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Personality Functioning and Psychopathic Traits in Child Molesters and Violent Offenders

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Abstract

Purpose: Personality dysfunctions and psychopathy are central in most theories of crime. However, different offense types are likely driven by different motivational factors. Therefore, it is plausible that distinct offender groups differ in terms of personality features. In the present study, child molesters, (non-sex) violent offenders and community participants were compared on self-report measures of personality functioning in the self- and interpersonal domains (i.e., self-control, identity integration, responsibility, relational capacity, and social concordance), and psychopathic traits. *Methods:* Multivariate analyses of variance were conducted to examine differences between child molesters ($N=74$), violent offenders ($N=64$), and community participants ($N=238$) on psychopathic traits and personality functioning. *Results:* Bivariate associations among personality features were largely consistent across groups. Violent offenders showed higher levels of personality dysfunctions and psychopathy, compared to both child molesters and community participants. Child molesters reported more selective impairments. Compared to community participants, child molesters reported significantly greater impairments in self-control, identity integration, responsibility, and relational capacities. *Conclusions:* The different personality profiles of the two offender groups corroborate the importance of applying different theoretical models and treatment approaches to child molesters and non-sex violent offenders.

Keywords: Psychopathy; Personality; DSM-5; Child molesters; Violent offenders

Personality Functioning and Psychopathic Traits in Child Molesters and Violent Offenders

In research among forensic psychiatric patients, knowledge about specific differences between offender groups can be used to gain a better insight into underlying pathogenic psychological processes. Specifically, increasing interest has been devoted to the identification of similarities and differences between sex offenders and non-sex violent offenders (Harris, Mazerolle, & Knight, 2009; Helfgott, 2008; Ward & Beech, 2006; Ward et al., 2010). In this context, two categories of offenders appear to be particularly different from each other, namely child molesters and non-sex violent offenders.¹ These two groups often differ in the target and in the motivation of their offenses. Whereas child molesters tend to target minors, non-sex violent offenders tend to target adult victims. Regarding the motivation of the offense, child molesters are **often** directed at satisfying sexual desires or impulses, **or are driven by a need for intimacy and seek satisfaction for needs other than sexual**, whereas non-sex violent offenders can have a variety of instrumental or reactive goals (Helfgott, 2008). Understanding differences between groups of offenders can be useful to inform psychological theories of offending and to inform longitudinal research on the etiological pathways leading to different forms of offending (Seto, 2008). Moreover, such knowledge can help practitioners identify treatment targets that can be useful for certain offender groups but not others. Such a specificity is called for by important theoretical models, such as the Risk-Need-Responsivity model (see Andrews, Bonta, & Wormith, 2006).

¹ Because also child molestation is typically violent in nature, for the purpose of this study we use the term non-sex violent offenders to refer to offenders who have exclusively committed non-sexual violent crimes, and the term child molesters to refer to offenders who have exclusively committed sex offenses toward minors.

An important clinical factor that increases the risk of offending behavior and may therefore serve as crucial treatment target is the presence of personality pathology (Andrews & Bonta, 2010). In the broader domain of personality, two constructs that have been predominant in explanatory theories of crimes in the last few decades are self-control and psychopathy (DeLisi & Vaughn, 2014, 2015). Research on these domains is needed to examine whether specific personality features may relate to distinct offense types or characterize offenders in general (Bogaerts, Vanheule, & Declercq, 2005; Marshall, 1996), considering that a distinction between offender groups is often used to allocate offenders to different treatment programs (Andrews & Bonta, 2010). In an effort to contribute new evidence to the increasing literature on personality in offenders, the present study compared child molesters and non-sex violent offenders with a community sample to examine impairments in personality functioning in the self and interpersonal domains, and on psychopathic traits.

Impairments in Personality Functioning in Child Molesters and Non-Sex Violent Offenders

Self-control has been posited as one of the main predictors of antisocial behavior and criminal justice involvement, with an abundance of empirical evidence in support (for a review, see DeLisi & Vaughn, 2014). However, the concept of self-control used in early criminological theories (e.g., Gottfredson & Hirschi, 1990) was not limited to the top-down inhibition of impulsive behavior, as the term would suggest in psychological science and practice. Rather, self-control was conceptualized as the individual "tendency to consider the long-term consequences of one's potential acts" (Hirschi & Gottfredson, 2008, p. 220). This conceptualization defined low self-control in terms of an array of trait-like dispositions including impulsivity, callousness/self-centeredness, and a temper/emotion dysregulation component (Gottfredson & Hirschi, 1990; Gibbs, Giever, & Martin, 1998; Grasmick, Tittle, Bursik, &

Arneklev, 1993). Thus, it is possible that poor behavioral control reflects broader personality dysfunctions, including basic personality traits like negative emotionality, disinhibition, and antagonism (DeLisi, 2009; DeLisi & Vaughn, 2015). From this perspective, rather than positing a narrow-band construct of self-control as the primary risk factor for criminal behavior, the general theory of crime is consistent with other theoretical models of sexual and violent offending that emphasize broader deficits in self-regulation and relational functioning as key to understand sexual and violent behavior (DeLisi & Vaughn, 2014, 2015; Marshall & Marshall, 2000; Ward, Hudson, & Keenan, 1998; Ward, Hudson, Marshall, & Siegert, 1995).

This broader perspective of self-control theory bears some resemblance with the aspects of personality functioning highlighted by Verheul et al.'s (2008) SIPP model (operationalized in the Severity Index of Personality Problems, SIPP; Verheul et al., 2008), which is now represented in the new model of personality pathology in the appendix of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013).² In the SIPP model, five domains were described as core aspects of personality functioning: self-control (i.e., emotion regulation and effortful control), identity integration (i.e., stable self-image and self-directedness), relational capacities (i.e., ease with intimacy and enduring relationships based on reciprocity), social concordance (i.e., aggression regulation, cooperation and respect, frustration tolerance), and responsibility (i.e.,

² The DSM-5 alternative model of personality disorders emphasizes impairments in the domains of self and interpersonal functioning as the first criterion for a diagnosis of personality disorders (DSM-5 Section III, Criterion A; APA, 2013; Bender, Morey, & Skodol, 2011; Morey et al., 2011). The domain of self-functioning includes: identity and self-direction, thus paralleling the identity integration and self-control domains of the SIPP, respectively. The domain of interpersonal functioning entails empathy and intimacy, which are akin to the social concordance and relational capacities scales of the SIPP, respectively. Finally, the responsibility scale of the SIPP is not considered in the DSM-5 as an indicator of personality functioning (Criterion A), but it is one of the traits that comprise the disinhibition domain of maladaptive personality traits (Criterion B; for further information on the parallelism between the SIPP model and the DSM-5 alternative model of personality disorders, see: Bastiaansen, De Fruyt, Rossi, Schotte, & Hofmans, 2013; Rossi, Debast, & val Alphen, 2016).

trustworthiness, conscientiousness). It can be noted that some of the personality features included in Gottfredson and Hirschi's (1990) definition of self-control actually span across several of these domains (e.g., self-directness, frustration tolerance, conscientiousness, reciprocity in relationships; see also DeLisi & Vaughn, 2008; Hirschi & Gottfredson, 2008). Of note, the five SIPP domains are strongly intercorrelated, and the self-control scale of the SIPP typically explains the largest part of the covariation among SIPP scales (Rossi et al., 2016; Verheul et al., 2008), in line with the view of self-control as intertwined with several aspects of personality dysfunctions.

In light of the above considerations, earlier findings linking problems in self-control (as operationalized by Gottfredson and Hirschi [1990]) with sexual offenses (Grasmick et al., 1993; Ha & Beauregard, 2016; Hudson & Ward, 2000; Ward & Beech, 2006), child molestation (Bogaerts, Vervaeke, & Goethals, 2004; Clevenger, Navarro, & Jasinski, 2016), and violent offenses (DeLisi, 2001; DeLisi & Vaughn, 2015; Garofalo & Velotti, 2017; Robertson, Daffern, & Buck, 2015) can be extended to assume that both sex offenders and non-sex violent offenders might be characterized by impairments in personality functioning in the earlier defined self and interpersonal domains included in the SIPP model, and by extension in the DSM-5 Section III alternative model of personality pathology (Criterion A, see Footnote 1). Yet, no studies have formally tested whether child molesters and non-sex violent offenders show different impairments (either in severity or kind) in a broader range of domains of self- and interpersonal functioning (as opposed to the umbrella-concept of self-control). However, there is some indirect evidence that child molesters – compared to non-sex violent offenders – tend to score lower on several criminogenic factors, including personality disorders and maladaptive personality traits (Becerra-García, García-León, Muela-Martínez, & Egan, 2013; Craig, Browne, Beech, &

Stringer, 2006; Gudjonsson & Sigurdsson, 2000; Marshall et al., 2001; Mills & Kroner, 2003; Seto, 2008).

Psychopathic Traits in Child Molesters and Non-Sex Violent Offenders

In the domain of personality pathology, psychopathy is one of the most important clinical constructs in the criminal justice system (DeLisi, 2009; Hare, 1996). Psychopathy is defined as a personality syndrome encompassing a cluster of behavioral features and personality dispositions, along with a pervasive tendency to breach social norms and expectations (Hare & Neumann, 2008; Leistico, Salekin, DeCoster, & Rogers, 2008; Neumann, Hare, & Newman, 2007).

Although different multidimensional models of psychopathy have been proposed (Cooke & Michie, 2001; Lilienfeld & Andrews, 1996; Neumann, Hare, & Pardini, 2015; Patrick, Fowles, & Krueger, 2009), there is general consensus to divide its components into affective (e.g., callousness, lack of remorse), interpersonal (e.g., manipulation, grandiosity), and behavioral (e.g., impulsivity, irresponsibility, poor behavioral control) domains, whereas the different conceptualizations diverge on the emphasis they place on antisocial tendencies as part of the psychopathic construct (Cooke & Michie, 2001; Neumann et al., 2015).

Although the relevance of psychopathy has been initially acknowledged in the context of violent offending, psychopathic traits plausibly underlie different offense typologies, including sexual offending (DeLisi, 2009). However, some scholars have posited that child molesters tend to show lower levels of psychopathic traits compared to other offender groups (for a review, see Seto, 2008). This perspective is consistent with theory and research on psychopathy – which links psychopathic traits with a tendency to engage in versatile and diverse antisocial behavior, as opposed to specialize in one type of offense like child molestation (Hare, 2003; Neumann et al., 2015). Indeed, non-sex violent offenders have been found to be more involved in criminal

activities than child molesters across a wide range of domain (Brown, Dargis, Mattern, Tsonis, & Newman, 2015; Hanson & Morton-Bourgon, 2005; Hare, 2003; Mitchell & Beech, 2011; Seto & Lalumière, 2010). In contrast, child molesters may function relatively well when they do not engage in their offenses (Marshall et al., 2001). Accordingly, child molesters typically score lower than non-sex violent offenders on various criminogenic factors, and it has been argued that their empathic skills may be selectively impaired toward their victims but otherwise intact (Marshall et al., 2001).

Studies investigating levels of psychopathic traits in non-sex violent offenders compared with child molesters are scarce. Indeed, the majority of studies have focused on comparisons between non-sex violent offenders and broader sex offender groups (Brown et al., 2015; Cale, Lussier, McCuish, & Corrado, 2015; Porter et al., 2000; Skovran et al., 2010). These studies yielded mixed findings, possibly due to the inconsistency in defining offender groups across studies (e.g., conflating rapists and child molesters in the same sex offender group; or conflating violent and non-violent offenders in the same non-sex offender group). Only few studies have examined psychopathic traits in child molesters specifically. Most of these studies have found that – in the realm of sex offenders – child molesters had the lowest psychopathy scores compared to rapists and mixed rapists/child molesters groups (Olver & Wong, 2006; Porter et al., 2000). Child molesters had also lower scores of clinician-rated psychopathic traits compared to non-sex offenders (Brown et al., 2015). However, one study found higher levels of clinician-rated psychopathic traits in child molesters compared to non-sex violent offenders (Schimmenti, Passanisi, & Caretti, 2014). While these studies have provided important insights, the mixed pattern of findings across studies may again be due to the conflation of offenders with a history of multiple offense types within each sub-sample (e.g., child molesters with a history of non-sex

violent offenses in the child molester sample [Schimmenti et al., 2014], or violent and non-violent offenders in the same non-sex offender sample [Brown et al., 2014; Cale et al., 2015]). Collapsing across different offender groups precludes a clear evaluation of the differences in personality features across these groups.

The present study

To the best of our knowledge, no studies have compared non-mixed groups of offenders that have exclusively committed child molestation (but no other crimes) with groups of offenders that have exclusively committed non-sex violent offenses, nor did they include non-offender samples as further comparison group. In the present study, child molesters and non-sex violent offenders were compared on levels of self-reported personality functioning and psychopathic traits. Further, child molesters and non-sex violent offenders were compared with a community sample, in order to have a comparison group comprising relatively well-adjusted individuals who did not have a history of offending. Based on the notion that child molesters show lower levels of criminogenic factors than non-sex violent offenders (e.g., Marshall et al., 2001; Seto & Lalumière, 2010), we considered that non-sex violent offenders would show higher levels of psychopathic traits and impairments in personality functioning than compared with child molesters, which in turn would show higher levels of psychopathic traits and impairments in personality functioning than community participants. However, in light of the paucity of prior studies and the mixed findings reported so far, our study was largely exploratory with respect to the specific aspects of psychopathy (i.e., interpersonal, affective, and behavioral components) and personality dysfunctions (i.e., self-control, identity, responsibility, social concordance, and relational capacities).

Method

Participants and Procedures

The forensic sample comprised 138 male outpatients in treatment at four Dutch outpatient forensic centers. This group consisted of 74 (55%) child molesters, and 64 (45%) non-sex violent offenders. Table 1 shows treatment characteristics and index offenses for both groups. Forensic patients were attending treatments for different reasons, such as treatment for intimate partner violence or for paraphilic symptoms, and they could be on voluntary or mandatory treatment. Among child molesters, 43 (58.1%) were non-contact offenders, whereas 26 (35.1%) were contact offender (5 participants had missing information; 6.8%). All of them had committed an offense against a victim younger than 18 years old.

[Insert Table 1 about here]

Participants in the control group were 238 male adults recruited from the community by means of a snowball sampling technique. To ensure that they were truly representing a non-offender group, the demographic information survey included a question asking about any past conviction (none were reported). Master-level students in clinical forensic psychology were instructed to recruit participants among their acquaintances, further asking them to provide contacts of other potential participants not directly linked to the experimenter, in order to broaden the potential participants pool. Univariate Analysis of Variance (ANOVA) results revealed a significant difference in age across groups, $F(2,368) = 7.678, p < .001, \eta^2_{partial} = .04$. According to the Bonferroni post-hoc contrasts, on average child molesters ($M_{age} = 47.77, SD = 13.45$) were older than the other two groups ($ps < .05$), whereas no significant difference occurred between non-sex violent offenders ($M_{age} = 37.35, SD = 9.82$) and community participants ($M_{age} = 41.96, SD = 17.42$). In both groups, the majority of participants were of self-reported Dutch ethnicity (i.e., over 75% in each group), and all were living in the Netherlands

and were fluent in Dutch. Participants in the community samples were distributed in terms of educational level as follows: middle school or lower ($N = 8$; 3.40%), high school ($N = 132$; 56.17%), bachelor diploma ($N = 64$; 28.51%), master's degree ($N = 29$; 12.34%), other/did not disclose ($N = 2$; 0.85%). The social status of the participants in the community sample was distributed as follows: living with family ($N = 34$; 14.47%), living alone ($N = 51$; 21.70%), married or cohabiting ($N = 137$; 58.30%), other/did not disclose ($N = 13$; 5.53%).

All participants were introduced to the purpose of the study and provided written informed consent to voluntarily take part in the study. Participants did not receive any compensation and were informed that they could withdraw from the study at any time. They were also informed that all data were stored and analyzed anonymously by replacing participants' names with an alphanumeric identification code. Participants in the offender sample were also assured that their decision to take part in the study would not have any influence on their treatment status, and that information obtained for this study would not be shared with their therapists. Offenders filled out the questionnaires individually in a room provided at the outpatient clinic where they received treatment, but outside the treatment sessions. Participants in the community sample were handed in the questionnaires with the instruction to return them to the researchers in a sealed envelope. Ethical approval was obtained from the local Institutional Review Board.

Measures

Personality functioning. The short form of Severity Index of Personality Problems-Short Form (SIPP-SF; Verheul et al., 2008) was used to measure personality functioning in the self- and interpersonal domains. The SIPP-SF is a self-report questionnaire including 60 items rated on a 4-point Likert scale, which produces scores on five domains: self-control ($\alpha = .91$);

identity integration ($\alpha = .91$); responsibility ($\alpha = .86$); relational capacities ($\alpha = .87$); and social concordance ($\alpha = .84$). The self-control scale captures the ability to tolerate, regulate, and use emotions and impulses. The identity integration scale measures the extent to which people perceive their identity as coherent, and have a view of their life as stable, integrated and purposive. The relational capacities scale assesses the ability to share sensitive personal experiences, to care about others and to feel loved and recognized by others, as well as to the capacity to establish and maintain long-term, intimate relationships (including but not limited to romantic ones). The social concordance scale captures the ability to value someone's needs and identity, tolerate frustrations and disappointments, refrain from acting aggressively, and the capacity to collaborate constructively with others. Finally, the responsibility scale measures the capacity to set realistic goals and to pursue them meeting the expectations generated in others. For all scales, lower scores indicate greater impairments. The SIPP-SF has proven good psychometric properties in both Dutch and English samples (Arnevik, Wilberg, Monsen, Andrea, & Karterud, 2009; Rossi, Debast, & van Alphen, 2016).

Psychopathy. Psychopathic traits were assessed with the Levenson Self Report Psychopathy scale (LSRP; Levenson, Kiehl, & Fitzpatrick, 1995). The LSRP is a self-report questionnaire consisting of 26 items rated on a 4-point Likert scale ranging from *strongly disagree* to *strongly agree*. Although the LSRP was developed to parallel the original two factors included in the Hare's (2003) Psychopathy Checklist (Levenson et al., 1995), recent research has shown that the LSRP items are best modeled in a three-factor structure that includes 19 of the original 26 items (Brinkley, Schmitt, Smith, & Newman, 2001; Sellbom, 2011). These three factors capture the interpersonal (Egocentricity), affective (Callousness), and behavioral (Antisociality) features of psychopathy. The Dutch translation of the LSRP replicated its three-

factor structure and demonstrated adequate psychometric properties (Garofalo, Noteborn, Sellbom, & Bogaerts, 2018; Uzieblo, Verschuere, & Crombez, 2006). In the present study, internal consistency coefficients for the LSRP scales were .84 (total score), .83 (Egocentricity), .59 (Callousness), and .68 (Antisociality).

Results

As groups differed in mean age, and age was associated with several study variables, all analyses were conducted holding constant the effect of age. Table 2a and 2b show partial correlations (controlling for age) among study variables in each sample. Negative correlations between LSRP total and factor scores and impairments in personality functioning were largely consistent across groups, showing that psychopathic traits were related to greater impairments in personality functioning across domains. A visual inspection of the correlation matrix reveals that the only differences across samples concerned the absence of significant correlation between the LSRP Callousness scales and some SIPP-SF scales in both offender groups, as well as the absence of significant correlations between the LSRP Egocentricity scale and identity integration and relational capacities in the child molester group. However, these differences in correlation coefficients between offender groups and community participants were not statistically significant ($z_s = 1.57$, all $ps \geq .06$). The only exception concerned the associations between the SIPP-SF relational capacities scale and the Egocentricity scale ($z = 2.14$, $p = .03$), which was significantly weaker in the child molester group compared to the community group (but not to the non-sex violent offender group).

[Insert Table 2a and 2b about here]

Table 3 shows means and standard deviations for all study variables in the three groups, as well as results of univariate and multivariate analyses of covariance (ANCOVA/MANCOVA,

holding constant the effect of age). Regarding SIPP-SF scores, non-sex violent offenders reported higher impairments (i.e., lower scores) in all five domains (self-control, identity integration, responsibility, relational capacities, and social concordance) compared to the other two groups. Child molesters reported higher impairments than the community participants on self-control, identity integration, responsibility, and relational capacities. Finally, non-sex violent offenders reported higher scores on the LSRP total and factor scores compared to the other two groups. Child molesters and community participants did not differ significantly on psychopathic traits.

[Insert Table 3 about here]

Discussion

The aim of the present study was to examine similarities and differences between child molesters, non-sex violent offenders, and a community sample on levels of personality functioning (i.e., self-control, identity integration, responsibility, relational capacities, and social concordance) and psychopathic traits. Preliminary analyses on the associations between self-reported psychopathic traits and impairments in personality functioning revealed a general pattern of negative associations between psychopathic traits and the five domains of personality functioning examined. That is, higher levels of psychopathic traits were associated with poorer levels of self-control, identity integration, responsibility, social concordance, and relational capacities. Overall, these findings supported the notion that psychopathic traits are broadly related with impairments in self and interpersonal functioning across different populations (Hare & Neumann, 2008).

To the best of our knowledge, the present study was among the first to investigate impairments in personality functioning and psychopathic traits comparing homogeneous groups

of child molesters and non-sex violent offenders not confounded by the presence of offenders with diverse offense histories in each group. In line with the expectations, non-sex violent offenders reported more severe impairments in personality functioning compared to child molesters and community participants across all scales of the SIPP-SF, namely: self-control, identity integration, responsibility, relational capacities, and social concordance. Likewise, non-sex violent offenders had higher levels of psychopathic traits across domain (i.e., interpersonal, affective, behavioral) compared to child molesters and community participants. In contrast, child molesters showed more selected impairments compared to community participants. Specifically, child molesters showed impairments in self-control, identity integration, responsibility, and relational capacities. Overall, these findings confirm those of prior studies on personality disorders and other criminogenic risk factors (Becerra-García et al., 2013; Gudjonsson & Sigurdsson, 2000; Marshall et al., 2001; Mills & Kroner, 2003; Seto, 2008), indicating that non-sex violent offenders are likely to present with greater levels of personality pathology than child molesters.

As regards non-sex violent offenders, our findings are consistent with studies showing that impairments in personality functioning – ranging from problems with emotion regulation and impulse control to aggressive tendencies and social dominance – could explain the propensity to commit aggressive and violent behavior (Garofalo, Velotti, & Zavattini, 2017; Garofalo & Velotti, 2017; Robertson et al., 2015). Moreover, results on psychopathic traits suggest that non-sex violent offenders might report higher levels of psychopathy than child molesters, a distinction that could not be assessed in previous studies due to the inclusion in each group of offenders with a versatile crime history (e.g., Brown et al., 2015; Schimmenti et al., 2014). This finding fits fairly with the notion that non-sex violent offenders – compared to child

molesters – show antisocial behavioral tendencies that are pervasive across several domains of their lives and lead to higher rates of crimes (Bonnar-Kidd, 2010).

Child molesters had more selected impairment in self (i.e., self-control and identity integration) and interpersonal functioning (i.e., relational capacities), as well as in irresponsibility. These findings are in line with self-regulation theories of sexual offending, which posits impairment in self-regulation as central in the understanding of sexual offending (Stinson et al., 2008; Ward & Beech, 2006; Ward et al., 1998), and child molestation in particular (Ward & Siegert, 2002). Furthermore, impairments in relational capacities reported by child molesters are consistent with the intimacy deficits often documented in theories and research on sexual offending (Ward et al., 1995) and child molestation (Marshall et al., 2001). Nevertheless, the finding that these impairments were less pronounced in child molesters – compared to non-sex violent offenders – **are suggestive of** the possibility that child molesters' self and interpersonal functioning (including self-control, empathy, and intimacy) may be selectively impaired toward their victims but otherwise relatively intact (Marshall et al., 2001).

Our expectations regarding levels of psychopathic traits in child molesters were disconfirmed. Indeed, child molesters did not show significant elevations on any dimension of psychopathy. Although counterintuitive, this null finding may be read in light of the fact that child molesters often present more internalizing symptoms or suffer from the effects of social stigma for their offenses (Mitchell & Beech, 2011). Both these characteristics seem hardly compatible with traits such as interpersonal manipulation, grandiosity, selfishness and egocentricity, which on the other hand may protect the individual from experiencing internalizing symptoms (Levenson et al., 1995; Patrick et al., 2009). **An additional explanation of this finding could be due to the combination of contact and non-contact child molesters in our**

child molester group. It has been suggested that these two sub-groups of child molesters can be distinguished based on several characteristics, with emerging theoretical and empirical support (e.g., Babchishin, Hanson, & VanZuylen, 2015; Houtepen, Sijtsema, & Bogaerts, 2014; Seto, 2017). Specifically, non-contact child molesters may be characterized by the presence of protective factors (e.g., low antisociality, good impulse control and empathic functioning) that prevent them committing contact offending (De Vreeze-Robbe, de Vogel, Koster, & Bogaerts, 2015), and as such distinguish them by contact child molesters. From this perspective, the low levels of psychopathic traits in our child molester group may be driven by the presence of lower levels of psychopathic traits in non-contact child molesters, rather than applying to child molesters in general.

Overall, the present findings extend those of prior studies, suggesting that impairments in personality functioning may characterize both violent offenders and child molesters (Clevenger et al., 2016; DeLisi, 2001; DeLisi & Vaughn, 2015), but in different ways. Furthermore, these findings appear to support the potential usefulness of a dimensional approach to the assessment of maladaptive personality traits in child molesters and non-sex violent offenders. Such a dimensional approach – which focuses on degrees of impairment in self and interpersonal functioning, rather than on discrete categories of personality disorders – might be beneficial to obtain a more nuanced understanding of the characteristics of violent offenders, as well as to differentiate between different offending groups. This approach is consistent with the newly proposed alternative model of personality disorders developed for the DSM-5 (APA, 2013), which was partly based on the SIPP-SF model adopted in the present study, and that has shown to be able to capture individual differences in maladaptive personality traits among offenders (Wygant et al., 2016). Studies that can compare the utility of categorical and dimensional models

of personality pathology in forensic populations can provide more conclusive evidence in this regard.

Albeit speculatively, we can offer possible clinical implications of these results. First, the differences in level of impairment that characterized child molesters and non-sex violent offenders support the argument that they should be treated differently, as they might benefit from treatments adopting different approaches. This appears consistent with the existing practice – in certain forensic context – to allocate offenders to specialized treatment programs based on their offense type. Such decision is based on the assumption that different offender groups have different criminogenic needs that should be treated to reduce the risk of reoffending (Andrews & Bonta, 2010). Accordingly, our findings suggest that treatment for child molesters could have a more selected focus on fostering self-control, identity integration, responsibility, and relational capacities (see also Bogaerts et al., 2004). In contrast, non-sex violent offenders might require a broader treatment focus aimed at more general improvements in personality functioning, and different treatment planning. Indeed, the non-sex violent offender group had high levels of psychopathic traits, which are associated with poorer outcomes and less treatment compliance (Wong & Hare, 2005). Wong and Hare (2005) have suggested that psychopathic traits represent responsivity factors, and therefore clinical efforts with this group of patients should be first directed to tackle affective and interpersonal features of psychopathy in order to engage patients in treatment establishing a solid therapeutic alliance. This phase could take a rather long time, and interventions addressing behavioral traits and other criminogenic needs should then follow as a second step.

Besides these differences, our findings also showed that some impairments in personality functioning are present in both child molesters and non-sex violent offenders (albeit in different

degrees). The fact that poor self-control and relational capacities characterized both offender groups is consistent with the attention paid in treatments for both child molesters and non-sex violent offenders to deficits in self-control and intimacy (Bogaerts et al., 2010; Ward & Siegert, 2002). In particular, a focus on self-control (defined here in terms of emotion regulation and impulse control, rather than in the broader definition offered by Gottfredson and Hirschi [1990]) is also in line with current treatment recommendations, which emphasize the role of emotion regulation and impulse control as important treatment targets for sex and violent offenders (Garofalo & Velotti, 2017; Gillespie, Mitchell, Fisher, & Beech, 2012; Robertson et al., 2015; Velotti et al., 2016; Wong & Hare, 2005). Finally, the potential relevance of including a focus on improvements in identity integration in offender treatments is relatively novel. Although there is no evidence to date that improvements in identity integration would contribute to a reduction in offending, our findings might support to the clinical proposal that identity should be targeted in the context of offender rehabilitation (Ward & Marshall, 2007).

Limitations

Some limitations to the present study warrant mention. First, we relied on self-report questionnaires only, which calls for caution in interpreting and generalizing our findings. **The use of self-report measures in offender populations implies the risk of bias introduced by a tendency to lie or respond in a socially desirable fashion that can characterize some offenders (e.g., psychopathic offenders, child molesters; Caretti, Schimmenti, & Bifulco, 2015; Hare, 1985; Schimmenti, 2017; Tan & Grace, 2008). Although self-report measures of psychopathic traits, including the LSRP, have proved to be robust against distorted response styles (Ray et al., 2013; Sellbom, Lilienfeld, Fowler, & McCray, in press), we cannot exclude that observed scores were partly influenced by limited insight or willful deception in our samples.**

Second, we used only one measure to assess each construct of interest. While this was necessary to limit the burden on patients, replication with multi-method assessment and different operationalizations of the constructs examined are warranted. Specifically, some of the LSRP subscales had sub-optimal internal consistency values. While this is typical of the LSRP and not exclusively a problem occurred in the present study (e.g., Sellbom et al., in press), it should be acknowledged that the low internal consistency of these scales may have partly influenced the study results.

Third, some limitations concerned our sampling. For example, the community sample was one of convenience and not necessarily representative of the general population. Also, there is evidence that the child molester category might be further parsed into sub-groups, which in turn could present differences in terms of personality features. For instance, prior studies have pointed out that distinct personality profiles characterize intra- and extra-familial child molesters (Bogaerts, Buschman, Kunst, & Winkel, 2010). Unfortunately, we did not have access to such information, thus we were not able to carry out a more fine-grained analysis to distinguish between different types of sex offenses. Further, the inclusion of a comparison group of non-violent offenders might have been a valuable addition to this study. Unfortunately, we were unable to recruit such group from the collaborating institutions. Finally, we did not have available information about treatment duration. Therefore, it is plausible that findings were also influenced by differences in treatment progress.

Conclusions

These limitations notwithstanding, the present study provides a new contribution to the understanding of similarities and differences in personality features between child molesters and non-sex violent offenders. As a whole, non-sex violent offenders showed a more severe and

pervasive impairment in personality, including deficits in self and interpersonal functioning, and high levels of psychopathic traits. Conversely, child molesters showed less severe and more circumscribed impairments, having problems with self-control, identity integration, responsibility, and intimacy. As such, non-sex violent offenders and child molesters could exhibit different etiological pathways, respond to different kinds of treatment, and present different prognosis. Findings corroborate the importance to deliver tailored interventions to specific sub-groups of offenders, with appropriate and realistic expectations regarding the outcomes of such treatments, based on the offenders' characteristics.

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