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Revista de Cercetare și Interventie Sociala

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

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Revista de cercetare și intervenție socială, 2023, vol. 82, pp. 7-24

<https://doi.org/10.33788/rcis.82.1>

Published by:
Expert Projects Publishing House



On behalf of:
„Alexandru Ioan Cuza” University,
Department of Sociology and Social Work
and
HoltIS Association

Social and Emotional Competences of Sexual Offenders against Adolescents: A Case Study

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Abstract

The sexual harassment of adolescents is a heterogeneous phenomenon; however, some aspects of the perpetrators of these crimes appear obscure or little - known. This study aims to investigate the emotional and relational skills of a sex offender through the critical analysis of his psychological path. The sex offender is a middle - aged man accused of sexual acts with minors. The patient has socio - relational deficits as well as immaturity in the sexual–affective sphere, which make him vulnerable. During the clinical path, he was very tired and felt the weight of what he was caring for. The patient should carry out training aimed at restructuring his cognitive distortions, working on the aspects concerning relationships. This case study highlights how necessary investments are in policies that allow sex offenders to try to improve their conditions as well as allowing social inclusion free from prejudices and stigmatizations. It will ultimately reduce the risk of recidivism.

Keywords: sexual offender; clinical evaluation; case study; abuse; emotional problems; social development.

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Introduction

Commonly, people consider sexual offenders to be a homogeneous population at a high risk of recidivism. In contrast to this belief, research shows that sex offenders form a heterogeneous population with various offending behaviors, motivations, and recidivism rates (Wojcik & Fisher, 2019). Researchers have pinpointed different sexual offender typologies by considering and using different methods, such as clinical descriptions; demographic clusters; psychometric profiles; and theory - derived classifications. Despite the wide range of typologies available, there is no universally accepted typology system for sexual offenders. Nevertheless, it is essential to understand the characteristics and offense patterns common to sexual offenders to classify them into a typological structure, as this can help researchers and practitioners develop more efficient treatment, supervision, management, and prevention methods. Researchers have distinguished five classifications of male rapists based on motivation and behavioral as well as offense characteristics (Wojcik & Fisher, 2019).

Compensatory rapist. This type of rapist is also called the power reassurance or gentleman rapist. He doubts his desirability; he appears inadequate; and poor social skills define him. It is difficult for such individuals to form healthy relationships with same - age partners (courtship disorder). Thus, they commit rape to gain social competence, improve their self - esteem, and make their perception of ineptitude deplete. This type of rapist may perceive that their victim has shown sexual interest in him. Additionally, he believes that, through the use of force, the victim will end up liking him. Violence is indeed used by compensatory rapists, but they use only the appropriate amount with which to assault their victims; if the victims fight back or scream, the rapists may flee. Since they are genuinely concerned about their victims' well - being, they show less aggression in sexual and non - sexual situations (Wojcik & Fisher, 2019).

Sadistic rapist. Sexual fantasies filled with aggressive thoughts motivate this kind of offender. The pain and fear they can cause in their victims arouse them. They invest a lot of time and effort in planning their attacks. They usually choose their victims among strangers, not showing remorse for their actions. The sadistic rapist may torture their victims, consequently leading to sexual murder. This kind of rapist has shown higher rates of psychopathy and weapon use compared to non - sadistic rapists (Wojcik & Fisher, 2019).

Anger retaliation rapist. Also referred to as a vindictive rapist. Instead of actual sexual desire, what motivates them is power, anger, aggression, revenge, and hatred. Moreover, they have a long history of antisocial aggressive behavior. They rape women to punish them, to "get even" for injustices that could be real or imagined. Their violent attacks are generally impersonal and contain degrading as well as humiliating demeanors. Therefore, their victims show high levels of physical injuries (Wojcik & Fisher, 2019).

Power assertive rapist. These types of offenders are usually driven by nonsexual needs. Their eagerness motivates them to achieve power and dominance by having control over their victims. They use their aggressive but non-lethal behavior to restore their inner concerns about their sexuality and masculinity. These rapists may consume drugs or alcohol before they attack. Their rapes are impulsive and opportunistic. For this reason, weapons are not involved (Wojcik & Fisher, 2019).

Opportunistic/antisocial offender. This kind of rapist is driven by nonsexual needs and impulsively rapes while committing another crime. These offenders have almost no impulse control and usually engage in adventure-seeking lifestyles. Additionally, they only show anger when the victims fight back. In addition, these offenders engage more in common crimes than sex-related ones. The literature showed how sexual offender abusers show poor social skills. They feel vulnerable, worthless, inadequate, humiliated, and lonely (Wojcik & Fisher, 2019).

Situational offenders. These individuals love and prefer social and sexual interactions with adults, so they are not entirely attracted to children. Their secondary interest looms in adulthood due to external stressors such as unemployment, marital issues, substance abuse, loneliness, stress, isolation, or anxiety. These aggravating circumstances reduce the offender's confidence in himself and thus his sexual entanglement with children or adolescents is temporary. These kinds of offenders frequently victimize adolescents whom they can effortlessly access, such as their sons or daughters. Research divided situational child (or adolescents) molesters into the following categories: Inadequate abusers. These have a fundamental sexual attraction to age-appropriate adults; however, they have low self-esteem and poor social skills, impeding them from creating age-appropriate sexual relationships. Consequently, children (or adolescents) become a substitute for adults. Indiscriminate offenders are antisocial and abuse children as well as adolescents, both sexually and physically. They tend to use children or adolescents for their interests. The experimental child molester is driven by the aspiration to experiment with any type of sexual behavior, so he sexually victimizes children out of boredom (Wojcik & Fisher, 2019).

Literature review

Furthermore, the literature underlines the existence of individuals whose erotic interests are centered on pubescents, defining them as hebephiles (Glueck, 1955). Blanchard et al. (2009) suggested that hebephilia exists and is relatively common compared to other forms of erotic interest in children. The proposals adopted to categorize hebephilia have, indeed, argued that the desire to separate sexual attraction aimed at prepubertal children (up to 11 years and no later) from that directed towards pubescents (therefore early to medium-late adolescence) is clinically relevant. Although it is different from pedophilic behavior, it does not represent a diagnostic label.

The literature has highlighted how sexual offenders toward adolescents tend to have relational and psychological immaturity at cognitive and social levels (Ponti & Fornari, 1995; Konrad et al., 2018). Several studies on sexual perpetrators towards adolescents highlight how they implement strategies of moral disengagement and cognitive distortions, as well as having life stories characterized by adverse experiences during childhood. These factors could be defined as risk factors towards deviant conduct in addition to hindering the clinical path (Grady et al., 2017; Petruccelli et al., 2022).

Moreover, the perception of risk for each type of sexual crime is - not only in Italy - extremely high: for the public, including the educated, and even for operators in the sector, the risk of recidivism for these crimes is estimated to be very high, in a percentage ranging from 62% to 75%; however, the real risk may have been overestimated. One of the most comprehensive studies in this field, a meta-analysis of 61 follow - up studies on a total number of 23,393 subjects based on a restrictive recurrence criterion, i.e., the presence of a new conviction, found that the average recidivism rate in the 5 years following release after a first conviction for sexual offenses is only 13.4%. This would indicate that 86.96% of the sample did not commit a sexual crime in the 5 years following their release or at least had not been convicted of that type of crime (Briken, 2020). A meta - analysis conducted by Hanson and Morton - Bourgon (2009) on 29,450 sexual offenders showed how atypical sexual preferences and antisocial behaviors are risk factors connected with sexual recidivism for adult sexual offenders. This study also underlined how sexual preoccupations and general self - regulation problems are considered other dynamic risk factors.

Methodology

Case Study

The objective of this case study is to illustrate the individual peculiarities of an offender, as well as bring out the emotional and cognitive aspects in addition to the importance of the evaluation and support process. Furthermore, although this case may not be surprising in terms of some of the behavioral aspects, the authors intend to shed light on the fact that these kinds of offenders may be reintegrated into society if one works on cognitive distortions and clearly elaborates on emotional experiences, working without bias.

Participant and Procedure

John⁶ was placed on clinical attention after his first arrest. At the time of the events, he was 40 years old. Initially, a clinical–forensic analysis was carried

⁶ Names and place(s) reported in this study are fictitious in order to respect the privacy

out to define the traits of his personality and his evolutionary as well as clinical history following the legal consequences of his act. Eight clinical interviews were carried out (first clinical evaluation). After 13 years, John was arrested again as a repeat offender. In this case, he was accused of sexual acts with a minor (i.e., an adolescent). In this case, the acts include touching and physical harassment without penetration. John underwent psychodiagnostics and a psychological evaluation process, as well as psychological treatment and a support process consisting of individual meetings (second clinical evaluation). Twenty clinical interviews of psychological support, in an individual setting, were conducted with John at his home, since he is under house arrest. The evaluation had been suggested by the judge after the sentence. The psychodiagnostics evaluation was considered to be part of the clinical evaluation with which to manage the support process in the best possible way. It was the expert's responsibility to choose the instruments and the clinical procedure. The choice of tests depended on whether they were used in general assessments, especially of these populations. These tools were chosen because they are also aimed at assessing sexual experiences, personality, and cognitive level, integrating this information within the interviews. Furthermore, we did not make extensive use of psychodiagnostics instruments to prevent the subject from appearing socially desirable. The above being the case, we chose the ones that could avoid that risk.

Clinical Description

First clinical evaluation: During the eight interviews, John always appeared tidy and appropriate to the circumstances of the talks; his expression was participatory, and his attitude was quite collaborative. John felt the need to talk to someone about what happened. His spatial-temporal orientation was normal. No alterations in his psychomotor behavior emerged, his facial expressions appeared adequate to the contents of the discourse, and his consciousness was clear. In exposing the discussion of specific topics, fluid, appropriate speech was noted; eager to speak, but also quite controlled. His speech revealed high - level education. His speech pace and productivity were adequate, often elevated, and there was no evidence of alterations in his speech content. Generic notes of anxiety were highlighted, attributable to the context of the expert evaluation as well as to the state of pretrial detention. His memory, with regard to the components of fixation, conservation, and recall, did not show any gaps. His mood and affectivity appeared congruous with the topics of his speech, even if in some moments they appeared very controlled. John's family appeared to be normal in comparison to the reference culture. The parental figures formed a united and supportive nucleus; no periods of family crisis or disturbing events that could be identified as stress factors disturbing family stability were reported. John lived a childhood and adolescence relatively free from disturbing elements. In fact, John lived his childhood within a

of all the people involved

fairly rigid, culturally elevated family, his schooling proceeded regularly without delays, and he was among peers. According to John, the adolescent release, in its stages of sexual exploration, self - affirmation, and detachment from the nucleus of origin, took place in a relatively calm way. John reported that, in the prepubertal period, he had some episodes of same - sex intimacy that were experienced in a very peaceful way. From the administration of the Minnesota Multi - phasic Personality Inventory - 2 (MMPI - 2; Pancheri & Sirigatti, 1997) the following indicators of clinical interest emerged: a tendency towards somatization as well as doubts about one's masculinity.

From Sexrelation Evaluation Schedule Assessment Monitoring (SESAMO) (Boccardo & Perillo, 1996), the following significant areas emerged: desire; previous sexual experiences; and difficulties in free sexual expression. From the Erotic Psycho Induction Test (Valente Torre & Abrahamè, 1996), however, the following problems emerged: strong concern, tension, and agitation of the subject in the face of loneliness and the estrangement of the parental figures, as well as the desire to lead a "normal, simple and serene couple relationship". The administered psychodiagnostic battery revealed some indicators that had been screened through John's generically controlled attitude in the clinical interviews. This attitude is, however, also to be credited to the evaluation and expert context. Moreover, the value of sexual ambiguity, of excessive self - control, of rigidity—from a moral point of view—of the family education in which he lived was constant from the psychodiagnostic evaluation. From the point of view of the expert analysis, this means that the subject appeared to be controlled, partly anxious, with some wishes that have been repressed for many years.

From the interviews, it emerged that John was a very sociable person who liked to be in company. John always tended to speak in a low voice when he spoke about sex topics during interviews, as if he was afraid that someone would listen to him. Curiosity towards his own sex has been reported since middle school, when he "played" with his classmates.

John showed willingness to start a new life with a woman, because "everything would be safer", but does not rule out the alternative of having a partner of the same sex. Concern about the judgment of others and the prevalence of a certain mentality made up of stereotypes and prejudices about homosexuals were evident, above all when he stated that he has seen "very normal people being affected by this..." and could not even find the term with which to define homosexuality. John exhibited homosexual tendencies that have occasionally surfaced in his actions and fantasies since his prepubertal period; however, these impulses seem to have been secondary to the desires, fantasies, and attitudes that characterized his heterosexual behavior. Over time, John managed his heterosexual impulses adequately, occasionally allowing himself to experience homosexual desires and impulses, despite feeling strong pressure from his family as well as from the social and cultural environment in which he grew up. The cultural rigidity in which he developed probably prevented him from freely expressing these inclinations of

his and may have pushed him towards frequenting same - sex prostitutes. These acquaintances, which occurred only in the course of the last three years, coexisted at the same time as him leading a normal life as a couple, which allowed John to live his own affection peacefully in front of his parents and others. In fact, he led a “normal” life in front of everyone and, secretly, by engaging with a prostitute.

John claimed to have had his first homosexual experiences during his prepubescent and pubertal periods; after this, he would, for a long time, have sexual–affective activity characterized exclusively by heterosexual relationships. At the same time, his activities, equally sporadic and superficial from the point of view of sexual–emotional involvement, with prostitutes of his own sex would have taken place. John had no personality disorders or alterations, and no pedophilic traits; he had never shown problems in social and interpersonal relationships; and he has always had many friends as well as three long and engaging love stories with adult women. John presented no risk of recidivism or social danger, since his conduct was probably dictated by chance. The problem for him was the acceptance of his homosexual drives, which are often inhibited by excessive moral rigidity and a sense of control exercised by the environment in which he used to live and in which he lives.

John showed no traits of aggression, isolation, or impulsiveness. Even the anamnestic factors did not seem to cause concern and did not highlight problems attributable to syndromes or significant psychopathological symptoms. John showed a strong sense of self - criticism, a state of repentance evidently linked to strong feelings of shame for the consequences that his actions had on his family, stating that “I ruined them”, and – secondly - on his life. House arrest can also aggravate his situation of closure and isolation with his family and worsen his psycho - relational problems.

Second clinical evaluation: John showed himself to be available for interviews, motivated, and accessible, as well as slightly debilitated from the legal cases. He agreed to speak, demonstrating that he was present to himself, alert, oriented in time as well as space and towards people, responding appropriately to questions and placing information in correct space–time sequences. He understood the reasons and purposes of the visit. John had a tendentially deflected mood, presumably due to the difficult legal and social situation he is experiencing. The sum of all of the information and objective findings allows us to exclude the presence of a major psychiatric disorder in John. With respect to his own difficulties, in particular regarding his own emotional–cognitive dysfunctions, he had a superficial level of awareness.

However, the events in which John was involved concern interpersonal dystonia connected to relationships with a high emotional charge that can evoke critical mental functioning in specific situations, but not in ordinary life and in contingencies with a low emotional charge. Indeed, he certainly did not suffer from first - order psychiatric disorders, but clear elements emerged to support

the idea that he had a personality disorder in the area of affective functioning. John's conduct clearly appeared to refer to hebephiliac behaviors. John's natural propensity to have woven "friendships" towards some minors, placing himself at their level, and believing himself in harmony with their values and their modes of expression, clearly denoted in him a dysfunctionality of the representations of affections.

John's actions can be traced back to a dysfunctional affective expression; he cannot be considered a pedophile according to the diagnostic criteria of the DSM - V (APA, 2013), having targeted adolescents and not prepubertal children. On the one hand, this helps us to exclude inaccurate psychological attributions to illicit behaviors such as John's, on the other hand it pushes us to investigate the psychological functioning of the person in question in a more specific and personal way. In this regard, therefore, we must exclude the presence of pedophilia in his behavior, as this occurs with prepubertal minors, with the obvious relational and psychological consequences that derive from it. Indeed, sexual abuse is traditionally treated as sexual aberration (e.g., something socially unacceptable and morally wrong that generates prejudice and hostility towards sex offenders) by society (i.e., the law and other people) (Wiener et al., 2006; Clarke et al., 2009). However, those who sexually assault children or adolescents use sexual behaviors to satisfy needs that have more to do with the search for sensations of power and domination over weaker subjects than with sexual desire. The authority of the aggressor, implicitly or explicitly, may force the minor to submit to the sexual relationship. This interpretation does not justify the actions, nor does it reduce or cancel the real risk of such deviant behavior.

At the basis of this distorted relationship there is a question of absolute domination and power: the child entrusts himself completely to the adult, and gratifies him with his abandonment, with his trusting submission. This relational dynamic did not appear to be central to John, who instead saw his conduct generated on a very different relational level, in which the contents of the relationships with the offended parties were marked by genuine emotional exchanges, so as to be recognized by the parents themselves. Reality testing is generally maintained with the presence, at times, of possible dissociative aspects, with difficulty in integrating cognitive aspects with affective and drive ones, as well as difficulty in clearly separating one's internal experiences from external reality.

From the administration of the MMPI - 2, it emerged that John answered the test sincerely and did not try to provide a distorted image of himself. His answers to the test provided the image of an independent and self - confident person, with the skills to deal adequately with everyday problems; however, there emerged a personality with un - resolved problems, needs never satisfied, anxious, the need to always be considered socially attractive, and paranoid traits. From Raven's standard progressive matrices (Raven, 1941), above average intelligence emerged. Finally, no specific indicators emerged.

Reports from supporting clinical interviews: At the beginning of the clinical path, it was also important to work to favor the emergence of the deepest, most hidden, and even more “unspeakable” experiences. He had to deal with a strong feeling of alienation, initial fear, and embarrassment. A first aspect was the dissolution of the conspiracy fantasy, then of the denial of the crime, to the point of acknowledging the feeling of unease deriving from the emergence of stories and feelings with which it was essential to come to terms. Furthermore, an important step was the internalization of the fact that it was necessary to understand John’s life choices, determined by his individual strengths and weaknesses, as well as to analyze any predisposing, facilitating, mediating, or precipitating factors. In this way, the clinical work shifted John’s attention focus from the crime - centric dimension to the dimension of damage, radically changing the way of perceiving, and perceiving oneself, with respect to the crime and the victim. In the interviews, his life history was analyzed again in detail.

John claimed that he had always been a “mamma’s boy”, and that he did not have a deep relationship with his sister due to the seven - year age difference. He continued the story by saying that his mother did not work. As for the father, he worked often and was not very present. John spoke about trips to the lake that they took during the weekend. He claimed that his father never hit him. John described his mother as “agnostic” and said that, in his family, only his sister attended church. John said that, when he was little, he was very good and did not throw too many tantrums, unlike his sister, who he defined as “exuberant”. John enjoyed sports, although he would never dwell on a specific type of activity. John also reported a hypothesis of preference on the part of the mother for him over his sister. After compulsory school he decided to attempt the competition for an academy, and won.

Subsequently, the theme of sexual discovery was addressed. John claimed that at home it was never spoken about and that, up until elementary school, he attended a school run by nuns, where the subject was never addressed. John said that he would “find out how to have kids” in sixth grade by talking to friends. Additionally, he reported an incident where an older friend would line them up in front of the bathtub and make them masturbate with him; this event would have occurred when he was in middle school. John defined this event as a kind of “initiation rite”, and not as a trauma. Furthermore, John reported a dimension of sexuality lived in a group, describing an episode lived in a public park with some of his peers, who mutually masturbated in a group in an isolated place. Following this event, he allegedly realized that he was interested in the body and nudity of one of his male friends. With reference to what was reported by John, it is possible to hypothesize that John had poor functional experiences regarding his first experiences of masturbation and the discovery of his genitals, as he claims that he does not remember whether or not he was touched by his classmate’s brother in middle school. From this event, he could have acquired this set of behaviors as normotypical.

Regarding the awareness of his sexual orientation, John said that, somehow, he felt “compelled by society, by culture” to hang out with girls, even if he occasionally met with friends and engaged in acts of group masturbation. Subsequently, he claimed to have fallen in love with a girl, even though the interest would have been greater on her part. He said that in his class there was an openly gay boy, but in whom he had no interest, as he considered him “too effeminate”. Furthermore, he recounted that, during the first year of high school, he was a close friend of a boy of his age and that “touching” as well as acts of masturbation took place between them, but that after he turned fifteen nothing more would happen, with only residual fantasies left. Regarding sexual orientation, John, speaking of his mother, claimed that the latter had always been very open - minded and that she explicitly told him that she would have accepted if her son had been gay, but that he never have wanted to reveal anything due to shame. He went on to speak of how he almost ended up in marriage with girlfriends three times and that he did not regret having withdrawn at the last minute, as he could not have made his future wife happy, as he needed some “flings and affairs, since I couldn’t maintain long - term interest”.

The information relating to the legal situation and John’s perception of the crime committed was then further investigated. Specifically, in the subsequent clinical meetings, we proceeded to analyze the presence of a possible rational emotional chain; the ability to recognize the antecedents and consequences of one’s actions; awareness of behavioral chain activation cognitions; the analysis of possible defense mechanisms (minimization and denial) as well as cognitive distortions; literacy and emotional management (the ability to recognize emotions in oneself and in other people, as well as to manage one’s behavior in relation to them); and the development of empathy (knowing how to put oneself in another’s shoes).

Regarding the actions for which he is accused, John claimed that there was no type of lust or sexual desire (much less sexual satisfaction) on his part connected to the masturbation activities of the boys in question, while the main motivation would have been related to the type of emotional intimacy, exclusive complicity, and extreme confidence that the child felt for him. In those situations he admitted that he felt welcomed and accepted by the boys “hearing me... they called me bro, brother to me “hey bro”... there was no excitement... it was almost a question of affection, of goliardery in... being able to wrestle, rather than feeling the passion, the sexual drive or the push...” and then again: “the initiative was mine here with Tizio, the initiative was mine but it’s a game and not a touch with the skin, absolutely, while with Caio the initiative was his and I couldn’t say no because he asked me to”.

In the meetings, moreover, the actions for which John is currently accused were revisited, in order to understand the meanings of the motivations for deviant behavior, which John explained in terms of a friendly relationship, almost being on an equal footing with the minors in question. John, in fact, presented a personality

structure that always placed him in a sphere of relational affective immaturity, which led him to experience relationships with minors in general, whether male or female, as more stimulating and satisfying in terms of a playful point of view and shared life interests (games, gym, motorbike, cinema, etc.). For the adolescents in question, John expressed a deep and sincere affection that led him to identify them as his godchildren, with whom he actually developed an intimacy more typical of the relationship between peers, rather than as an adult guide, so much so that reports of numerous occasions in which they (the group of boys) would decide what to do, where to go, to ask him to meet, and that, often, they even “bullied” him affectionately (as when they threw popcorn at the cinema, or when they all jumped on him together to give him his scooter helmet, etc.). On these occasions, he reported that he felt at the mercy of the boys and that he was happy to be able to please and satisfy them, agreeing to their every request, even when the request was to lie to their parents. All of the minors in question confirmed this relationship of mutual trust and affection in their interviews.

Subsequently, clinical work was carried out on social skills (what they are and how they can help us) and on effective communication. An important moment in the clinical setting concerned awareness of the development of the ability to share fragility and know how to manage it. Finally, we discussed with John the path taken, the perceptions of change and expectations, as well as his vision for the future; we also connected the above with a possible plan to improve life goals. Furthermore, John’s relationship with his group of friends also appeared to be of clinical interest, with a view confirming John’s affective immaturity, which reports that the members of this circle of friends have always remained the same since their school days. Furthermore, within the group in question, John reported that he is the only one who had maintained an almost “adolescent” or “immature” role: he never married or reproduced, he would never smoke, drink alcohol, or take psychotropic drugs, he always played a gregarious role in group dynamics, and often played the victim of teasing and goliardic jokes by the group in question due to his frail, not very muscular or “macho” appearance. In this regard, John said that even the children of his friends would always treat him as a friend, as an equal, asking him for advice, playing with him. In clinical interviews, he described his constant tendency to put himself at the level of boys, to understand them, and to play with as well as have fun with them; he also referred to some moments—e.g., during telephone contact with the boys—in which he assumed a more adult and advisory role towards them (he asked about their academic performance and prescribed physical exercises to strengthen their muscles, etc.).

Regarding his relationship with these boys, sons of his friends, John recounted how, for example, Caio’s parents were very happy about their relationship and that they often asked him for help if Caio had any problems, such that John could be an intermediary of sorts between the parents and child. In addition, he said that he taught him to ride a scooter. He reported that the boys perceived him as an equal, listening to him, but they did not see him as an adult, nor as an authority, but as a

playmate. Regarding his relationship with the children of his friends, he reported that he had always considered them as his godchildren and that every time he talks about them, he is moved by the disappointment in not having realized in time what was happening and that he had not been able to avoid the painful situation that ensued toward the boys, their families, as well as himself. For example, in listening to the minor Tizio it clearly emerged how the relationship between John, the child, and their families was characterized by long - standing affection and esteem (“he was a dear friend of dad because they had known each other since they were little), in addition to the fact that the minor loved him and did not fear him; on the contrary, he considered him almost their equal (“I always found him a very nice person because he was always available”, “we always saw him as a big boy”, “I called him uncle ”, and “I sometimes teased him about his height, telling him he was a colonel”). Furthermore, from the minor’s stories it emerged that John never spoke to the minors about his work (“he never spoke about him and his work, he asked me about how I went to school”).

The above all being the case, although John was characterized by an adequate cognitive level - with regard to the affective dimension - in reality he showed an important level of emotional immaturity. This state is presumably also explained as a function of the various relational failures experienced by John during his late adolescence and early adulthood with women who evidently represented the ideal to be presented to one’s parents and to society for acceptance; these failures probably led John to retreat into his infantilized phantasmal world, where attention and interest are concentrated on cars, clothes, and sports (reminiscent of a teenager), and to disinvest more and more with respect to the world of conventional adults that did not seem to interest John all that much.

Finally, the contents of erotic fantasies, sexual erotic imagery, and John’s experiences related to his homosexual orientation were analyzed. The first sexual contacts (of both homosexual and heterosexual natures) were retraced: those of a homosexual type would have taken place during the preadolescent period, while the heterosexual ones occurred in the adolescent period. Following several failures in sentimental relationships with women of the same age, failing to crown an idealized and adequate dream with respect to family and reference culture expectations, John withdrew into himself and in his thoughts, fantasies, and desires connected to his early activities of a homosexual nature.

Discussion

From the first to the second evaluation, it seemed that John did not progress in his vision of affective–sexual reality, but rather that he failed to control his psychic immaturity in affective–relational terms. John’s emotional experiences today refer to a sense of adolescent transgression of the homosexual drive, associated with a period of life where affective–relational responsibilities were very weak, if

not even absent, towards girls of the same age. Sexuality in the prepubertal and pubertal phases represented a discovery lived with curiosity and with a strong playful drive, where exploration of the same sex could represent a testing ground and a training ground, lived with a sense of greater security and control, compared to the little - known world of the other sex.

His repressed and unexpressed homosexuality probably contributed to psycho - sexual immaturity. The problem of non - acceptance of one's orientation does not justify deviant action in any way. It was certainly a frustration for John. In other words, accepting homosexuality in adults will contribute to or cause mature sexuality, making sexual contact with adolescents unnecessary. John, indeed, working on this aspect, could reduce any future risk of relapse, as well as assist in his possible social integration. In this way, John could be able to face his social reintegration more serenely. John appears to be a very controlled individual, who has made choices in his career life that imply the assumption of great responsibilities, despite the continuous emotional immaturity that emerged. Currently, he is part of a family where he holds a role of great care and management responsibility towards both of his parents, who are currently very old and no longer self - sufficient. This probably negatively affects his evolutionary situation on an affective–relational level, which remains immature.

John, at present, seems to be imprisoned in a cognitive and emotional state belonging to an age that does not correspond to his personal age. His behaviors can be traced back to those of an adolescent phase. Relationships with minors would represent the satisfaction of a need with the wrong object of desire. Minors appease him, not understanding that this is not natural and is wrong on all levels. John therefore appears stuck in a vortex of cognitive distortions (Chopin & Beauregard, 2020; D'Urso et al., 2019, 2021) that do not permit him to evolve in the psychic and relational realms.

The cultural rigidity experienced during childhood and adolescence led John to suppress his relational desires, which imprisoned themselves in a parallel reality that led him to commit the crimes attributed to him. Through his deviated cognitive and social structure, John sees minors as his friends because they are close to the reality that he is experiencing on a relational level. In line with the literature (D'Urso et al., 2021; Petruccelli et al., 2021; Lacambre, 2019; Eberhaut et al., 2022; Martínez - Catena & Redondo, 2022), he does not see the error in what he does when he performs the act, but only when he is led to reflect on the deed.

During the recent interviews carried out, John's involvement in the adolescent problems of boys, in their interests, games, passions, and sports, was evident. In fact, he said that, even in a group, he often played the role of a scapegoat who was made fun of by the same kids who had a lot of fun in these activities. John tended to experience infantile–adolescent experiences, almost submitting to adolescents, even though he knew that his role was different because he could manage the adolescents he was dealing with. It was probably the case that his

being compliant represented attempts not to break the bond established with the adolescents. Compared to the first time, this involvement with adolescents appears amplified. His clinical history appears anachronistic; at 40 years old he has also shown an interest in women, although the fulcrum of his life now appears deviated towards themes not in line with his stage of development but studded with deeper emotional–relational immaturities. John takes refuge in his deviated world and, through mechanisms of moral disengagement, tends to justify his conduct with adolescents. It is probably the case that not expressing his real-life desires led John to live in a vortex of cognitive distortions that spread and amplified in his affective–sexual life.

Furthermore, he reported that he lived, for a long period, in a manner characterized purely by a state that led him to feel isolated, rejected, and stigmatized. The clinical path carried out allowed John to work on the attributions of greater awareness, responsibility, and proactivity, promoting growth and change; however, it should also be pointed out that, in his current state, John has shown himself to be extremely tired, with a markedly deflected mood (depressed), following the recent period during which he lost his job, his friends, and a large amount of money to deal with this situation, as well as undermining the self - esteem in his parents and brother. He reported significant difficulties in sleeping, both in the falling asleep phase as well as continuous awakenings due to continuous police visits (even three a day and often even at night) to check his status.

From a clinical point of view, he did not present personality disorders or alterations, or significant psychopathological symptoms; however, important traits of psycho - affective–sexual immaturity have been highlighted. It is probably the case that the cultural weight of social pressures fails to advance John towards the manifestation of his adult sexuality, such that he lives with feelings of inadequacy. The denial and repression of his homosexual tendencies led John to seek the affection of adolescents to satisfy his immature and paraphilic love needs. Imagining yourself living in a homosexual relationship with an equal seems culturally too distant from the socially accepted and idealized vision of a couple and relationship. John also wanted to maintain his status as a powerful man, and this was expressed in his dysfunctional ways of relating to the adolescents with whom he could exercise this power. These relationships also satisfied him on a social level, even if they were immature strategies for not facing the developmental tasks typical of his age.

John did not seem to have highlighted problems attributable to syndromes or significant psychopathological symptoms. The clinical significance of these aspects did not have a psychopathological relevance and structure but had a psychological and relational nature. John, in fact, presented an examination of intact reality and did not belong to the category of a “pure” psychopath, nor even less to that of a “sociopath”, but presented a push towards mental representations of an immature nature in the modality of relationships and closeness with minors that corresponded with his psycho - affective level. Undoubtedly it was a matter

of affective exchanges, without any compulsive or predatory value, which did not lead to any sexual gratification for John but had purely relational affective implications (in those specific circumstances it was as if John had placed himself at the same level and at the service of the minors in a relational exchange, in which the contents were more extensive than the mere sexual sphere). Furthermore, it is underlined that he has worked and will work in the course he has taken and intends to continue, to be able to replace these mental representations of an immature nature with more mature and functional modes of functioning.

In the risk assessment of sex offenders, it is important to also consider static and dynamic risk factors: static risk factors are not changeable and include demographic features (e.g., age) as well as historical events (e.g., past offenses), whereas dynamic risk factors are changeable over time (e.g., sexual pre - occupation) (Craig & Rettenberger, 2016).

Many of the variables that have been reported in this case study are of a stable, historical type (the subject's sex, age, and judicial situation) and they certainly have great validity with regard to the consideration of the risk of recidivism, especially in the long term, but equally important is the information represented by dynamic factors. In this case, study, the problem for the person was the acceptance of his homosexual drives, which are often inhibited by excessive moral rigidity and a sense of control exercised by the environment (parents, friends, colleagues, etc.).

The factors associated with the prediction of hazard considered in the MacArthur Risk Assessment Study are dispositional factors: aggression, isolation, impulsivity, and neurological disorders, as well as anamnestic factors: family deviations, frequent states of unemployment in addition to relevant problems at work, and previous hospitalizations. The subject under examination does not show traits of aggression, isolation, or impulsivity. Even the subject's anamnestic factors do not seem to show risk factors (Monahan & Steadman, 1994).

John, therefore, would not be socially dangerous and would not currently present elements that could suggest active risk factors for recidivism. In fact, no strategy or sadistic ritual emerged in his actions nor in his phantasmic world, nor any threat or intimidating act, nor actions with the aim of forcing or confining the other. It should also be emphasized how fundamental the patient-clinician relationship is when evaluating perpetrators of sexual offences. First, it is necessary to look at the individual as such without precocious or forced psychologizations, as well as avoiding any form of prejudice. Sometimes the risk might be to look at the sex offender as predestined, as having no way out. This bias could somewhat bias the clinical process; however, this study highlights how the clinical evaluation, in each of its parts, was conducted by minimizing biases. Experts should also treat the problem in the same way as any other disease. This approach made the patient feel accepted. He never skipped a session, considering the clinical path as a hope for change.

Strengths and Limitations

The study brings out a clinical picture that is sufficiently in line with the literature to such an extent as to take into consideration the aspects connected with the choice of victims, the different modes of behavior, and predominantly immature socio - emotional experiences. Although the analysis of such a delicate case study represents a strength, the results obtained cannot be generalized to the entire population of sexual offenders because psychological functioning varies, as do life stories. Clinical evaluation through tests appears to be lacking because there are no specific tests that absolve certain risks, especially when dealing with people who have committed serious crimes (e.g., social desirability, reliability). Although the clinical pathway represents a strong point for structuring specific interventions, it could benefit from further insights into life histories as well as deeper psychic mechanisms. Furthermore, another limitation concerns the fact that John did not continue with a course of therapy. This would have helped to understand his state of mind as well as his eventual possibility of being optimally reintegrated into society.

Conclusion

Society sometimes, unfortunately, is not ready to deal with cases such as this due to stigma and inadequate public policies as well as interventions. People such as John are sometimes described as predestined to be repeat offenders and therefore unable to be reintegrated into society; however, as emerges from this case, sometimes they have the motivation to change and the will to follow a long - term treatment path that allows them to unhook their deviant patterns. This being the case, society should be freer from prejudices so as not to invalidate the paths of social reintegration; it should rather encourage paths of social reintegration that envisage even more profound clinical work. Finally, we can conclude by stating that John's case could fall into the following classifications found in the literature: on the one hand, manipulative child molesters, since they are usually subjects who seek relationships with minors whom they take care of without using either weapons or violence, but show them affection and love to build and maintain a sexual-affective "relationship"; on the other hand, situational offenders, as they are subjects who perceive themselves as victims of external stress factors, such as judicial persecution, sexual-affective problems with adult women, loneliness, stress, isolation, or anxiety. These circumstances reduce trust in themselves and thus amplify their needs for sexual involvement with minors, even if only temporarily.

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