, respectively (Cohen, 1988). We selected a z-test to compare cell counts across columns using the Bonferroni correction for multiple comparisons. Due to small sample sizes, Fisher's exact test was calculated for contingency tables in which one or more cells did not meet the expected frequency assumption. To compare the mean ages of both groups, a t-test for independent samples was used, with Cohen's d as the effect size. Statistical significance was set at 0.05, although marginal significance was reported ($0.10 > p > .05$). All statistical analyses were performed using SPSS statistical software (version 28.0).

3. Results

The MCMI-III mean base rate scores, range, and standard deviations for the two groups are displayed in Table 2. None of the two groups exhibited clinically elevated scores on any of the 24 clinical scales. The Narcissistic and Compulsive scales had the highest scores for both groups, with BR > 60. The Alcohol and Drug dependence scales were the most elevated for SOAV (BR > 60), while SOMV did not show mean BR scores higher than 60 on any of the syndrome scales. Their graphical profile is displayed in Fig. 1.

The findings presented in Table 2 revealed statistically significant differences between the scores of SOMV and SOAV on Antisocial ($r = -0.283$, $p = .005$) and Sadistic ($r = -0.209$, $p = .04$) personality subscales. Additionally, marginal significance was noted for Borderline personality ($r = -0.194$, $p = .057$), with a small effect size associated. Moreover, differences were observed on the syndrome subscales Alcohol dependence ($r = -0.426$, $p < .001$) and Drug dependence ($r = -0.332$, $p = .001$). Across all these scales, SOMV consistently exhibited lower scores compared to SOAV.

Statistically significant differences between SOMV and SOAV were also observed in several criminological variables (see Table 3).

Table 2
MCMI-III base rate scores ($N = 97$).

Personality subscale	Minor victim ($n = 75$)			Adult victim ($n = 22$)			Comparison statistic		Effect size
	M	*SD*	Range	*M*	*SD*	Range	*U*	*p*	*r*
1 Schizoid	42.49	23.54	[0, 99]	40.32	21.16	[0, 70]	869	0.704	0.039
2A Avoidant	37.19	25.54	[0, 83]	41.32	24.55	[0, 78]	759	0.569	−0.058
2B Depressive	38.28	24.37	[0, 84]	44.14	26.36	[0, 76]	708.5	0.315	−0.103
3 Dependent	44.95	21.35	[0, 106]	41.18	24.49	[0, 66]	852.5	0.812	0.024
4 Histrionic	47.81	20.90	[0, 93]	46.77	21.70	[4, 88]	841.5	0.887	0.015
5 Narcissistic	64.59	13.48	[25, 93]	65.64	13.93	[29, 99]	814	0.924	−0.010
6A Antisocial	40.79	22.57	[0, 91]	56.23	18.58	[18, 98]	502.5	**0.005**	−0.283
6B Sadistic	35.71	24.28	[0, 86]	49.64	19.25	[8, 98]	587	**0.040**	−0.209
7 Compulsive	65.67	18.65	[5, 93]	62.77	20.10	[20, 91]	852	0.816	0.024
8A Negativistic	35.95	23.82	[0, 86]	45.05	18.55	[7, 80]	637.5	0.106	−0.165
8B Masochistic	34.72	24.50	[0, 66]	35.73	23.53	[0, 65]	841.5	0.887	0.015
S Schizotypal	35.13	26.13	[0, 70]	36.18	29.22	[0, 79]	800.5	0.832	−0.022
C Borderline	33.20	24.13	[0, 72]	44.36	19.56	[10, 69]	604.5	0.057†	−0.194
P Paranoid	44.73	28.99	[0, 79]	58.23	23.25	[0, 89]	630.5	0.093	−0.171

Syndrome subscale	Minor victim ($n = 75$)			Adult victim ($n = 22$)			Comparison statistic		Effect size
	M	*SD*	Range	*M*	*SD*	Range	*U*	*p*	*r*
A Anxiety	45.39	35.01	[0, 103]	56.09	37.31	[0, 106]	674.5	0.193	−0.133
H Somatoform	35.61	24.67	[0, 80]	31.91	25.59	[0, 67]	903.5	0.497	0.068
N Bipolar (manic)	48.41	23.68	[0, 82]	59.5	25.32	[11, 115]	640.5	0.111	−0.162
D Dysthymia	33.27	27.23	[0, 80]	32.05	24.86	[0, 69]	866.5	0.719	0.040
B Alcohol dependence	41.04	25.38	[0, 83]	65	11.46	[31, 86]	341.5	**<0.001**	−0.426
T Drug dependence	43.07	30.17	[0, 115]	66.14	25.39	[15, 106]	448	**0.001**	−0.332
R Post-traumatic stress	32.21	27.35	[0, 85]	43.59	28.20	[0, 89]	675	0.194	−0.132
SS Thought disorder	32.64	30.41	[0, 97]	43.05	30.55	[0, 101]	669.5	0.178	−0.136
CC Major depression	36.76	28.37	[0, 101]	31.91	28.69	[0, 89]	917	0.426	0.081
PP Delusional disorder	47.93	31.17	[0, 86]	57.59	23.91	[0, 79]	706.5	0.303	−0.104

Note. Values in bold were statistically significant. Effect sizes of 0.1, 0.3, and 0.5 were considered small, medium and large, respectively.
† Marginal significance.

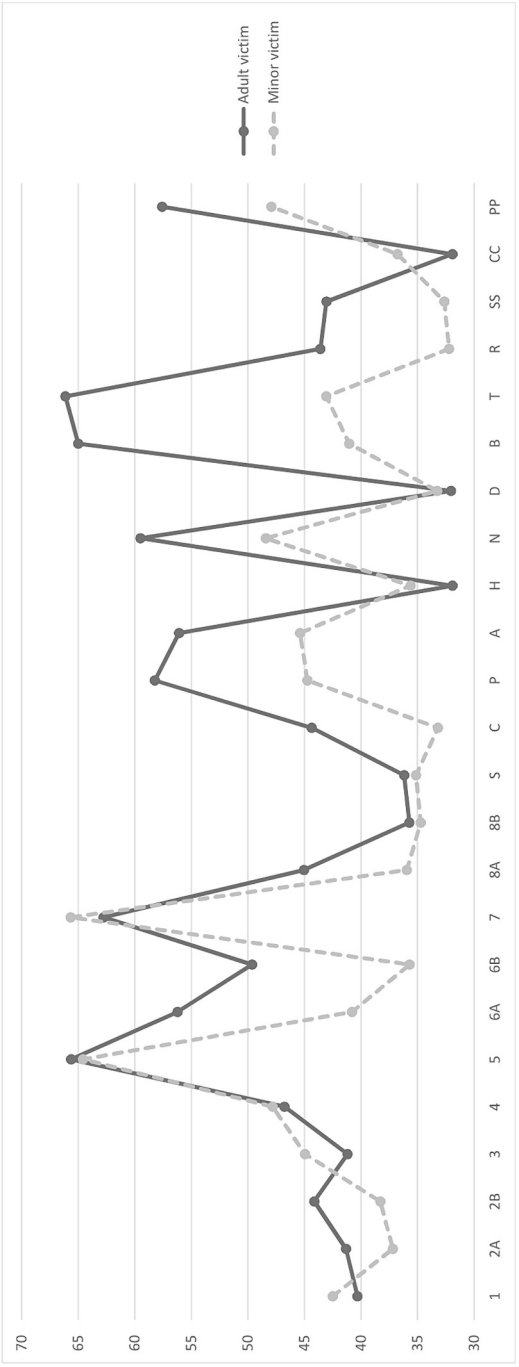

Fig. 1. MCMI-III graphical profiles for SOAV and SOMV.

Table 3
Criminological differences between sex offenders with adult and minor victims ($N = 97$).

Criminological variables	Minor victims ($n = 75$)	Adult victims ($n = 22$)	Comparison statistic
Use of violence and/or intimidation	26.7 %	68.2 %	$\chi^2(1, N = 97) = 12.712$, $\mathbf{p < .001}$, $\Phi = -0.362$
Use of a weapon	5.3 %	27.3 %	$\mathbf{p = .008}$[a], $\Phi = -0.302$
Victim(s) gender			*FFH* = 5.275[b], $p = .051$[†], $V = 0.246$
Male	$20\%_a$	$4.5\ \%_a$	
Female	$70.7\ \%_a$	$95.5\ \%_b$	
Both	$9.3\ \%_a$	$0\%_a$	
Multiple victims	37.3 %	36.4 %	$\chi^2(1, N = 97) = 0.007$, $p = .934$, $\Phi = 0.008$
Relationship between the offender and the victim			*FFH* = 15.893[b], $\mathbf{p = .002}$, $V = 0.393$
Acquaintances	$21.3\ \%_a$	$27.3\ \%_a$	
Strangers	$30.7\ \%_a$	$45.5\ \%_a$	
Relatives	$41.3\ \%_a$	$4.5\ \%_b$	
Professional/academic	$5.3\ \%_a$	$9.1\%_a$	
Intimate partners	$1.3\ \%_a$	$13.6\ \%_b$	
Crime location			*FFH* = 16.308[b], $\mathbf{p = .001}$, $V = 0.426$
Perpetrator's residence	$16\ \%_a$	$13.6\ \%_a$	
Victim's residence	$2.7\ \%_a$	$9.1\%_a$	
Family residence	$32\%_a$	$9.1\%_a$	
Public place	$16\ \%_a$	$54.5\ \%_b$	
Other/various	$33.3\ \%_a$	$13.6\ \%_a$	
Long prison sentence (>9 years)	37.3 %	36.4 %	$\chi^2(1, N = 97) = 0.007$, $p = .934$, $\Phi = 0.008$
Previous convictions (for any offence)	38.7 %	45.5 %	$\chi^2(1, N = 97) = 0.326$, $p = .568$, $\Phi = -0.058$
Previous convictions for sexual offences	14.7 %	18.2 %	$p = .740$[a], $\Phi = -0.041$
Serving other ongoing prison sentences	16 %	63.6 %	$\chi^2(1, N = 97) = 19.674$, $\mathbf{p < .001}$, $\Phi = -0.450$
Reported history of substance abuse	48 %	81.8 %	$\chi^2(1, N = 97) = 7.883$, $\mathbf{p = .005}$, $\Phi = -0.285$
Reported history of child sexual abuse	13.3 %	4.5 %	$p = .447$[a], $\Phi = 0.116$
Reported history of child physical abuse	14.7 %	27.3 %	$p = .205$[a], $\Phi = -0.139$

Note. Values in bold were statistically significant ($p < .05$). Each subscript letter denotes a subset of the row category whose column proportions do not differ significantly from each other at the $p < .05$ level (using the Bonferroni correction).

[a] Fisher's exact test was calculated for a 2 × 2 contingency table in which one or more cells did not mean the expected minimum of 5.

[b] The Freeman-Halton extension of Fisher's exact test was calculated for a 2 × k contingency table in which one or more cells did not mean the expected minimum of 5.

[†] Marginal significance.

Specifically, SOAV exhibited higher rates of violence/intimidation ($\Phi = -0.362$, $p < .001$) and weapon use ($\Phi = -0.362$, $p = .008$). Additionally, they were more likely to offend against their intimate partners ($V = 0.393$, $p = .002$) and in public places ($V = 0.426$, $p = .001$), and a marginal statistically significant relationship suggested that they were more likely to have female victims ($V = 0.246$, $p = .051$). SOAV were also more likely to be serving other ongoing prison sentences ($\Phi = -0.450$, $p < .001$) and reported having a history of substance abuse ($\Phi = -0.285$, $p = .005$). SOMV, in contrast, were more likely to offend against family members ($V = 0.426$, $p = .001$). Additionally, there was a statistically significant age difference between the two groups at the time of assessment ($t_{53.396} = -2.914$, $p = .005$, $d = -0.561$), with SOMV ($M = 45.16$ years; $SD = 12.54$; range = 19–77) being older than SOAV ($M = 38.59$ years; $SD = 8.1$; range = 22–55).

4. Discussion

The present study evaluated potential psychopathological and criminological differences in a sample of 97 incarcerated adult males who had been convicted of contact sexual offences against minors (SOMV) and adults (SOAV). The findings align with prior research, which suggests that the two groups exhibit distinct characteristics in these domains.

First, our findings illustrated a diverse range of personality patterns among contact sex offenders. Consistent with previous research studies (Carvalho & Nobre, 2019; Fox & DeLisi, 2018; Soldino et al., 2019), we did not identify a prototypical personality profile for this criminal typology. Although the Compulsive and Narcissistic subscales had higher average scores (BR > 60) for both offender groups, these results were not aligned with personality disorders commonly linked to violent behaviour, such as antisocial, sadistic, paranoid, narcissistic, borderline, and avoidant (Loinaz & Ortiz-Tallo, 2012; McDonagh et al., 2022; Nigudkar et al., 2020). Moreover, these high scores may indicate an absence of psychopathology (Ortiz-Tallo et al., 2011) or an attempt to present oneself positively, which is common in forensic evaluations (Echeburúa et al., 2011; White & Gondolf, 2000). Neither SOAV nor SOMV showed any specific clinically elevated syndrome subscale, although SOAV did have higher scores for Drug and Alcohol dependence (BR > 60).

Second, statistically significant differences were found between SOMV and SOAV in the Antisocial and Sadistic personality subscales, albeit with small effect sizes ($r = -0.283$ and -0.209, respectively). We also observed a small and marginally significant effect for Borderline personality ($r = -0.194$, $p = .057$), which could be attributed to the overlap between Sadistic, Antisocial, and Borderline personality disorders, as discussed by Berger et al. (1999). These results support our initial hypothesis regarding the SOAV group, but we found no evidence to support other hypothesised personality differences between the two groups, such as higher scores on the Dependent and Depressive personality scales for SOMV. Our findings are consistent with previous studies (Francia et al., 2010). As

previously pointed out by Berger et al. (1999), Sadistic personality disorder could be considered a subdimension of Antisocial personality disorder, characterised by the use of more violent forms of antisocial behaviour. In our study, the antisocial and sadistic features found in SOAV aligned with their greater likelihood of using weapons, violence, and/or intimidation against their victims, as revealed in the analysis of criminological variables. These characteristics were consistent with the coercive approach adopted by SOAV, as described in prior research (Rebocho & Gonçalves, 2012). These findings may have important implications for recidivism, as antisocial and sadistic features represent important risk factors for reoffending and should be addressed in treatment programmes. However, it is important to note that non-physically violent sexual offences against adults in which free consent is compromised are typically underrepresented in prison samples (Cohen et al., 2007) due to various reasons (e.g., criminal evidence difficulties, less severe associated penalties, lack of visibility of the phenomenon until recent years; Tamarit Sumalla et al., 2023). On the other hand, as stated in other studies, SOMV are less likely to inflict serious harm on their victims, with whom they maintain non-hostile relationships characterised by their subjective experience of love, affection, or closeness in their encounters with children (Rebocho & Gonçalves, 2012). Furthermore, impulsive aggression seems inversely related to age (Hare, 1991), which could explain the lesser use of violence among SOMV, who had a higher mean age than SOAV.

Third, moderate effect sizes were found for the Alcohol ($r = -0.426$) and Drug dependence ($r = -0.332$) syndrome subscales. These results were consistent with the criminological data gathered through interviews and analysis of prison records, which showed that the SOAV group was more likely to report substance abuse problems ($p = .01$), as expected. Again, this could be an important risk factor for reoffending and should be properly addressed when treating SOAV. Several theories have been proposed regarding the role of substance abuse in the commission of sexually violent offences against adults (see Abracen et al., 2017). Problematic drinking may have both direct and indirect effects on sexual aggression. Alcohol may direct offenders' attention to immediate, salient cues such as their own sexual arousal, while also being used to mitigate feelings of responsibility (Davis, 2010). Moreover, substance abuse and aggression are directly linked to the antisocial characteristics of the perpetrator (e.g., antisocial perpetrators are more likely to use alcohol and commit aggressive acts; Davis, 2010), which, in turn, would be connected to the higher scores of SOAV on antisocial personality, as previously discussed.

Fourth, statistically significant differences between the two groups were found in the characteristics of their victims and crime location. SOAV were more likely to target female victims, offend against an intimate partner and commit their crime in public locations. In contrast, SOMV were more likely to target family members. These results are consistent with previous research (da Costa et al., 2022). According to previous literature, SOMV tend to select victims that they know well and lure them to private locations where they have a high degree of control (Rebocho & Gonçalves, 2012). However, it is important to note that our analysis focused on a subset of adult SOMV, which excluded instances where children are victimised by their peers. There is a possibility that the proportion of victims outside of familial relationships, such as acquaintances and intimate partners, could have been larger if instances of peer victimisation among children were included (Cale et al., 2016; Hackett et al., 2013).

Fifth, our findings suggest that SOMV were significantly older than SOAV at the time of the assessment, which also supports previous literature (Cohen et al., 2007). One possible explanation could be attributed to the widely known fact that victims of child sexual abuse often delay reporting these crimes, sometimes for many years (McElvaney, 2015). As SOMV tend to use less physical violence, it may be more difficult for victims to recognise that the behaviours were criminal and to report them in a timely manner. Additionally, research has shown that child victims are less likely to disclose sexual abuse if the perpetrator is a family member (Alaggia et al., 2019). In our sample, SOMV were more likely to offend against family members, which may further contribute to the delayed reporting and higher age at assessment.

Contrary to our initial hypothesis, our findings suggest that there were no differences in criminal records between SOMV and SOAV. Both groups had a majority of first-time offenders, with 61.3 % of SOMV and 54.5 % of SOAV having no previous convictions. Additionally, a large percentage of both SOMV (85.3 %) and SOAV (81.8 %) had no prior convictions for sexual offences. It is worth noting that, according to the Spanish Criminal Code, a conviction for a contact sexual offence may or may not result in imprisonment (e.g., replacement of prison sentences is contemplated for cases in which custodial sentences do not exceed two years, in non-habitual offenders), depending on the case. However, we did observe that a higher percentage of SOAV had other active criminal cases at the time of assessment, indicating that they were serving time for another offence they had been convicted of either before or after the index offence. Nevertheless, it is important to bear in mind that having a criminal record is a risk factor for reoffending when intervening with these individuals (Lussier et al., 2023).

Furthermore, we did not observe significant differences in the self-reported histories of ACEs between the two subgroups. Out of the total sample of 97 individuals, only a small proportion reported experiencing childhood sexual (11.3 %) or physical abuse (17.5 %). However, it is important to acknowledge the potential for reporting errors in these types of variables. As noted in previous studies (Jespersen et al., 2009), self-reported abuse may be vulnerable to both over-reporting and under-reporting (e.g., it is possible that some participants may have underreported or failed to disclose such experiences due to shame or fear of stigmatisation).

4.1. *Forensic implications*

The findings of this study suggest the importance of adopting a nuanced and personalised approach to the assessment and management of sexual offenders. In this sense, the widespread use of the same group treatment programme for all individuals convicted of contact sexual crimes, as observed in Spanish prisons, may not adequately address the diverse and complex factors that influence an individual's risk of engaging in contact sexual offending. A comprehensive evaluation that considers multiple contributing factors is essential for developing effective risk management strategies tailored to the specific needs of each offender.

First, individuals in the SOAV group reported a greater prevalence of substance abuse issues, especially alcohol abuse. Prior

research has established a link between alcohol abuse and increased aggression (Hamdi & Knight, 2012), which underscores the importance of carefully evaluating and addressing this matter in forensic settings. For instance, Abracen et al. (2017) recommend that gold-standard cognitive-behavioural interventions for sexual offenders should include substance abuse treatment, with a particular emphasis on alcohol abuse.

Second, our study revealed that individuals convicted of contact sexual offences exhibit a range of diverse personality patterns, emphasising the need for comprehensive assessments to better understand their individual needs and risks for reoffending (Bonta & Andrews, 2024; Booth & Kingston, 2016; Hanson et al., 2009). Empirically validated measures of criminogenic needs have been found to be the most effective with this population (van den Berg et al., 2018; Helmus, 2018). However, general personality assessment instruments, such as the MCMI-III or the new MCMI-IV (Millon et al., 2018), can also be used in individual cases to identify psychopathological characteristics that inform case formulation and risk management (Craig & Rettenberger, 2018; Davis & Archer, 2010; Soldino et al., 2019). Overall, the potential for reporting errors in self-reported measures highlights the importance of obtaining information from multiple sources, including collateral informants and official records, in forensic evaluations.

Third, our study identified several differences between SOAV and SOMV concerning their psychopathology and modus operandi. Both Antisocial personality disorder and modus operandi have been found to be particularly stable over time (d'Huart et al., 2023; Lasher et al., 2015) and may be useful in identifying potential treatment needs for these individuals. Antisocial personality traits have been associated with a higher likelihood of using violence, weapons, and intimidation against adult victims. In this sense, targeting violent and coercive tactics while working with SOAV could be a focal point, whereas for SOMV addressing manipulative and grooming behaviours may be more effective. Additionally, considering feminist-oriented approaches, particularly for offenders with female victims and antisocial traits, may offer valuable insights into addressing gender-specific dynamics (White & Gondolf, 2000).

Fourth, SOAV reported higher rates of substance and alcohol abuse, were more likely to target female victims, commit their crimes in public places, and victimise their intimate partners. These findings may have implications for victim safety and offender management strategies. Treating SOAV may involve applying behavioural and cognitive techniques commonly used in impulse and anger control (Cohen et al., 2007). In contrast, SOMV may require programmes that focus on achieving acceptable intimacy and sexual needs with peers, rather than treating impulsive-aggressive aspects (Cooper & Holgersen, 2016; Marshall, 2008). In addition, SOMV with a diagnose of paedophilia may need additional cognitive-behavioural psychotherapy and/or psycho-pharmacological treatment for managing pedophilic interests (Fromberger et al., 2013). Overall, our results suggest that it could be important to conduct individualised treatment programmes that incorporate both risk factors (Bonta & Andrews, 2024) and strengths-based approaches (Ward, 2010) to address the potential specific needs of SOAV and SOMV. In this sense, studies indicate that interventions employing Risk-Need-Responsivity principles and cognitive-behavioural therapies can effectively mitigate both sexual and general recidivism (Tyler et al., 2021). However, sound conclusions about their treatment cannot be drawn since this study did not identify specific criminogenic needs of SOMV, suggesting that the MCMI-III may not be sensitive to these variables (Davis & Archer, 2010).

When considering the risk of reoffending, it is noteworthy that SOMV were older than SOAV at the time of the assessment, which may indicate differences in offending patterns and potential age-related differences in recidivism risk. Moreover, it is also important to consider the potential impact of delayed reporting on the assessment and management of individuals who engage in sexual offending, particularly in cases where the victim is a family member. Furthermore, the lack of significant differences in criminal records between SOMV and SOAV highlights the need for comprehensive assessments that consider a variety of factors beyond prior criminal history when assessing risk for reoffending.

4.2. Limitations and future directions

Several limitations need to be acknowledged in this study. First and foremost, the relatively small sample size of 97 participants, with only 22 individuals in the SOAV group, limited the statistical power and generalisability of our findings. Logistical complexities associated with conducting research within correctional facilities constrained our ability to expand the sample size or incorporate a control group effectively, such as non-sexually violent incarcerated offenders. Additionally, the focus solely on incarcerated individuals may lead to challenges in extrapolating our results to broader populations of contact sex offenders, including those on probation or those who have never been arrested (although recruiting individuals who have not been arrested would be challenging due to self-incrimination risks; Cohen et al., 2007). To overcome these limitations, future research should consider a larger and more diverse sample size, along with the inclusion of suitable control groups, not merely for methodological rigor but also for advancing our understanding of contact sex offenders and informing more effective risk management strategies. Including an appropriate comparison group would allow us to understand whether the characteristics we found were specific to sex offenders.

It is important to note that the assessments were conducted several months or even years after the commission of the offences. While this approach provides valuable insights into an individual's current psychopathology, it may not fully capture the specific psychological state at the time of the offences. Future research should consider collecting data closer to the time of the offence to better understand the offenders' psychological state at that time. Moreover, it is important to consider the possibility that some diagnoses and personality traits may have emerged as a result of the criminal justice process, incarceration (e.g., prisonisation; Palermo, 2005), or other circumstances not directly related to the criminal behaviour, rather than being stable traits prior to the offence (as in the specific case of antisocial personality disorder; d'Huart et al., 2023). However, when it comes to tertiary prevention treatment programmes, what truly matters is the active symptomatology during the therapy sessions.

Our study failed to detect specific criminogenic needs of SOMV, which may indicate that the MCMI-III is not sensitive to these variables. Additionally, self-report data may be prone to over or underreporting and self-selection biases (Jespersen et al., 2009), which underscores the importance of considering potential reporting errors. Although self-report personality inventories are

necessary, rigorous assessments require cooperation from the interviewee. To identify the specific criminogenic needs of SOMV, future studies should examine alternative assessment tools or methods.

It should also be noted that the characteristics of SOMV and SOAV may be influenced by the age and prior relationship of their victims, as previous research has suggested (Cohen et al., 2007; Rebocho & Gonçalves, 2012). For instance, the victim's age may make it easier for SOMV to overcome resistance without the need for violence or weapons, or the victim may be more likely to trust and obey the offender when they hold a position of authority due to family ties. However, this study did not differentiate between the effects of victim age and offender characteristics since none of the participants had committed offences against both minors and adults.

To further our understanding of sex offender subgroups, it is necessary to conduct more research that differentiates their characteristics and specificities. Concurrently, we must remain open to the possibility that consistent psychopathological disparities between groups based on criminologically relevant variables may not exist. An important consideration is that our study did not categorise individuals according to specific sex disorders, such as paedophilia, thereby potentially limiting the depth of our analysis and the conclusions drawn (Strassberg et al., 2012). While our study explored two subgroups, future research could focus on intra-group comparisons centred on victim-perpetrator relationships or distinctions between paraphilic and non-paraphilic SOMV for developing effective risk management strategies for these offenders (Cooper & Holgersen, 2016; Ennis et al., 2016; Sigre-Leirós et al., 2015).

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CRediT authorship contribution statement

Virginia Soldino: Writing – review & editing, Writing – original draft, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Carlos López-Pinar:** Writing – review & editing, Writing – original draft. **Enrique J. Carbonell-Vayá:** Supervision, Funding acquisition, Conceptualization.

Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work the authors chatGPT (v 3.5) in order to improve readability and language. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

Data availability

The authors do not have permission to share data.

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