

## Psychosocial Profile of Swiss Sexual Offenders

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**ABSTRACT:** Background data on psychosocial characteristics of sexual offenders are sparse in Europe. From 67 experts' reports done between 1982 and 1995 in Geneva, Switzerland, demographic, criminological and psychiatric characteristics were collected for three groups of sexual offenders: offenders against adults, offenders against non-relative minors (<18 yr), and offenders against minors with incest. The results showed that the offenders against adults were younger ( $p = 0.02$ ), more frequently single ( $p = 0.0007$ ) and with a lower educational level ( $p = 0.05$ ) than the offenders against minors. Incest offenders had no prior conviction compared with 50% of the other offenders. Violence was more often used by offenders against adults (86%) than by offenders against minors (45%) ( $p = 0.005$ ). About two-thirds of the sexual offenders had no psychiatric history, but a personality disorder (mainly borderline) was diagnosed in half of the offenders. A history of sexual abuse during childhood was reported by a third of the offenders against minors and by 5% of the offenders against adults ( $p = 0.04$ ).

It is concluded that a low socio-economic status and social isolation characterized offenders against adults, whereas offenders against minors had a relatively normal psychosocial profile.

**KEYWORDS:** forensic science, forensic psychiatry, sex offender, expert's report, psychiatric diagnosis, personality disorder, socio-economic level

In Western countries, sexual offenses are a major security problem. They also represent a public health challenge because of the psychological sequelae in the victims and because of the implication to psychiatrists treating sexual delinquents. In the U.S. in the late 80's, between 100,000 and 500,000 children were thought to have been sexually offended annually (1), while more than 100,000 women were victims of rape in 1991 (2). European data do confirm the extent of sexual offenses, with, for example, a prevalence of up to 20% of sexual abuse in Geneva girls (3) and a prevalence of 5% of sexual abuse in adult women in Norway (4).

Sexual offending is multifactorial because different social, biological and psychological factors tend to interact in sexual offenders (5). The search for such factors which will identify sexual offenders is an ongoing field of research. Attempts to draw the profiles of sexual offenders have been based on psychodynamical theories (6), psychophysiological measurements (7) and on the basis of psychometrical typologies (8).

Social environment is an important determinant of sexual crime. Although the social profile of rapists tends to associate sexual

offense with a low socio-economic status in the U.S. (9), no precise sociological factors have been so far isolated in child molesters (1).

Since cultural and social attitudes toward sexuality as well as social environment influence sexual offense proneness (5), the U.S. data cannot be directly extrapolated to Europe. There is thus the need to identify the profiles of sexual offenders in European countries.

This study aimed at exploring the psychosocial determinants, including sociodemographic factors and psychiatric diagnoses, of 67 sexual offenders who had been the subject of a psychiatric expert's report before trial between 1982 and 1995 in Geneva, Switzerland.

### Legal Background, Subjects and Methods

The present retrospective study included all sexual offenders who did not commit sexual homicide and for whom a psychiatric expert's report had been requested by the judicial authorities of the State of Geneva, Switzerland, from 1982 to 1995.

According to the Swiss judicial system, psychiatric experts' reports can be demanded by the judge before the trial (Swiss Penal Code, paragraph 13). The purpose of these reports is to evaluate the penal responsibility according to paragraphs 10 and 11 of the Swiss Penal Code, i.e., to evaluate whether the offender suffers from a psychiatric disease or mental retardation which would imply thus either a partial responsibility and a possible reduction of the imprisonment or an irresponsibility which does not lead to a condemnation but rather to a psychiatric treatment. No precise responsibility criteria are specified by the Swiss Penal Code: paragraph 10 states that an offender is not responsible for his/her crime if he/she could not evaluate the prohibited aspect of his/her action because of a severe mental illness; paragraph 11 states that the offender is partially responsible if he/she could only partially evaluate the prohibited aspect of his/her action because of a mental disorder. Indeed, it is up to the expert to determine the responsibility of the offender according to the psychiatric diagnosis he/she has established. The reports also evaluate the dangerousness of the offender and propose possible treatment measures. The experts' reports are performed by resident and senior resident psychiatrists of the Geneva University psychiatric hospital as well as by private psychiatrists. Experts' reports are based on the penal files as well as on the medical history and the medical examination of the offender. With the offender's written permission, experts may use other medical information such as hospital records or interview the offender's physicians. All reports are supervised by the University Institute of Forensic Medicine.

The cases studied here came under the paragraphs 187 to 197 of the Swiss Penal Code and the concerned offenses included sexual

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intercourse (rape), its attempt, or other analogous acts, all against the will of the victim. These were major offenses which required a trial judgment in front of a court and they represented about 25% of all the cases of sexual offenses and offenses against morals in Geneva during the period of the study.

All the 67 experts' reports analyzing major cases of sexual offenses without homicide in Geneva committed between 1982 and 1995 were collected. Failure to use the DSM-III (10) diagnostic criteria and a different report content did not permit the inclusion of the reports done before 1982. In accordance with the victim's age (the limit is fixed at 18 years according to paragraph 192 of the Swiss Penal Code) and the victim's relationship to the offender, the offenders were separated into three groups: sexual offenders against a minor (<18 yr) who was not a relative (offender against non-relative minors), sexual offenders against a minor (<18 yr) perpetrating an incest (incest offender), and sexual offense against an adult ( $\geq 18$  yr) (offender against adult).

The conditions in which the aggressions were perpetrated were recorded accordingly on the basis of the experts' reports: use of violence or constraint, homosexual characteristic of the offense, the degree of previous relationship between the offender and the victim, the presence of premises or preparatory acts before the offense. Sociodemographic variables were recorded. Age was classified as being younger than 40 or as being 40 and older. In the absence of any kind of marital relationship, the offender was recorded as "single." Education was assessed with the achievement of a secondary degree (apprenticeship or baccalaureate). Childhood rearing conditions were evaluated by the presence of both parents during childhood and by the size of the family ( $\leq 3$  children,  $>3$  children). Psychiatric diagnoses were classified according to the DSM-III and its subsequent editions (10).

#### Statistical Analyses

Percentages were compared between the three sexual offender subgroups. Comparisons were assessed by the chi-square test. Group comparison for age was done by analysis of variance (ANOVA). The most significant sociodemographic factors which discriminated between the offenders against minors and the offenders against adults and the calculation of adjusted odds ratio (OR) were selected through a multivariate forward logistic regression analysis. Sensitivity was the correct classification of offenders against minors and specificity was the correct classification of offenders against adults through logistic regression. All analyses were two-tailed. Statistical Package for Social Sciences (SPSS) software was used.

## Results

Table 1 describes the sociodemographic characteristics in the three subgroups of sexual offenders. Among 67 offenders, only one was a woman. The mean age of the offenders against adults was 29.4 years, which was significantly younger than the mean age of the offenders against non-relative minors (39.3 yr) and the mean age of incest offenders (44.7 yr) (ANOVA  $p < 0.0004$ ). A majority of the offenders against non-relative minors were Swiss, whereas more non-Swiss were implicated in the other offenses. The absence of a marital-like relationship was more frequently found in the offenders against adults (68%) than in offenders against non-relative minors (36%). Though nonsignificant, a tendency toward unemployment or poorly qualified work was observed among offenders against adults. A similar, yet significant, difference was observed in the educational level. Indeed a majority (67%) of the offenders against minors had received secondary school training or an apprenticeship, whereas 67% of the sexual offenders against adults-only had only completed a primary education. No significant difference was observed in the upbringing of the offenders by both parents or not, or in the family size. A history of sexual abuse during childhood was present in about one-third of the offenders against minors whereas this was reported by only 5% of the offenders against adults.

Table 2 presents the criminological characteristics of the sexual offenses and of the offenders. Prior arrests or convictions for sexual offense or other crimes were absent among incest offenders whereas 50% of the other sexual offenders did have criminal antecedents. Homosexual offense was solely present in offense against non-relative minors. Violence and constraint was used in 86% of the offenses against adults, and less frequently when used against minors. The absence of any previous relationship between the victim and the offender was twice as frequent among the offenders against adults than among the offenders against non-relative minors. The latter offense was committed in 24% of the cases against close minors (children of friends, or of neighbors). Premises and preparatory acts were more frequently found in offenses against non-relative minors than in the offenses against adults. Though nonsignificant, a similar trend was observed in the denial of the offenses.

Table 3 presents the psychiatric history and experts' psychiatric diagnosis. About two-thirds of the offenders had no psychiatric antecedents, and only between 9% and 15% had been previously hospitalized in a psychiatric hospital. Between 18% and 36% of the offenders did not meet any criteria for a DSM psychiatric diagnosis at the time of the expert's report. Drug dependence was rather

TABLE 1—Sociodemographic characteristics (%) of sexual offenders according to type of victim, Geneva, 1982–1995.

	Sexual Offense Against Minors		Sexual Offense Against Adults $n = 22$	Chi-square $df = 2$	$p$ -value
	Non-relative $n = 34$	Incest $n = 11$			
Male offender	100.0	90.9	100.0	5.2	0.08
Age <40 yr	50.0	27.3	77.3	8.2	0.02
Swiss citizen	58.8	45.5	40.9	1.9	0.39
Single	36.4	0.0	68.2	14.7	0.0007
Unemployed	29.4	36.4	54.6	3.6	0.16
Unqualified worker	44.0	75.0	72.7	3.9	0.14
Secondary school/apprenticeship	66.7	45.5	33.3	6.0	0.05
Brought up by both parents	72.7	72.7	63.6	0.6	0.75
Number of brothers/sisters $\leq 3$	61.8	27.3	59.1	4.2	0.12
Sexual abuse during childhood	33.3	27.3	4.6	6.4	0.04

TABLE 2—Criminological characteristics (%) of sexual offenses and offenders according to type of victim, Geneva, 1982–1995.

	Sexual Offense Against Minors		Sexual Offense Against Adults <i>n</i> = 22	Chi-square <i>df</i> = 2	<i>p</i> -value
	Non-relative <i>n</i> = 34	Incest <i>n</i> = 11			
No prior arrests or convictions	50.0	100.0	50.0	9.5	0.05
Homosexuality	44.1	0.0	0.0	18.8	0.00008
Violence or constraint	44.1	45.5	86.4	10.7	0.005
No relation with victim	26.6	0.0	54.5	10.9	0.004
Close relation with victim	23.5	100.0	4.6	33.2	0.000001
Premises or preparatory acts	54.6	20.0	27.3	6.1	0.05
Denial	30.0	16.1	9.5	2.1	0.35

TABLE 3—Psychiatric antecedents and current DSM diagnoses (%) of sexual offenders according to type of victim, Geneva, 1982–1995.

	Sexual Offense Against Minors		Sexual Offense Against Adults <i>n</i> = 22	Chi-square <i>df</i> = 2	<i>p</i> -value
	Non-relative <i>n</i> = 34	Incest <i>n</i> = 11			
No psychiatric antecedent	67.7	63.6	72.7	0.3	0.85
Antecedent of hospitalization	14.7	9.1	13.6	0.2	0.89
No current psychopathology	36.4	17.7	22.7	1.7	0.43
Drug dependence	0.0	0.0	4.8	2.2	0.34
Alcohol dependence	0.0	11.8	13.6	1.6	0.45
Schizophrenia/other psychoses	5.9	0.0	4.6	0.7	0.71
Affective disorders	11.8	0.0	13.6	1.6	0.45
Paraphilia	23.5	9.1	13.6	1.6	0.45
Sexual identity disorder	2.9	0.0	0.0	0.99	0.61
Personality disorder	47.1	45.5	50.0	0.1	0.96

TABLE 4—Sociodemographic factors discriminating between offenders against minors and offenders against adults.

	Offenders Against Minors ( <i>n</i> = 45)		Offenders Against Adults ( <i>n</i> = 22)	
	Adjusted OR*	(95% CI)	Adjusted OR*	(95% CI)
Sexual abuse during childhood	5.18	(1.35 to 20.10)	1.00	(reference)
Single	0.43	(0.20 to 0.91)	1.00	(reference)
Secondary school/apprenticeship	2.38	(1.16 to 5.88)	1.00	(reference)

OR = Odds ratio.

CI = Confidence interval.

\* Adjusted for other factors in the table by logistic regression.

infrequent and was only found among offenders against adults. Alcohol dependence existed among 12% to 14% of incest offenders and offenders against adults. Schizophrenia and other psychotic disorders were relatively rare (5%), whereas affective disorders were diagnosed in 12% to 14% of all the offenders. Paraphilias were identified in 24% of the sexual offenders against non-relative minors, and among 9% and 14% of the other sexual offenders. A personality disorder was diagnosed in about half of all the offenders, the most frequent of all was borderline personality disorder (44%) then followed by psychopathic personality disorder (17%) and this without any significant difference between the subgroups of offenders (data not shown).

Table 4 presents the adjusted odds ratios of psychosocial factors which discriminated between the offenders against adults and the offenders against minors. Sensitivity of classification was 85.4% and specificity 71.4%. A history of sexual abuse during childhood was associated with offense against minors with an odds ratio five times higher than with offense against adults. Secondary school education or apprenticeship increased the odds ratio of offense

against minors by more than twice whereas celibacy decreased this association by more than two.

## Discussion

### Sociodemographic Factors

Only one sexual offense among the 67 cases analyzed was committed by a woman, who abused her own child. Such an unbalanced sex ratio in sexual offenses is generally reported (11). Though sexual offenses perpetrated by women appear to be more common than usually thought, they are mainly of a lesser severity and of incestuous type (12).

A social profile clearly arose concerning sex offenders against adults. As a rule, they were younger than the sex offenders against minors, as already observed in Norwegian and British studies (13,14), and they tended to be socially isolated and to be living alone. Their socio-economic status was also an important differentiating element. They were often unemployed or had a poorly qualified job and they appeared to have a low social status (9).

The social profile of the sexual offenders against minors was further contrasted. Whereas on the whole, offenders against minors were more often employed and married, incest offenders appeared to be older and with a poorer socio-educational status than offenders against non-relative minors. The latter appeared to have, on average, a rather good socio-economic status with a certain educational and professional achievement.

Childhood history was also an important element in determining the profile of offenders. No significant difference was found in the family structure between the offenders, but a history of sexual abuse during childhood was a significant predictor of offense, indicating a five times greater risk of committing an offense against a minor than against an adult. This is in line with other reports which showed that a history of sexual abuse among child molesters is over twice as high as among rapists (15). The prevalence of a history of childhood sexual abuse found in our population of sexual offenders against minors was lower (27% to 33%) than that found in previous studies, for example, 57% reported by Seghorn et al. (15). Although many different experiences, in particular a pathological familial environment (15), could lead towards an adult deviant sexuality, the presence of sexual trauma during childhood represents a serious risk factor of sexual deviance during later adult life (15,16).

#### *Criminological Aspects*

From a criminological point of view, offenders against adults were different from offenders against children. The first ones were characterized by the violence of their crimes as already described by Grubin and Kennedy (14). On the contrary, force or constraint was less frequently used by offenders against minors. Familiarity with their young victims allowed them to use other types of behavior (ruse or seduction) to attract them (16).

The absence of prior arrests or prior convictions among incest offenders suggests that, unlike other sexual deviances, the incestuous tendency appeared as being an isolated deviance which was not accompanied by any other sociopathic behavior. Besides, it has been shown that incestuous offenders tended to have a better prognosis in terms of recidivism (13). The other types of sexual offenders had a worse criminological profile and their paraphilia was only one aspect of a more global behavioral dysfunction.

#### *Psychiatric Diagnoses*

Although experts recognized a high prevalence of current psychopathology at the moment of the interviews, only about one-third of the sexual offenders had psychiatric antecedents, which infrequently had led to a psychiatric hospitalization. This contrasts with the presence of a psychiatric history found in 66% of the sexual offenders in New York City (17).

Sexual offenses were predominantly committed by subjects who, with the exception of sexual deviance, suffered from low intensity psychopathological disorders. Pathologies belonging to DSM-III axis I were infrequent. Psychoses had a low prevalence (<6%) in our population, confirming the assumption of rarity of psychotic illnesses among sexual offenders (18). Affective disorders and alcohol dependence were relatively more frequent, however, with an unequal distribution according to the subgroups. Yet the most frequent diagnosis given to the sexual offenders in Geneva was a personality disorder (46% to 50%), and in particular, that of a borderline personality. This is in line with a prevalence of 43% of personality disorders (mainly psychopathic personality disorder) found in New York sexual offenders (17).

It is important to note that no significant differences in the psychiatric diagnosis were observed between the subgroups of offenders, but half of the subjects studied did have a personality disorder. The sexual deviant behavior as a whole was part of the dysfunctioning personality but no specific psychiatric profiles corresponded to the criminal typology of offenders. This observation is in line with a previous study showing the absence of psychometric discrimination among different types of sexual offenders against children (8).

#### *Limitation of the Study*

The limited power of the present study, due to the small sample size, did not permit the analysis of the possible differences within sub-categories of sexual offenders (violent or homosexual). In each case studied, the psychiatric diagnosis was determined by a single psychiatrist who did not use a structured interview. The diagnoses were, however, established on the basis of several interviews and all the experts' reports were supervised by the Geneva University Institute of Forensic Medicine. Life and medical history were collected directly from the sexual offenders. Therefore, conscious or unconscious recall biases were unavoidable. For example, it is known that sexual offenders tend to deny sexual deviance and to minimize anxiety or personality disorders symptoms (19).

Classification according to the typology of the victims as used in the present study has been criticized because of the possible overlapping of paraphilic behaviors (20). Nevertheless, the present classification did yield a distinct socio-demographic profile for each subgroup. Moreover, this study included all experts' reports from Geneva between 1982 and 1995 and was thus representative of the population of major sexual offenders, though nonhomicidal, convicted in the city.

#### **Conclusion**

The psychosocial profile of Geneva sexual offenders against minors had little specificity and appeared to lie within the social norms. On the other hand, offenders against adults showed a certain degree of isolation from a social and relational point of view. In spite of a high prevalence of personality dysfunction and of their sexual deviant tendencies, sexual offenders in Geneva had rarely ever consulted a psychiatrist. Therefore, the identification of potential sexual offenders by a psychiatrist appears to be difficult before they have committed an offense. The possibility to prevent the drift of paraphilia toward crime thus remains a forensic psychiatric challenge.

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