

# **“THE STORY ABOUT ME”**

**Psychological perspectives on young men  
who sexually offended in adolescence**

**Sara Ingevaldson**



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**Sara Ingevaldson, 2018**

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Department of Psychology  
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*“But it is impossible to go through life without trust; that is to be imprisoned in the worst cell of all, oneself.”*

Graham Greene, *The Ministry of Fear*



**ABSTRACT**

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In this thesis I aimed to study, from a psychological viewpoint, what adult life is like for young men who sexually offended in adolescence. Data had previously been gathered from a group of 45 adolescents who had sexually offended. About 10 years later, 20 of these 45, now men aged 22–31 years, agreed to participate in the present project. In **Study I**, all original 45 participants were included. In **Studies II, III, and IV**, the 20 participants who agreed to participate in a second data collection were included. In **Study I**, data on recidivism were retrieved; results showed that 29 of the 45 original participants had reoffended, and 7 of these had committed new sexual offenses. The reoffending group were more likely to have had school attendance problems, separated parents, other criminal involvement, problems with drug abuse, and at least one parent born abroad. In the subsample of 20 participants, the reoffending group was found to conform more to masculine norms and to report reduced psychosexual health than the group that had not reoffended. In **Study II**, attachment patterns and psychological well-being was explored. The participants were divided into four groups based on their classification in the Adult Attachment Interview. About half of the participants (12 out of 20) were classified as having an insecure attachment style (9 dismissing and 3 preoccupied), four as having a secure attachment style, and four as

having an unresolved/disorganized attachment style. The fact that relatively few participants were classified as unresolved/disorganized, despite most of them having had substantial experiences of abuse in childhood, deviates from earlier studies. There were no significant differences between the attachment groups in background variables or psychological well-being. In **Study III**, a mixed methods design was used to explore participants' views of self through interviews and self-ratings on the Rosenberg Self-Esteem Scale (RSES). The interviews were coded using content analysis to find all utterances reflecting the participants' views of themselves. These utterances were then divided into two groups: positive views and negative views. Total RSES scores and scores for the Self-Competence and Self-Liking facets were calculated. Results showed that 19 participants rated themselves within or above the normative range and that they generally rated Self-Competence higher than Self-Liking. Combining the quantitative and qualitative data we found contradictions between the rated self and the narrated self. Most of the men seemed to rate their self-esteem aspirationally, but their narratives revealed another picture. In **Study IV**, experiences of intimate relationships and sexuality were examined. The participants were interviewed, and the transcripts thematically analyzed. The main picture that emerged was that of young men with unfulfilled needs and little capacity to meet these needs. The men's experiences of intimate relationships and sexuality seemed to be affected by their experiences of having sexually offended.



The young men who participated in the thesis studies seemed to struggle with shame and with contradictory feelings about intimacy. The difficult experiences they carried with them made them vulnerable and their lives fragile in the face of the demands of adult life. The participants were a group because they had all sexually offended in adolescence; however, at the end of this project it remains unclear whether their sexual offending is the most important feature of the group. Children who are neglected, abused, and deprived of a secure and caring childhood environment are at risk for developing several kinds of psychological problems, physical impairments, and delinquent behaviors. What is clear is that no matter what pathway leads from a difficult childhood, strong interventions are necessary to support children and their caregivers.

*Keywords:* adolescent sexual offending; Adult Attachment Interview; follow-up study; intimate relationships; mixed-method; psychological well-being; sexuality; reoffending; views of self.



# SAMMANFATTNING (Swedish Summary)

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Det finns få studier som följer upp unga vuxna män som i tonåren har begått sexuella övergrepp och de studier som finns handlar oftast om risk för återfall i nya sexualbrott eller i andra former av brottslighet. För dessa ungdomar är dock risken att återfalla i nya sexualbrott låg. Eftersom forskare ofta fokuserar på de få individer som återfaller så saknas kunskap om de unga män som träder in i vuxenlivet utan att återfalla i sexualbrott. Forskningen behöver således fokusera andra aspekter än riskfaktorer för återfall i nya sexualbrott och innefatta till exempel utvecklingspsykologiska aspekter.

Andelen sexuella övergrepp som kommer till polisens eller andra myndigheters kännedom är låg och därmed är det så kallade mörkertalet stort. För att få kunskap om omfattningen genomförs offerundersökningar som bygger på självrapporterad utsatthet. Dessa studier visar att omkring 20 % av flickor och 10 % av pojkar utsätts för någon form av sexuellt övergrepp under sin uppväxt. Det stora mörkertalet leder också till en begränsad kunskap om dem som utför övergreppen och det finns få populationsstudier där frågor ställs om den tillfrågade har begått sexuella övergrepp. Den kunskap vi har baseras alltså på den lilla grupp som har upptäckts och rapporterats till polis eller till annan myndighet.

Tonårspojkar som har begått sexuella övergrepp delas i studier ofta in i subgrupper baserat på exempelvis ålder, kön och relation till den som utsatts, eller om dessa ungdomar också begår andra slag av kriminella handlingar. Forskning om unga som begår sexuella övergrepp fokuserar också på bakgrundsfaktorer som erfarenheter av att själva ha varit utsatta för sexuella eller andra slag av övergrepp samt för försummelse. Andra studier fokuserar

aspekter som bristande självkänsla eller svårigheter att hantera relationer. De faktorer som tycks ligga bakom benägenheten att begå sexuella övergrepp behöver dock inte vara samma faktorer som är kopplade till eventuell risk att återfalla i nya sexualbrott.

Eftersom uppföljningsstudier av unga vuxna män som har begått sexuella övergrepp i tonåren är få syftar studierna som ingår i denna avhandling till att öka kunskapen om hur män som begick sexuella övergrepp under tonåren har det som unga vuxna. De fyra studierna ingår i forskningsprojektet ”Tonårspojkar som har begått sexuella övergrepp: Hur ser deras liv ut som unga vuxna”. Mellan 2003 och 2007 samlades data in om 45 tonåringar som hade begått sexuella övergrepp. Cirka tio år senare var det möjligt att nå 20 av dessa 45 för en ny datainsamling. Dessa 20 unga män var då i åldrarna 22 - 31 år. I **Studie I** ingick samtliga 45 deltagare från ursprungsprojektet. I **Studie II, III, och IV** ingick den grupp om 20 män som deltog i en andra datainsamling.

I **Studie I** inhämtades data gällande återfall för hela gruppen om 45 män. Dessa data visade att 29 av 45 deltagare (64.4%) hade återfallit i brott under uppföljningsperioden. De olika typerna av brott delades in i tre olika grupper; sexuella och andra brott (7 deltagare), fysiska och andra brott (9 deltagare), samt andra brott (13 deltagare). Ingen av de 45 männen hade återfallit i endast sexualbrott eller i endast brott rörande misshandel. Resultaten är i linje med tidigare studier som också visar att en majoritet av dem som begår sexuella övergrepp i tonåren inte fortsätter att begå sexuella övergrepp i vuxen ålder. Gällande bakgrundsfaktorer så hade de män som hade återfallit i brott i högre utsträckning skolkat från skolan, upplevt föräldrars skilsmässa, hade varit inblandade i kriminalitet innan första datainsamlingen, hade haft problem med missbruk, och var själva födda, eller hade minst en förälder

född, i ett annat land än Sverige. Resultaten pekar på att deltagare som kom från svåra uppväxtmiljöer fortsatte att leva bekymmersamma liv som inkluderade sociala problem och kriminalitet. Vad gäller specifika faktorer kopplade till övergreppet så visar resultaten att den grupp som hade återfallit i kriminalitet i högre utsträckning hade begått sexuella övergrepp mot en jämnårig eller en vuxen i tonåren. Gruppen som hade återfallit i kriminalitet hade vidare en högre grad av självskattad impulsivitet och även en högre grad av kunskap om sexualitet jämfört med gruppen som inte hade återfallit i kriminalitet. Vissa skillnader fanns också mellan dem som återfallit i kriminalitet och inte återfallit i den grupp om 20 män som deltog i den andra datainsamlingen. Den grupp som hade återfallit i kriminalitet skattade sig som mer benägna att hålla sig till traditionella maskulinitetsnormer så som att vilja ha makt över kvinnor och de rapporterade också en högre grad av sexuell impulsivitet jämfört med den grupp som inte hade återfallit i kriminalitet. Det är möjligt att kombinationen av svåra socioekonomiska förhållanden och att klamra sig fast vid traditionella macho-maskulina normer ökar risken för ungdomar som har begått sexuella övergrepp att träda in i vuxenlivet med en fortsatt kriminell livsstil.

I **Studie II** undersöktes anknytningsmönster och sambandet mellan anknytningsmönster och psykisk hälsa, samt sambandet mellan anknytningsmönster och svåra upplevelser i barndomen. Deltagarna delades in i fyra grupper baserat på anknytningsmönster. Kodningen av anknytningsintervjuerna visade att en majoritet av deltagarna hade ett otryggt anknytningsmönster. Nio av deltagarna hade ett otryggt/avfärdande anknytningsmönster och tre hade ett otryggt/överdrivet upptaget anknytningsmönster. Vidare hade fyra deltagare ett tryggt anknytningsmönster och fyra hade ett desorganiserat anknytningsmönster. Det faktum att en majoritet av deltagarnas intervjuer klassificerades som

otrygga är i linje med resultat från tidigare studier. Mer oväntat var resultatet att så få intervjuer klassificerades som desorganiserade, trots att majoriteten av deltagarna hade upplevt övergrepp och andra svåra händelser under sin uppväxt och det är möjligt att förekomsten av desorganiserade anknytningsmönster är underrapporterat i den här studien. De fyra olika anknytningsgrupperna jämfördes avseende olika bakgrundsvariabler så som upplevelser av övergrepp och att ha bott i fosterhem. De fyra olika anknytningsgrupperna jämfördes också avseende självskattad självkänsla, depression, ångest, upplevelse av övergrepp, samt självskattad psykosexuell hälsa. Resultaten visade inga signifikanta skillnader mellan de olika anknytningsgrupperna avseende bakgrundsfaktorer eller faktorer kopplade till psykisk hälsa. Däremot verkade det som om den psykologiskt mest sårbara gruppen var den som klassificerades att ha ett otryggt/överdrivet upptaget anknytningsmönster.

I **Studie III** undersöktes männens bild av sig själva, dels via en självskattningsskala (the Rosenberg Self-Esteem Scale), dels via intervjuer. Intervjuerna kodades med hjälp av innehållsanalys för att finna alla utsagor som speglade männens syn på sig själva. Dessa utsagor delades upp i två grupper: de som avspeglade en positiv syn på sig själv och de som avspeglade en negativ syn på sig själv. Resultaten från självskattningsskalan visade att 19 deltagare skattade sin självkänsla på samma nivå, eller högre, jämfört med en normgrupp. Det visade sig också att deltagarna skattade sig själva högre på den delskala som mäter ”self-competence”, det vill säga att vara nöjd med det som man presterar, än på den delskala som mäter ”self-liking”, det vill säga upplevelsen av att ha ett egenvärde. Genom att kombinera kvantitativa och kvalitativa data blev motsägelser mellan ”det skattade självet” och ”det berättade självet” synliga. De flesta männen tycktes

skatta sin självkänsla som de önskade/uppfattade att den var i nuet medan en annan bild blev synlig via intervjuerna.

I **Studie IV** undersöktes de 20 männens erfarenheter av nära/intima relationer och sexualitet. Deltagarna intervjuades och intervjuerna analyserades med hjälp av tematisk analys. Den huvudsakliga bilden som framkom var av en grupp unga män med ouppfyllda behov som hade en låg egen förmåga att tillgodose dessa behov. Det verkade vidare som att deras erfarenheter av intima relationer och sexualitet i stor utsträckning hade påverkats av erfarenheten av att ha utsatt någon annan för sexuella övergrepp. En del män beskrev en längtan efter närhet och intimitet men de var samtidigt avvaktande och rädda för att komma för nära en annan människa. Andra distanserade sig från nära relationer och hävdade att de inte hade något behov av att ha nära relationer till andra. Dessa resultat kan förstås som att männen använde sig av någon form av självskyddande strategier för att hantera att de hade blivit identifierade som någon som hade begått sexuella övergrepp.

Sammanfattningsvis visar resultaten från studierna att de 20 unga män som deltog i en andra datainsamling tio år efter den första, utgör en grupp som tycktes kämpa med känslor av skam inför sig själva och med motstridiga känslor i förhållande till närhet, samt att de använde sig av olika självskyddande strategier, dels för att undvika skam, dels för att hantera närhet. Svårigheter med att hantera närhet kan delvis förstås utifrån resultaten från anknytningsintervjuerna som visade att en majoritet av de 20 männen hade ett otryggt anknytningsmönster. Vidare verkar många ur såväl ursprungsgruppen om 45 män som ur gruppen om 20 män, leva fortsatt svåra liv, kantade av bland annat kriminalitet. En sak som har tydliggjorts med hjälp av de här studierna är att deltagarna utgör en grupp unga män som bär med sig flera svåra upplevelser som gör dem själva sårbara och deras liv

bräckligt, särskilt i relation till de krav som ställs i vuxenlivet. Deltagarna i forskningsprojektet utgör en grupp på grund av att de i tonåren blev identifierade som någon som hade begått sexuella övergrepp. Mot slutet av detta avhandlingsprojekt är det dock inte helt tydligt om det är det begångna sexuella övergreppet som är den viktigaste faktorn som definierar denna grupp unga män. Personer som utsätts för försummelse och övergrepp som barn och som fråntas möjligheten till en trygg och omsorgsfull uppväxt riskerar att utveckla olika former av såväl psykologiska som fysiska svårigheter. De riskerar också att hamna i såväl missbruk som kriminalitet. Vad som emellertid är tydligt är att barns utsatthet i stor utsträckning riskerar att leda till stora svårigheter senare i livet, oavsett hur dessa svårigheter tar sig uttryck och att omfattande insatser är nödvändiga för att stötta barn och deras föräldrar tidigt i livet. Stöttning är också viktigt för de unga män som utgör deltagarna i detta forskningsprojekt som nu är, eller i en framtid eventuellt blir, föräldrar.



# LIST OF PUBLICATIONS

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This thesis is based on the following four papers, which are referred to by their Roman numerals:

- I. Tidefors, I., Ingevaldson, S., & Goulding, A. *Recidivism in criminal behavior—a ten-year follow-up study of 45 adolescent boys identified as sex offenders*. Manuscript submitted for publication.
- II. Ingevaldson, S., Goulding, A., Grip, K., & Tidefors, I. *Adult attachment and psychological well-being in young men who sexually offended during adolescence*. Manuscript submitted for publication.
- III. Ingevaldson, S., Goulding, A., & Tidefors, I. (2017). Self-views in twenty young men who were identified as sexual offenders in adolescence: A mixed-method study. *Sexual Offender Treatment*, 12. Can be retrieved from <http://www.sexual-offender-treatment.org/161.html>
- IV. Ingevaldson, S., Goulding, A., & Tidefors, I. (2016). Experiences of intimate relationships in young men who sexually offended during adolescence: Interviews 10 years later. *Journal of Sexual Aggression*, 22, 410-422. doi:10.1080/13552600.2016.117712



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Sara Ingevaldson

January, 2018



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# INTRODUCTION

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It was not until the 1980s that research began to focus on young people who had sexual behavior problems or sexually abused others (Rasmussen, 2013), and the few follow-up studies in young men who sexually offended in adolescence have mainly investigated recidivism (e.g., Gerhold, Browne, & Beckett, 2007; Hanson & Morton-Bourgon, 2005). Research on relapse to sexual offending excludes the majority of adolescent sexual offenders since most enter adulthood without sexually reoffending. This may lead to a distorted image of adolescent offenders, with an exaggerated focus on risk behaviors (Chaffin, 2008; Letourneau, Chapman, & Schoenwald, 2008). Researchers have therefore argued for a broader perspective that incorporates developmental and protective factors to gain knowledge about reducing not only sexual reoffending, but other significant problems in life (Carpentier, Leclerc, & Proulx, 2011; Lussier, Van, Bijleveld, & Hendriks, 2012; Worling & Langton, 2015). This thesis comprises four studies about a group of young men who participated in 2003-2007 in a research project on 45 adolescents identified as having sexually offended (Tidefors, Goulding, & Arvidsson, 2011). **Study I** included all of the original 45 participants; **Studies II, III,** and **IV** included the 20 participants who agreed to participate in a second data collection.

## Aspects of Sexual Offending

What is viewed as sexually coercive behavior has varied through history, depending on sociocultural values and legislation (Bergenheim, 2005). The concept of adolescent sexual offending also changes with societal conceptions about sexual offense and adolescent sexual behavior

(Rasmussen, 2013). In the decades prior to the 1990s, it was common to view all kinds of coercive sexual expression in adolescence as sexual experimentation (Smith, Wampler, Jones, & Reifman, 2005). Today, we view adolescent sexual offending differently and commonly define sexual abuse as sexual acts directed toward an individual who does not or cannot consent. The sexual acts can be “hands-on”, such as touching or penetration, or “hands-off”, such as indecent exposure or sexual activities over the internet (Svedin, Priebe, Wadsby, Jonsson, & Fredlund, 2015). Being sexually abused has been associated with a number of subsequent mental health and behavioral problems, and children who experience sexual and other types of abuse appear to have worse outcomes than older individuals (Witt et al., 2016).

When research started to focus on adolescents who had sexually offended in the 1980s, it was performed by clinicians and treatment was carried out using models developed for adults who had sexually offended (Rasmussen, 2013) and largely directed toward preventing reoffense (Jones, 2003; Rasmussen, 2013). However, several studies show that the risk of reoffending among adolescents is low (e.g., Lussier & Blokland, 2014; Nisbet, Wilson & Smallbone, 2004). Thus, a focus on risk factors for reoffending is perhaps too narrow for this population. Also, young adults who sexually offended in adolescence may have other significant problems that do not concern their sexual behavior. To address this issue, some studies have focused more on the person’s individual problems than on their offenses (e.g., Ward & Stewart, 2003b). An underlying thought in such studies is that people who have sexually offended have the same universal human needs for love and social belonging as everyone else (Ward, & Stewart, 2003a).

Since the late 1900s, research about those who sexually offend has revolved around two dominating views. One view sees sexual offending as an individual problem that can be explained by a person's psychological problems, perhaps due to a history of abuse and neglect. This focus has led to the view that perpetrators should receive treatment during their sentence (Bergenheim, 2005). The other view posits that sexual abuse develops from societal and cultural attitudes that contribute to normalizing offensive and violent behavior (Bergenheim, 2005). Adolescents learn about sexually appropriate behaviors from their environment. If there is a social norm that men have a right to sexually dominate women, this is what they will learn. Such a norm will influence both men's and women's expectations of themselves and of others as sexual beings (Deutsch, Hoffman, & Wilcox, 2014).

These two general views of sexual offending as either intra-individual pathological behavior or as a response to structural societal factors have practical implications. How sexually offensive behavior is viewed, defined, and explained is important for the detection, prevalence, and treatment of those who sexually offend.

## **Prevalence of Sexual Abuse**

Sexual abuse is believed to be far more prevalent than indicated by reports to authorities or criminal statistics (Hvitfeldt et al., 2016). This is true not only of victims in the general population, but even more so of people in the general population who have sexually offended. Earlier studies often focused on adult men's abuse of children. Currently, teenage-to-teenage offenses are also studied, focusing on both rape and other forms of sexual abuse (Svedin et al., 2015). It is expected that approximately 10% of boys and 20% of girls around the world will be sexually abused before they reach adulthood

(Finkelhor, 1994; Pereda, Guilera, Forns, & Gomez-Benito, 2009; Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). In the Swedish Crime Survey of 2014, 1% of the population aged 16–79 years reported that they had been sexually abused during that year (Hvitfeldt et al., 2016). However, in a survey by Svedin et al. (2015) of 6000 high school students in Sweden, 12.6% of girls and 3.1% of boys reported that they experienced hands-on sexual abuse during childhood, and 9.2% of the abused girls and 3% of the abused boys had experienced penetrative sexual abuse. Notably, 30.1% of the abused girls and 48.8% of the abused boys had not disclosed the abuse to anyone, and only 10.3% of the abused girls and merely 4.5% of the abused boys had reported the abuse to the police. The mean age at the first abuse was 14.6 years for the girls and 15.4 years for the boys. The abuser was reported by 42.9% of the girls and 43.9% of the abused boys as someone known to them (including family members, peers, and romantic partners). Of these, 1.6% of the abused girls and 2.5% of the abused boys reported that they had been sexually abused by a parental figure or by a sibling (Svedin et al., 2015).

The picture from victim surveys is somewhat different to that from sexual abuse verdicts. In a study including all sexual abuse verdicts issued by Swedish courts from 2010 to 2014 involving children aged 6 years or younger during the alleged abuse, 48% of the defendants were preschool or school staff, 18% were biological parents of the child, 15% were other relatives, 13% were step-parents or siblings, 4% were other people the child depended on, and only 2% were strangers to the child (Ernberg, 2016). Of the included children, 88% were girls and 12% were boys. From these results, it might be concluded that cases reaching court differ from those reported in victim surveys and the vast majority of sexual abuse cases remain unknown to authorities. This makes it important to use self-report victim studies in

non-clinical populations. If sexual abuse by an unknown perpetrator is reported more often than sexual abuse by a perpetrator known to the victim, then such distorted reporting can lead to biased statistics on the prevalence of sexual abuse (Hvitfeldt et al, 2016).

The number of self-report studies in offenders is even lower than that in victims, and what is known about people who sexually offend is drawn from these few studies in known offenders. This makes it important to also use self-report offender studies in non-clinical populations. To address the issue of unreported cases of adolescents who sexually offend, Kjellgren, Priebe, Svedin, and Långström (2010) asked adolescents from the general population if they had ever sexually abused anyone. Results showed that 5.2% of the total sample of 1933 adolescents reported having committed hands-on (genital, oral, or anal) sexually coercive behavior.

Surveys of those who sexually offend are scarcer than victim studies, and the prevalence of both victims and perpetrators of sexual abuse is vastly underreported. The following section concerns characteristics of the relatively few individuals who are known to have sexually offended in adolescence.

## **Adolescents Who Sexually Offend**

The main focus of this section is on adolescents who have sexually offended. However, because empirical research into this group is limited, some research on adult male offenders is also included.

To investigate the number of referrals to social services of adolescents who sexually offended, a national survey was conducted in Sweden in the year 2000 (Kjellgren, Wassberg, Carlberg, Långström, & Svedin, 2006). This

survey included all referrals to social services of adolescents (12–17 years old) who had sexually offended (197 boys and 2 girls). Adolescents who sexually offend appear to comprise a diverse group of individuals (Riser, Pegram, & Farley, 2013), but have generally been assumed to differ from adolescents who commit other types of offenses (Burton & Miner, 2017). This assumption has led to a focus on specific attributes that this group might have in common. Sometimes adolescents who sexually offend are grouped according to victim characteristics (e.g., same sex or not; child, peer, or adult; family member, friend, stranger); characteristics of the abuse itself (e.g., whether coercion or violence was used or whether the abuse took place in school or at home); and whether they have histories of delinquent and antisocial behavior or of having been maltreated or abused, and if so, the type of abuse inflicted or experienced. Kjellgren et al., (2006) conclude that it seems more valid to divide adolescents who sexually offend according to whether they offended a child or a peer than according to whether they offended as part of a group or on their own. Another valid way to divide adolescents who sexually offend is according to whether they offended against a sibling or not (Tidefors, Arvidsson, Ingevaldson, & Larsson, 2010). Since there appears to be such heterogeneity among adolescents who sexually offend, there are perhaps subgroups with distinct developmental trajectories and diverse intervention and treatment needs (Riser et al., 2013). It seems important to consider different characteristics of adolescents who sexually offend, such as background variables and individual histories, as well as their offensive behaviors.

### **Characteristics related to sexual offending**

Several studies have aimed to identify specific background characteristics or vulnerability factors that could be useful in explaining an adolescent's propensity to sexually offend. However, many of the characteristics that have



been identified are not unique to this group (Seto & Lalumière, 2010). For example, it is common for adolescents who have sexually offended to have been exposed to neglect, but this is also common among adolescents who have committed non-sexual offenses. In a meta-analysis of 59 studies by Seto and Lalumière (2010), the most important background factors in the group of adolescents who had sexually offended versus adolescents who had committed non-sexual offenses were having been a victim of sexual abuse and having been exposed to others having sex, to pornography, and to sexual violence at an early age. It was also common in this group to have been exposed to other types of abuse and neglect. Although being a victim of child sexual abuse seems to be an important background characteristic for many adolescents who sexually offend (Jespersen, Lalumière, & Seto, 2009), it is important to remember that the associations are complex. Even though the prevalence of having been a victim of sexual abuse is substantially larger among adolescents who have sexually offended than among non-clinical populations of adolescents (Seto & Lalumière, 2010), many adolescents who sexually offend were not themselves sexually victimized, and the majority of victims of sexual abuse do not go on to sexually offend (Hunter, Figueredo, Malamuth, & Becker, 2003).

Individual characteristics that have been associated with the propensity of adolescents to sexually offend include impaired self-esteem, lack of empathy, impaired cognitive ability, deficient mentalization, social isolation, deficits in social skills, atypical sexual interests, and high levels of anxiety (Joyal, Carpentier, & Martin, 2016; Seto & Lalumière, 2010). Some of these characteristics will be further discussed.

Studies on the propensity to sexually offend and the risk of reoffending partly focus on issues of self-esteem (Marshall, Marshall, Serran, & O'Brien, 2009;

Monto, Zgourides, & Harris, 1998; Richardson, Kelly, Graham, & Bhate, 2004; Thornton, Beech & Marshall, 2004). Links between self-esteem and sexual offending have been assumed, as there are many similarities between the characteristics of individuals with low self-esteem and those who sexually offend (Marshall, Anderson, & Champagne, 1997). These characteristics include seeing oneself as unattractive, having poor quality relationships, and lacking empathy (Marshall, Anderson, & Fernandez, 1999).

Lack of empathy is suggested as an important feature in the propensity to sexually offend (Smallbone, Wheaton, & Hourigan, 2003). Some studies were not able to show any difference in empathy between adolescents who had or had not sexually offended (Moriarty, Stough, Tidmarsh, Eger, & Dennison, 2001), while others found that sexually offending adolescents report lower empathic ability than non-sexual offending adolescents (Farr, Brown, & Beckett, 2004; Whittaker, Brown, Beckett, & Gerhold, 2006). These different results may be explained in part by the relation between empathic ability and age. Sexual offenses often occur at an earlier age than non-sexual offenses, and the younger an individual, the less developed the empathic ability. Alternatively, adolescents who sexually offend may, similar to adult sexual offenders, not have a general lack of empathy, but selectively fail to show empathy toward their victims (Brown, Walker, Gannon, & Keown, 2013; Marshall et al., 2009).

Difficulties in forming and maintaining social relations have also been considered a potential risk factor for adolescent sexual offending (Becker & Kaplan, 1988). Both adolescent and adult men who have sexually offended are less able than non-clinical groups of men to identify and understand emotions (Moriarty et al., 2001). The ability to recognize one's own and other people's emotions is crucial to a young person's development.

Accordingly, an individual with a deficient ability to mentalize may be less able to handle demands of adulthood such as establishing intimate relationships (Keenan & Ward, 2000). It has also been suggested that impaired cognitive abilities, such as learning difficulties, might be associated with adolescent sexually abusive behaviors. However, such difficulties are also often found in groups of adolescents whose offenses are non-sexual (Awad & Saunders, 1991; Kjellgren & Svedin, 2009; Veneziano & Veneziano, 2002).

Background characteristics that seem important in the propensity to sexually offend include different kinds of maltreatment in childhood, although such experiences may not be unique to this group. Individual characteristics that have been associated sexual offending in adolescence include low self-esteem, lack of empathy, poor social skills, deficient mentalization, and impaired cognitive abilities.

### **Offending behavior**

In recent research, support has been found for dividing adolescents who have sexually offended into subgroups based on the victim's age (Leroux, Pullman, Motayne, & Seto, 2016), the offender's relation to the victim (Joyal et al., 2016; Latzman, Viljoen, Scalora, & Ullman, 2011), and whether the adolescents' offensive behavior is exclusively sexual or combined with other delinquent behaviors (Pullman, Leroux, Motayne, & Seto, 2014). Adolescents who sexually offend against a child differ from those who sexually offend against a peer or an adult both in risk factors and in characteristics of sexual offending (Hunter et al., 2003; Latzman et al., 2011; Leroux et al., 2016). For example, those who offend against a child tend to use less violence in exerting the abuse, more often have a relationship with the victim, and more often have difficulty relating to their peers (Hunter et

al., 2003). If the victim is a boy, he is more likely to be younger than the offender (Fanniff & Kolko, 2012; Worling, 1995). If the victim is a girl or a woman, no such age patterns have been found (Worling, 1995).

Penetration and other more severe forms of sexual offense occur more often when the victim is a sibling than when the victim is not a family member (Bevc & Silverman, 2000; Cyr, Wright, McDuff, & Perron, 2002; Joyal et al., 2016). One study (Tidefors et al., 2010) also found that among adolescents who sexually offended a sibling, the offense was more severe because the abuse went on over a longer time than offenses against victims from outside the family. Some studies indicated that adolescents who sexually abuse a sibling are more likely to abuse a younger brother than a sister (Worling, 2001). Sibling incest offenders are also more likely to have been exposed to child sexual abuse than adolescents who offend against someone outside the family (Joyal et al., 2016; Tidefors et al., 2010).

Many adolescents who sexually offend continue to commit non-sexual offenses. This indicates that, for some, sexual offending behavior in adolescence might be a part of a generally delinquent adolescent behavioral pattern (Bullens, van Wijk, & Mali, 2006; Pullman et al., 2014). A pattern of general delinquency has been found to be more noticeable in adolescents whose sexual offense was against peers rather than children (Joyal et al., 2016; Tidefors et al., 2011); however, adolescents who sexually offend commit their initial sexual offense at an earlier age than adolescents who commit other types of criminal acts, perhaps because sexual offending might begin at puberty.

The types of offenses that have been used to divide adolescent sexual offenders into subgroups are based on the age of the victim, family versus

non-family relationship, and whether or not sexual offending is part of a general pattern of delinquent behavior.

### **Models of sexual offending**

A number of models and theories have been presented to improve understanding of the mechanisms behind an individual's propensity to sexually offend. However, relatively few empirical studies have aimed to examine the assertions made in these models and theories, and such research is necessary (Nunes & Hermann, 2016). An integrative theoretical model would also be helpful for understanding both the etiology of sexual offensive behavior and the risk of its continuation. Marshall and Barbaree (1990), for example, proposed an integrative model to understand an individual's possible development toward sexual offending through incorporating biological aspects, childhood experiences, the sociocultural context, and mediating situational factors such as opportunity. This model was, however, criticized for its broad scope, and Marshall and Marshall (2000) later narrowed the scope to focus more specifically on the influences of attachment deficits. Recently, the model was reformulated with an emphasis on men who sexually abuse children (Marshall & Marshall, 2017a). Ward and Beech (2006) also attempted to knit important factors leading to sexual abuse into a theoretical framework. According to the Integrated Theory of Sexual Offending (Ward & Beech, 2017a), sexual abuse occurs as a consequence of several factors interacting in different areas of functioning (e.g., biological, sociocultural, neuropsychological) and personal agency. Multifactorial theories were originally developed to understand adult sexual offenders, but they are also applicable to adolescents who sexually offend and seem to share several possibly causative factors with adult offenders such as the quality of childhood attachment to a caregiver and childhood exposure to

psychological, sexual, and/or physical abuse and/or neglect (Seto & Lalumière, 2010).

### **Risk for recidivism and protective factors**

Adolescents who sexually offend have been assumed to be at great risk of continuing to sexually offend in adulthood (Awad, Saunders, & Levene, 1984; Becker, Cunningham-Rathner, & Kaplan, 1986). An array of studies aimed to research potential risk factors for recidivism (e.g., Fortune & Lambie, 2006; Gerhold et al., 2007), but other studies showed that most of those who sexually offend in adolescence do not continue to sexually offend as adults (Lussier & Blokland, 2014; Nisbet et al., 2004), and a majority of adults who sexually offended children did not sexually offend as adolescents (Marshall, Barbaree, Eccles, 1991; McKillop, Smallbone, Wortley & Andjic, 2012; Smallbone & Wortley, 2004). Consistent with these findings, McKillop, Brown, Smallbone, and Pritchard (2015) conclude that the onset of sexually offending against children can occur in adulthood with no prior history of sexual offense and that sexual offending begun in adolescence tends not to continue into adulthood.

Among adolescents who sexually offend, reoffense rates vary from 0% to 42% (Fortune & Lambie, 2006; Worling & Långström, 2003). For adolescents who receive treatment, reoffense rates are approximately 10% (Fortune & Lambie, 2006). Although the risk for adolescents who sexually offended to commit new sexual offenses seems relatively small, it is important to understand the several risk factors, alone or in combination, that have been associated with recidivism. A history of family dysfunction such as paternal abandonment (Carpentier & Proulx, 2011) or domestic violence, especially in combination with low self-esteem (Smith et al., 2005), are associated with a higher risk for recidivism to sexual offending. Childhood

sexual victimization and associating with significantly younger children are also risk factors (Carpentier & Proulx, 2011), as is having a sexual interest in children (Worling & Curwen, 2000). Those who previously offended against a stranger also have a higher risk for recidivism to sexual offending (Carpentier & Proulx, 2011).

Recently, researchers have argued that there is a gap between the focus on risk factors related to violent and sexual reoffending and possible protective factors (e.g., Thornton, 2013). Protective factors assumed to remain stable over time are, for example, intelligence and secure attachment (de Vries Robbé, 2014), and those assumed to be changeable or dynamic include coping style, self-control, and motivation to treatment (de Vries Robbé, 2014). According to Ward and Beech (2017b), dynamic risk factors, such as intimacy deficits or social rejection, should not be regarded as causal factors, but rather as symptoms. These problems may, in turn, be associated with both the onset and the continuation of sexual offending behavior. Family support seems to be another protective factor in desistance from sexual reoffending (Walker, Kazemian, Lussier, & Na, 2017).

Durrant (2016), explaining why protective factors protect against general antisocial and violent behavior, concluded that stable protective factors indicate to the developing child that the future, based on experiences in the past, is likely to be mainly stable and safe. Such indicators of safety encourage development that involves less risk-taking, more long-term commitment to social relationships, and closer engagement with institutions such as school and work. Protective factors also depend on individual differences in plasticity and may have a greater influence on some individuals than others (Durrant, 2016).

Adolescents who sexually offended were once thought to be at high risk for reoffending sexually, and research focused on detecting risk factors to prevent recidivism. This, however, has proven too narrow a perspective, since most adolescents who sexually offend do not seem to reoffend sexually. A broader perspective that includes protective factors is needed and may be helpful in detecting the needs of these adolescents as they move on to adulthood.

## **Perspectives on Psychological Development**

In this thesis I take an individual psychological view focused on development and childhood experiences. The following section outlines two developmental theories (Erikson's theory of psychosocial development and attachment theory) in some detail as they are important for understanding the consequences of childhood maltreatment on development. Other perspectives on psychological development concerning adverse childhood experiences, sexual development, sense of self, shame and guilt, and the transition from adolescence into young adulthood are also discussed more generally.

### **Erikson's Theory of Psychosocial Development**

Erikson's theory of psychosocial development emphasizes the importance of an individual's interaction with the surrounding world and the effect of the environment on an individual's development (Erikson, 1950; 1968). Erikson describes different crucial developmental stages, each present throughout life but especially important during a particular period of development. The stages are described as particular crises individuals face in viewing themselves in relation to other people and to the world. Resolving these crises



drives development. An individual who solves one crisis can then move ahead to the following developmental stage with a specific psychosocial strength (Erikson, 1950; 1968). An individual who is unable to solve the crisis of one developmental stage is hindered in gaining the psychosocial strength necessary for the next stage.

The infant's first specific crisis concerns the development of trust. If its caregivers are responsive, the child develops a basic sense of trust and gains the psychosocial strength of hope. If the caregivers are not responsive, the infant develops a basic sense of mistrust that might lead to isolation. In early childhood, the child strives to exercise its individuality and solve the development crisis of attaining autonomy. If encouraged by caregivers, the child can resolve this crisis by gaining a basic sense of autonomy and the psychosocial strength of will. If the child's attempts toward independence are discouraged by the caregivers, the crisis is not resolved, resulting in a basic sense of shame and doubt that might lead to compulsivity. In the playing stage, the child displays great curiosity about the world and its crisis concerns the development of initiative. If caregivers are responsive and encouraging, the child develops a sense of initiative and gains the psychosocial strength of purpose. If the caregivers are not responsive and encouraging, a basic sense of guilt might develop and lead to inhibition. At school age, the child's world expands to include more activities in school and in other settings. The crisis at this age is the development of industry. A child encouraged to master different tasks develops a sense of industry and gains the psychosocial strength of competence. Lack of encouragement and repeated failure might lead to a sense of inferiority resulting in stagnation. The adolescent's crisis is the development of identity. If the crisis is resolved, the adolescent gains a sense of identity and the psychosocial strength of fidelity. If the crisis is not resolved, it might lead to identity confusion. The crisis in young adulthood is

the development of intimacy. If the crisis is resolved, the young adult develops a sense of commitment and gains the psychosocial strength of the ability to care and to love. If the crisis is not resolved, it might lead to isolation, a dismissive stance toward others, and an avoidance of intimacy.

The role of the caregiver is essential to Erikson's (1950; 1968) theory of psychosocial development, as it is to attachment theory. Erikson combines the development of the inner world with the importance of early relationships with the outer world. In attachment theory (Bowlby, 1969/1982), the importance of early relationships is also stressed within an evolutionary perspective. While Erikson postulates about a theoretical child, attachment theory was developed by studying real children during separations and reunions with their caregivers.

## **Attachment Theory**

Attachment theory originated in evolutionary psychology, in which the attachment bond between the infant and its caregiver is held to have an important protective function for the infant, since this bond enhances its chances of survival (Bowlby, 1969/1982). According to attachment theory, the infant has an inborn disposition to seek contact and proximity to a protector, the caregiver. This inborn disposition to seek protection is called the attachment behavioral system (Bowlby, 1969/1982). A matching inborn disposition, the caregiving system, prompts the caregiver to respond to and protect the child. When an infant experiences fear, it turns to its caregiver for comfort and protection, and if the caregiver responds by comforting the child, the child is helped with emotional regulation and feels secure. Over time, if the caregiver responds with comfort in most frightening situations, the child develops a view of the world as secure and helpful and a corresponding view

of itself as worthy of comfort (Bowlby, 1969/1982). This requires the caregiver to be consistently perceptive of and responsive to the infant's needs. Failure to do so, or responding inconsistently to the child's needs, leads to the child's inability to handle difficult experiences and the feelings that emerge from such difficult experiences. Disruptions in the attachment bond through exposure to adverse attachment-related experiences might lead to feelings of loss and an ongoing, sometimes pathological, mourning in the child (Bowlby, 1973; 1980). Such disruptions may be physical separation from, or death of, an attachment figure, but they can also be threats of abandonment or rejection, or actual neglect and abuse, from the attachment figure. The central feature of these disruptions is the child's loss of a caregiver to love and to attach to (Bowlby, 1973; 1980).

According to attachment theory people develop, through their experiences of early relations, internal working models of themselves, of others, and of future relations (Bowlby, 1969/1982, 1973, 1980, 1988). The primary function of internal working models is to interpret and predict the feelings, thoughts, and behavior of attachment figures, but they are also thought to influence functioning in other relationships (Bretherton & Munholland, 2008). Over time, internal working models are affected by important relationships with caregivers, other family members, and friends (Mikulincer & Shaver, 2007).

In an empirical study of the attachment patterns between a child and its caregiver, Ainsworth Blehar, Waters, and Wall (1978) performed laboratory studies of children's responses to separation from and reunion with a caregiver in the Strange Situation Procedure (SSP). From the results of these laboratory studies they described three different organized attachment patterns: secure, insecure-avoidant, and insecure-resistant. A child with a

secure attachment pattern trusts that the caregiver is available and will be comforting in frightening situations. A child with an insecure-avoidant attachment pattern does not trust that the caregiver will be there to comfort it in frightening situations, and therefore refrains from comfort-seeking. A child with an insecure-resistant attachment pattern is unsure of whether the caregiver will be there for comfort in frightening situations, and therefore alternates between seeking and resisting comfort. When a child's response cannot be described by any of these three organized attachment patterns, it is instead described as having a disorganized attachment pattern (Main & Solomon, 1990). In a child with a disorganized attachment pattern, the attachment relation to the caregiver is mainly built on fear (Hesse & Main, 2006).

The Adult Attachment Interview (AAI) was developed to describe attachment styles in adolescents and adults (Main, Goldwyn, & Hesse, 2003). The attachment patterns derived from coding AAI transcripts theoretically and empirically correspond to the organized patterns of responses in the Strange Situation Procedure (George, Kaplan & Main, 1996). The organized attachment patterns derived from the AAI are labeled secure-autonomous (secure in the SSP), insecure-dismissing (insecure-avoidant in the SSP), and insecure-preoccupied (insecure-resistant in the SSP). Transcripts from the AAI can also be classified as unresolved/disorganized (corresponding to the disorganized/fearful pattern in the SSP) or as "cannot classify".

According to the AAI manual, the transcript from the interview is classified as secure-autonomous when attachment-related experiences are described as valuable and influential and the person appears to function relatively independently of attachment-related relationships. The story told in the secure transcript is coherent, whether it is a positive or a negative account

(Main, Kaplan, & Cassidy, 1985; Main et al., 2003). A transcript is classified as insecure-dismissing when attachment-related experiences are devalued and/or blocked from discussion. In insecure-dismissing transcripts, caregivers are often idealized, and there is an apparent discrepancy between the description of the caregiver as a person and accounts of the caregiver's actual behavior (Main et al., 1985; Main et al., 2002). A transcript is classified as insecure-preoccupied when an individual is angrily preoccupied with early attachment-related experiences and/or figures to the extent that the person loses track of the interview question or context, or when the narrative style is passive or vague with long pauses and unfinished sentences (Main et al., 1985; Main et al., 2002). A transcript is classified as unresolved/disorganized when the narrative becomes confused or disoriented, particularly when important attachment-related losses and/or abuse experiences are discussed (George et al., 1996).

Bartholomew and Horowitz (1991) developed a four-category model to describe and to measure attachment styles among young adults. This four-category model uses combinations of an individual's (positive or negative) self-image and (positive or negative) image of others to describe attachment style. An adult characterized by a secure attachment style tends to have a positive self-image, a positive image of others, and a tendency to be comfortable with both intimacy and autonomy. An adult characterized by a dismissing attachment style (equivalent to the insecure-avoidant pattern in the SSP and to the insecure-dismissing pattern in the AAI) tends to have a positive self-image, a negative image of others, and high avoidance of relationships. This individual is commonly perceived as emotionally distant and as having a limited propensity to communicate emotions. An adult characterized by a preoccupied attachment style (equivalent to the insecure-resistant pattern in the SSP and to the insecure-preoccupied pattern in the

AAI) has a negative self-image, a positive image of others, and low avoidance of relationships. In close relationships, this individual can be demanding, have an excessive fear of separation, and be highly dependent on others to gain positive self-regard. An adult with a fearful attachment style (equivalent to the disorganized/fearful pattern in the SSP and to the unresolved/disorganized pattern in the AAI) has a negative self-image, commonly involving feelings of being unlovable and unworthy of care and support, combined with a negative image of others, and fears rejection, betrayal, and abandonment (Bartholomew & Horowitz, 1991).

A safe and secure environment is essential for a young child, but many children do not have access to such an environment and are instead exposed to different kinds of abuse and/or neglect.

## **Adverse Childhood Experiences**

The World Health Organization (WHO, 1999) defines child maltreatment as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (WHO, 1999, p. 15). More recently, exposure to intimate partner violence has come to be considered another form of child maltreatment (Gilbert et al., 2009). The person who maltreats the child is often someone close, someone responsible for caregiving and protection—the attachment person. For the child, the caregiver is then someone who is its putative protector and yet is emotionally unavailable and/or frightening.

The consequences of maltreatment are several and severe (WHO, 1999). Long-term outcomes of childhood maltreatment include reduced mental health, drug and alcohol problems, obesity, risky sexual behavior, self-destructiveness, criminal behavior (Gilbert et al., 2009), and increased risk of attempted suicide (Hoertel et al., 2015; Norman et al., 2012). Specific types of parental abusive behavior also predict specific types of emotional maladjustment in the child. For example, frightening behavior (associated with an unresolved/disorganized attachment pattern) from caregivers predict anxiety and somatic concerns, and being ignored by caregivers (associated with an insecure-dismissing attachment pattern) predict depression and bipolar disorder (Allen, 2008). Children whose caregivers were observed to be psychologically unavailable (ignoring their child's cries for nearness and comfort) in the Strange Situation Procedure were subsequently found to have a tendency to express more anger, to be more noncompliant, to be lacking in persistence, and to display less positive affect than children who had not been maltreated in this way (Egeland, Sroufe, & Erickson, 1983). These differences appeared to persist over time. Consequently, emotionally maltreated children were rated by their school teachers as more socially withdrawn, more unpopular, and more prone to internalizing problems than their peers. In adolescence, these children had more social problems, delinquency, aggression and significantly more attempted suicides than peers who had not been maltreated (Egeland, 1997).

Attachment theory concepts such as internal working models of the self and of the self in relation to others may be useful in understanding the association between emotional maltreatment and symptoms of anxiety and depression (Wright, Crawford, & Del Castillo, 2009). These internal working models are developed from the relationship between the child and its primary caregiver. From this perspective, negative patterns of interaction between an abusive

caregiver and a young child become internalized in the child, resulting in negative internal working models of the self and the self in relation to others. These negative models later come to revolve around feelings of shame, vulnerability, and self-sacrifice, which eventually contribute to negative outcomes including anxiety, depression, and dissociation (Wright et al., 2009).

Studies about early relations and the consequences of maltreatment suggest that complex processes between children and their caregivers result in a range of outcomes, including the development of a negative sense of self. To capture these complex processes it is important to be aware of both risk and protective factors that affect development on various levels (individual, family, community, and culture; Egeland, 2009).

## **Sexual Development**

This section concerns sexual development and the development of a sexual identity, which depends on several factors including attachment and intimacy, adverse childhood experiences, and gender, all of which influence the sexual scripts that become internalized in the individual. Sexual scripts contain both internal and interpersonal dimensions (Gagnon & Simon, 2005). The internal dimension contains thoughts, feelings, and internal apprehensions. It also contains a person's motivation and urge to commit to sexual activity. The interpersonal dimension contains shared conventions that allow people to participate in a complex act—the sexual act—in which they are dependent on one another. According to sexual script theory, sexuality and sexual behavior is learned through a complex developmental process (Gagnon & Simon, 2005).



To understand sexual behavior in a child who falls outside cultural or societal norms, it is important to know something about the child's age-specific sexual development and behaviors. Children's display of sexual behaviors prior to adolescence has sometimes been seen to stem from experiences of sexual abuse (Elkovitch, Latzman, Hansen, & Flood, 2009), but a variety of sexual behaviors, such as touching their own genitals or masturbating, are common in all children (Sandfort & Cohen-Kettenis, 2000). The non-abused child's sexual behavior can be described as experimental, playful, spontaneous, and non-coercive (Chaffin et al., 2008). Pre-school children display sexual behaviors both at home and in daycare, but somewhat more often at home (Larsson & Svedin, 2002). Sexual behaviors in childhood tend to peak around the age of 5, after which the child becomes increasingly aware of cultural and societal norms and adjusts its behaviors accordingly by performing them in privacy (Friedrich, Fisher, Broughton, Houston, Shafran, 1998; Friedrich, Grambsch, Broughton, Kuiper, & Beilke, 1991). The post-peak decrease in overt sexual expressions should thus not be interpreted as a decrease in behavior, but rather in open expression. Children who exhibit sexually intrusive behavior past school entry have been found to have a different trajectory of sexual development than other children (Lussier, McCuish, Mathesius, Corrado, & Nadeau, 2017). Children on this trajectory appear to exhibit more sexual behaviors from age four, which upon school entry become more frequent, extensive, and less inhibited (Lussier et al., 2017). In another study, children as young as 3 to 5 years appeared to imitate sexually coercive behavior between parental figures (Cale & Lussier, 2017). This imitation was expressed by the child through intrusive sexual behavior toward other children and adults. Such intrusive sexual behavior was somewhat more common among boys than girls (Lussier et al., 2017).

The foundation of different aspects of sexuality, such as attraction and sexual orientation, is laid in childhood (Martinsson, 1997). Attraction, sexual orientation, and sexual identity can, however, change over time (Diamond, Bonner, & Dickenson, 2015), and the development of a sexual identity continues through early adulthood (Morgan, 2013). Sexual identity includes cognitive and emotional understanding of the meaning and importance of various aspects of sexuality, such as sexual attraction, desire, behaviors, values, and relationships (Horowitz & Newcomb, 2001; Savin-Williams, 2011). The progression from adolescence to early adulthood often includes active sexual practice and efforts to find a partner (Erikson, 1950; 1968). These intimacy-related developmental tasks put demands on the young adult's capacity, which depends to some extent on the quality of earlier developmental stages.

### **Attachment, intimate relationships, and sexuality**

Studies link sexuality to early relationships, which are important templates for later relationships with both friends and partners. Although there are many differences between attachment to caregivers and attachment in an adult intimate relationship, some resemblances have been observed. For example, Hazan and Shaver (1987) and Shaver, Hazan and Bradshaw (1988) highlight the resemblance of an intimate relationship between adults to that between a child and its caregiver. This resemblance can be seen, for example, in non-verbal interactions, such as the extended eye contact between two adults in love and between a child and its caregiver (Hazan & Diamond, 2000).

Different internal working models of attachment have also been linked to different sexual attitudes and behaviors. As an example, the three major attachment patterns have been found to correspond to different sexual

patterns (Feeney, 2016). The sexual pattern of securely attached individuals is characterized by the capacity to enjoy sexual experiences and to have fewer casual sexual relations (Feeney, 2016). Securely attached adolescents are also more comfortable in intimate relationships, have a more positive view of both themselves and their partners, and view themselves as more sexually competent than insecurely attached adolescents (Tracy, Shaver, Albino, & Cooper, 2003). Insecure features of attachment have been linked to low sexual satisfaction and high sexual dysfunction (Stefanou & McCabe, 2012).

The sexual pattern of individuals with an insecure-dismissing attachment style is characterized by involvement in sexual activities that do not require psychological intimacy, such as casual sex or one-night stands (Feeney, 2016). These individuals tend to be sexually motivated more by a need to fit in socially (Schachner & Shaver, 2004) than to increase intimacy (Davis, Shaver, & Vernon, 2004). Adolescents with an insecure-dismissing attachment style also tend to have a reduced interest in sex and to feel less sexually competent (Tracey et al., 2003). Individuals with an insecure-preoccupied attachment style have a sexual pattern characterized by enjoyment of embracing and caressing, but little enjoyment of other sexual behaviors (Feeney, 2016). Adolescents with an insecure-preoccupied attachment style also tend to have sex more frequently, although their sexual experiences are often motivated by fear of rejection or abandonment (Tracey et al., 2003).

It has been suggested that attachment and sexual behavioral systems are interrelated (Smallbone & Dadds, 2000), and several researchers have suggested that attachment difficulties may be associated with a propensity to violence and sexual offending (Burk & Burkhart, 2003; Marshall & Barbaree,

1990; McCormack, Hudson & Ward, 2002; McKillop et al., 2012; Smallbone & Dadds, 2000; Ward & Beech 2006; Wood & Riggs, 2009). One line of reasoning is that the adult tries unconsciously through sexual offending to compensate for attachment difficulties in early childhood; some authors have suggested that attachment patterns can provide a basis for the classification of sexually offensive behaviors (Ward, Hudson & Marshall, 1996; Ward, Hudson, Marshall & Siegert, 1995). Deficient attachment patterns in childhood can also be related to deviant sexual interests, an exaggerated preoccupation with sex and sexuality, and poor affect regulation (Marshall & Barbaree, 1990; Ward & Beech, 2006).

Relational capacities acquired early in life may influence later experiences of intimacy and sexuality, and having had the opportunity to freely explore sexuality in childhood and in adolescence can lead to greater comfort in sexual relationships and with one's own sexual identity later in life. Exposure to maltreatment, however, may hinder the child in its sexual development. In maltreated children, the sexual behavioral system seems to be activated earlier than in children who have not had such adverse experiences (Tidefors et al., 2010). For example, sexual contact between siblings can be seen as a way to compensate for unfulfilled emotional needs of nurture and comfort (Haskins, 2003; Salazar, Camp, DiClemente, & Wingood, 2005; Tidefors et al., 2010). If the child has been sexually abused by her or his caregiver, this premature introduction into a sexual world may result in children learning to use sexual behavior as a symbol of affection, thus sexualizing relationships (Schwartz, Cavanaugh, Pimental, & Prentky, 2006). General adversity in families appears to lead to both aggressive and sexualized behaviors in children and adolescents (Friedrich et al., 1998; Lussier & Healey, 2010), and the maltreated child is often found to display sexual behavior problems (Cale

& Lussier, 2017; Friedrich, Davies, Feher, & Wright, 2003; Silovsky & Niec, 2002).

Many children who have been sexually abused talk about experiencing feelings of sexual arousal (Jackson, Newall, & Backett-Milburn, 2015), and their bodies might respond to sexual touching even though these acts are coercive and unwanted. For a child who is not, and should not, be familiar with adult sexuality, these feelings can be confusing because children lack an adult sexual script with which to interpret and understand them (Gagnon & Simon, 2005). A caregiver who is sexually abusive comes to be a source of pain and fear while at the same time functioning as that child's source of comfort and pleasure.

Growing up and taking the first steps toward an adult life and adult relations is usually a period of exploration, independent of family and caregivers. This independence and freedom to explore, however, may be troubling for young adults who continue to be affected by difficult childhood. For boys with an abusive father, for example, self-identifying as a male can be complicated (Garbarino, 1999).

### **The importance of gender**

Both women and men are influenced by discourses about gender and sexuality (e.g., Hollway, 1984; 1989). These discourses have traditionally revolved around assumptions of male sexuality as an uncontrollable force, and consequently of men's inability to control their desires. Hollway (1984; 1989) and Gavey (2005) refer to this as the male sexual drive discourse. This almost overwhelming drive is supposed to exist in all men and the discourse implies that men will do anything to have sex. The woman's role in this discourse is to receive and to accept or reject sexual advances. The myth of

this difference between the sexes has contributed to the conception of men's sexual domination and women's subordination as "natural" (MacKinnon, 2003). This reasoning is in line with Gagnon and Simon's (2005) social script theory of sexual conduct, in which they argue that sexual behaviors are learned. Accordingly, male and female roles develop through a psychosocial process in which the female sexual role in behavior and pleasure is reactive, and the male sexual role is active, containing elements of performance and achievement (Gagnon & Simon, 2005).

It is important to bear in mind that gender roles are formed in specific sociocultural contexts. Thus, sexual conduct is surrounded by a set of cultural rules and boundaries that do not necessarily adapt from one context to another (Miller, 2014). One way to describe different cultures is by how collectivistic or individualistic they are. Collectivist cultures emphasize collective values such as tradition and conformity (Neto, 2007) and people are expected to be committed and obedient and to put the needs of the group ahead of their individual needs. According to Neto (2007) there is little distinction between personal and collective goals in a collectivistic society. Conversely, in an individualistic culture, great emphasis is placed on the individual's independence, freedom, and personal goals (Neto, 2007). Another aspect is the extent to which a culture adheres to ideas of a "macho" honor culture, in which masculinity is associated with strength and authority, and femininity with weakness and submission (Mosher & Tomkins, 1988). In such a macho culture, men are expected to be virile, sexually active, aggressive, and heterosexual (Barker, 2016). Macho cultures exist in some south European and Latin American cultures, for example, and in many of these countries gender equality is low. In more individualistic cultures, such as Great Britain and the Nordic countries, people tend to adhere more to values of equality and social justice (Neto, 2007). Rates of sexual and other

types of violence against women are high regardless of the sociocultural context, however, and do not appear to differ much between individualistic and collectivistic cultures (Scarpato & Pina, 2017), suggesting the influence of an overarching patriarchal sociocultural context even in countries like Sweden that value social justice and equality.

The different gender roles presented for men and women in a particular sociocultural context may influence how individuals perceive themselves, not only as sexual beings, but more specifically as sexual women and men (Deutsch et al. 2014). Adherence to patriarchal models of family and gender has been found to be a risk factor for emotional, physical, and sexually coercive behavior (Totten, 2003). According to Sernhede (2003), the traditional role of masculinity in Western society is undergoing deconstruction, making identity formation a much more complex process for young men than it was. Those who cling to a traditional macho view of masculinity will have an even more difficult task to understand “how to be a man.” Young men who are disappointed with themselves and their lives may attempt to show their masculinity through sexual control over others, and some men might engage in excessive sexual activity or use coercive sexual behavior to gain a feeling of masculinity (Totten, 2003). In line with this reasoning, Abbey and colleagues (2011) found that delinquency, hostile masculinity, impersonal sex, and misperception of women’s sexual cues were related to sexual aggression.

Young adolescent men at a developmental stage of experimenting with sexuality and intimate relationships (Arnett, 2004; Erikson, 1968) who feel expected to have an overwhelming sexual drive and to behave in a dominating way may feel uncertain and lack confidence (Rostosky, Dekhtyar, Cupp, & Anderman, 2008). Youths from the general population who report

having ever talked or physically forced anyone into sexual acts report gender stereotypical and pro-rape attitudes more frequently than youths with non-sexual conduct problems (Kjellgren et al., 2010). Furthermore, socially vulnerable men with early conduct problems and youth criminality are generally more influenced by stereotypical gender views than other men (Lindroth, Tikkanen, & Löfgren-Mårtenson, 2013; Totten, 2003). Men and boys who are exposed or vulnerable, who have themselves been victims of sexual abuse, do not fit the hegemonic view of masculinity and are at a special disadvantage, because men in the hegemonic view are supposed to take the sexual initiative and are not supposed to need help (Andersen, 2008). Men who have been sexually abused are encouraged, through the hegemonic view of masculinity, to deny the abuse (Andersen, 2008; Hlavka, 2017), becoming trapped by the dominant image of masculinity and, thus, the victims of their own dominance (Andersen, 2008). Having been identified as a sexual offender in adolescence and living in a culture with different demands than those learned can make it difficult for men to handle the universal questions about intimacy and sexuality.

## **Sense of Self and Self-Esteem**

From a developmental perspective, the foundation of self-esteem is laid early in life, and the evaluation of one's self-worth, whether to like or to dislike oneself, develops in early adolescence (Erikson, 1950; 1968). Around the age of 7 or 8 years, children begin to show consistent differences in their self-evaluations; some express high self-esteem, others low, and many others somewhere in between (Harter, 2006). Lack of encouragement and repeated failure during this developmental period might lead to a sense of inferiority resulting in stagnation (Erikson, 1950; 1968). In late adolescence and early adulthood self-esteem increases, and it begins to stabilize in middle adulthood (Galambos, Barker, & Krahn, 2006; Sinclair et al., 2010; Wagner,



Lüdtke, Jonkmann, & Trautwein, 2013). Across the life-span, sense of self seems to be generally positive in those who are content with their work and their relations with others (Sinclair et al., 2010); according to Bartholomew and Horowitz (1991), a person with a secure attachment style tends to have a positive self-image. Young adults who have been exposed to adverse childhood experiences may have a more fragile sense of self and be more vulnerable when they encounter negative experiences in their early adult years (Arnett, 2007). Those who have sexually offended may be particularly vulnerable, since they often have a history of adverse childhood experiences (Jespersen et al., 2009; Seto & Lalumière, 2010).

Although the term the “self” is a commonly used term, it is difficult to define. One definition of the self is one’s complete knowledge of oneself (Baumeister, 1997; Markus, 1977, Markus & Kunda, 1986). This view originates in the tradition of social cognition, where the self is seen as a structure of knowledge with great influence on cognitive activities and emotions. Accordingly, the self guides one’s attention and interpretations and strongly influences meaning-making (Markus, 1990). It is also assumed that the self is created through interactions between the individual and the social world, and through this process a life story is created as well as a self (McAdams, 1996).

If the self is regarded as one’s complete knowledge of oneself, then views of the self are related to cognitive schemas and comparable to the construct of self-concept (Baumeister, 1997; Kuiper & Rogers, 1979; Markus, 1977). The term self-concept can then be seen to describe the sum of conclusions individuals come to about themselves; it exists only in the individual’s own mind, as opposed to the socially defined “identity” (Baumeister, 1997). The self-concept is thus considered to be a multifaceted whole (Marsh & Craven,

2006; Shavelson, Hubner, & Stanton, 1976). Self-esteem and self-concept contain both cognitive and emotional elements (Swann, Chang-Schneider, & Larsen McClarty, 2007). According to Rosenberg (1965), people with high self-esteem respect themselves and consider themselves as worthy as, but neither better nor worse than, others. People with low self-esteem, however, are thought to harbor feelings of self-rejection, self-dissatisfaction, self-contempt, and lack of self-respect.

Studies of young people who have sexually offended have suggested that sexually aggressive behaviors may begin with the adolescent's negative sense of self (Camp, Salazar, DiClemente, & Wingood, 2005). A meta-analysis by Seto & Lalumière (2010) found support for a link between low self-esteem and sexual offending in adolescents, but it remains unclear whether low self-esteem exists prior to detection as a sex offender or is a result of such disclosure (Seto & Lalumière, 2010). A within-group comparison of adolescents who sexually offended showed an increased risk of reoffending in those with low self-esteem combined with experiences of domestic violence, neglect, an absent father figure, and low familial cohesion (Smith et al., 2005). Reduced self-esteem was also reported by those who committed more serious offenses (Smith et al., 2005); however, studies examining self-esteem in adolescents who have sexually offended show diverse results. A study of adult rapists showed that a subgroup scored above the normative mean for self-esteem (Marshall, Barbaree, & Fernandez, 1995). When examined further, this subgroup was young (18–24), appeared to be free of self-doubt, and boasted about themselves, which may suggest a high but fragile self-esteem (Kernis, 2003). Those with fragile high self-esteem may be defensive of their sense of self-worth, require constant validation, and rely to some degree upon self-deception (Kernis, 2003).

There appears to be a link between an individual's sense of self and propensity to sexually offend and reoffend. However, the role of an individual's sense of self in sexual offending is still not clear. The self can, however, be viewed as a result of interactions between the individual and the social world in a process that leads to the creation of a narrative life story (McAdams, 1996), as discussed in the following section.

### **The narrative self**

To combine various views of the self, McAdams (2013) proposed an integrative theory, in which he proposes that people understand who they are from three different psychological standpoints: as an actor, as an agent, and as an author. People begin their lives as social actors, interacting with the environment and people around them. In later childhood they become motivated agents with goals, hopes, and fears that influence their choices and commitments. In late adolescence and early adulthood, they become autobiographical authors, integrating their past with their imagined future to create a narrative about themselves (McAdams, 2013). From a life story perspective, a major psychological challenge of the early adult years is to create a meaningful and coherent story of oneself (McAdams, 2013). From this perspective, the self is not rooted solely in the present, but is also strongly influenced by interpretations of the past and projections into the future. These beliefs about the future have been labeled possible selves (Erikson, 2007; Markus & Nurius, 1986, 1987; Markus & Ruvolo, 1989) and are narrative in nature, consisting of the stories people tell about themselves in hypothetical future situations. These narratives include a dimension of agency (Erikson, 2007), and this agency and efforts to achieve future goals link the self to self-esteem (McAdams, 2013). The life story narrative fills an important function in formulating and communicating human experiences. It allows people to organize and comprehend their experiences and share them

with others (Bruner, 1994; Willig, 2009). The study of narratives allows researchers to explore the psychological realities underlying them. The form of the story and the way it is told, rather than the overt content, is of most interest as it reveals a fuller picture than the narrator intends to give (Willig, 2009).

The narrative self is created by each person and contains stories about the self in the past, the present, and in the future. The study of narratives provides a unique opportunity to learn not only the story itself, but also the psychological reality behind it.

### **Shame and guilt**

Feelings of shame and guilt are closely related to views of the self, although this aspect is sometimes complicated to integrate. According to Erikson's theory of psychosocial development (1950; 1968), the toddler passes through a developmental stage that lays the foundation of its autonomy. A child who does not receive the necessary care and support to reach autonomy may be prone to feelings of shame and will be less likely to be able to distinguish between its actions and itself (Ferguson, Stegge, Miller, & Olsen, 1999). Acts perceived by the child as bad threaten the child's view of itself and create the feeling that the self is also bad. If the child is guided by its caregivers to notice and recognize the feelings associated with hurting another individual, the child develops the ability to feel guilt and associate it with a sense of responsibility and concern for the one who was hurt (Ferguson et al., 1999). Because guilt, unlike shame, is not attached to or threatening to the self, it does not necessarily provoke a need to be defensive, but can allow the person to focus instead on helping the one who was hurt. Guilt incorporates a sense of responsibility for the hurtful act and a wish to repair any damage (Gilbert, 2003; Tagney & Dearing, 2002).

Essential to the feelings of shame and guilt is the belief that an internal standard of behavior has been overstepped. Shame and guilt are thus self-conscious emotions used in evaluating the self against an internalized standard of acceptable behavior (Tangney & Dearing, 2002). Shame can be said to be an internal judgment on the self, whereas guilt is the internal judgment of one's actions and efforts (Gilbert, 2003). While guilt can be helpful in the struggle to create and maintain an acceptable view of oneself, shame can destroy that view. Shame is an instant and painful emotion; it is the feeling of being diminished, worthless, and powerless, and it makes people doubt their own judgment, their experience, and the very foundations of their existence (Lewis, 1974).

Guilt and shame exist in parallel in most people, in various proportions or in balance with each other (Gilbert, 2003; Gilligan, 2003). An imbalance in these proportions, with shame maximized and guilt minimized, increases the risk of doing harm to another individual (Gilligan, 2003). Because both shame and guilt are painful, people try to avoid them through different coping strategies and defense mechanisms. Two strategies to cope with shame are withdrawal (hiding the shameful self from others) and shifting the blame outwards onto others to reduce the pain of self-awareness (Tangney & Dearing, 2002). Shifting from inward shame to outward blame may help the individual regain a sense of control. When trying to avoid feelings of shame, people can become arrogant, enhance their own self-importance, and attempt to diminish their wrongdoing by becoming cruel and violent. When trying to avoid feelings of guilt on the other hand, people tend to diminish their pride and adopt a humble attitude (Gilligan, 2003).

From childhood on, we internalize a history of how others have responded to us, and we align our behavior accordingly (Gilbert, 2003). For example, an

emotionally maltreated or neglected child internalizes a negative view of itself that contains aspects of shame, but also of vulnerability and self-sacrifice (Egeland, 2009). The belief that an unacceptable act is the result of unchangeable internal characteristics may provoke long-lasting feelings of shame; unacceptable acts are seen as unavoidable and impossible to repair or remedy because of their presumed connection to an unchangeable self (Tangney & Dearing, 2002). Therefore, when faced with feelings of shame, a person tends to feel both powerless and useless.

Social shame is one of several secondary negative consequences of committing a sexual offense, and instead of reconciliation, feelings of self-condemnation and hopelessness often arise. As a result, shame is associated with anger and feelings of inferiority (Hermstad, 2006). Shame can also lead to feelings of alienation and of being an outsider (Heller, 2003) and may therefore be an obstacle in treating a person who has sexually offended (Marshall et al., 2009; Tangney & Dearing, 2002).

Shame is an immediate and destructive feeling focused on the self. Guilt is less self-destructive than shame, focused on the act or behavior rather than the self, and associated with a sense of responsibility. People use various coping strategies to avoid feeling shame, sometimes by blaming others or by using externalizing behaviors to regain a sense of control. How the developmental tasks associated with shame and guilt are resolved in childhood influences the individual's sense of self in adulthood.

## **Becoming a Young Adult**

Young people in Western societies have a prolonged period between adolescence and the time when they identify as adults. In the literature on

identity, this time has been labeled “emerging adulthood” and it lasts roughly from the age of 18 to about 25, and sometimes up to 30, years (Arnett, 2000; 2012). This developmental period has increasingly come to be viewed as particularly important in understanding an individual’s overall development. People in this developmental phase have left their childhood dependence, but have not yet entered the role of an adult with adult responsibilities and obligations. Consequently, parental support continues to be important during this period (Cohen, Kasen, Chen, Hartmark & Gordon, 2003).

The instability and lack of structure that characterizes early adulthood may make some young people, especially those who were placed in youth homes or foster care, particularly vulnerable (Arnett, 2007). A Swedish study showed that at the age of 25 youths who had been placed in care by social services were at greater risk of serious criminal involvement, imprisonment, hospitalization for mental health problems, and of early death (Vinnerljung & Sallnäs, 2008). However, with the support of a close friend or a partner, some troubled young people can experience a turning point in early adulthood that results in a changed and positive direction in life (Chung, Little, & Steinberg, 2005). Studies show that psychological well-being generally increases during early adulthood (Aquilino, 1997; Shulman, Kalnitzki, & Shahar, 2009), but for many vulnerable young adults with no family support the transition to adulthood may be difficult (Greeson, 2013). Also, for a substantial group of young adults, structural factors such as social class, gender, and ethnicity may further hinder the identity exploration and self-focus that are important markers of emerging adulthood (Bynner, 2005).

The identity exploration originally thought to take place during adolescence (Erikson, 1968), now seems to take place during early adulthood (Arnett, 2004), which is also the period when one is expected to find a partner and

form intimate relationships (Erikson, 1968). Intimate relationships are characterized by long-term commitment, mutual openness, trust, and interpersonal closeness without the fear of losing one's self (Kroger, 2015). Therefore, people can only explore the psychological and emotional risks of an intimate relationship, whether it is a friendship or a romantic partnership, after they have already formed a stable sense of self (Erikson, 1968).



## MAIN AIM

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Earlier studies on adolescents who sexually offended generally have not focused on what these men's adult lives are like. Considering their backgrounds, they might be at high risk for reduced psychological well-being. We also know little about non-coercive sexuality in these men. The project "Young men who sexually offended in adolescence, what are their lives like in early adulthood?" was designed to study, from a psychological viewpoint, the adult lives of these men, focusing on their self-views, intimate relationships, attachment, and psychological well-being. Recidivism was also studied. **Study I** included all 45 participants from the original study. **Studies II, III, and IV** included a group of 20 young men who participated in the second data collection. The specific aims of **Study I** were to investigate recidivism rates and types of crimes in the original group of 45 young men who had sexually offended in adolescence and to describe differences between recidivists and non-recidivists in factors related in earlier studies to the risk of reoffending. The aim of **Study II** was to explore their attachment patterns and aspects of psychological well-being; of **Study III**, to gain a broad understanding of their views of self, using both interviews and self-ratings of self-esteem; and of **Study IV**, through interviews, to explore their experiences of intimate relationships and sexuality.



# SUMMARY OF STUDIES

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This chapter presents a summary of the four studies in the present thesis, beginning with a short paragraph about methodological aspects, followed by a description of the participants. The different instruments, data (background information, questionnaires, interviews), and procedures for data collection are then described, and data analyses and results are presented separately for each study.

## Method

Psychology can be viewed as a humanistic science, a natural science, and a social science (Christensen, 2004). In the humanistic view, the emphasis is on understanding people's emotions, experiences, self-apprehensions in their particular context (Falkum, 2008; Keen, 2012), and the uniqueness of individual behaviors and experiences (Christensen, 2004; Smith, 2007). The empirical material is often narrative texts drawn from interviews, and the analysis is hermeneutic and interpretative. The intention is to focus on individuals, rather than generalization (Christensen, 2004). Researchers who view psychology as a natural science aim to observe, explain, predict, and generalize behavior (Biesta, 2010; Falkum, 2008). Their focus is on the biological foundation of the psyche (Christensen, 2004). The empirical material often consists of quantitative data to enable comparison, the method is often experimental, and the aim is to find general laws from which to generalize. Researchers who view psychology as a social science emphasize understanding how individuals apprehend, interpret, and relate to the social and societal conditions under which they live and function (Christensen, 2004). The study object in this perspective is the human collective, and the individual as part of the collective, focusing on attitudes and on human

behavior in groups (Christensen, 2004). The empirical material often consists of observations and surveys, but also includes experiments, and the methods are both qualitative and quantitative. The aim in the social science perspective is, among other things, to find general laws for individual behaviors within groups (Christensen, 2004). This view has historically had an underlying assumption of an objective, observable reality that is “true” in a positivist sense (Smith, 2007). The humanistic and social science perspectives question claims about an observable objective truth; instead they hold that knowledge is generated in particular contexts and stress the importance of experience and elucidating assumptions that are taken for granted (Christensen, 2004; Smith, 2007). From a pragmatic view, the choice of scientific method should be linked to the research question at hand, rather than to a specific method, and the combination of different methods and data is often valuable (Biesta, 2010).

In this thesis, the overall aim was to examine the participants’ self-apprehensions, their views of their lives as adults, and how these perceptions might have been affected by their life experiences, especially having been identified as a sex offender during adolescence. The methods were drawn from all of the scientific traditions mentioned above and chosen to fit each particular research subject. The emphasis was on interpretation and understanding, as opposed to observation and explanation. In this sense, the analysis follows in the tradition of hermeneutics, in which interpretation is essential (Smith, 2007).

## **Participants**

Data were gathered in 2003-2007 for 45 male youths, aged 13–22, who were in treatment for having sexually offended (Tidefors et al., 2010). At that time the youths were asked whether they could be contacted for follow-up studies

and all of them consented. **Study I**, about relapse in criminality, included data for all initial participants. **Studies II–IV** included only those who took part in the second data gathering.

When contacted about 10 years after the initial data collection, 20 of the 45 men agreed to participate in a second data gathering. To examine possible differences between these participants and the men who declined to participate or who could not be reached, we analyzed several background variables: intellectual difficulties, health issues, behavioral/acting out diagnoses, having been bullied, having bullied other children, serious truancy, fights with other children, having been sexually abused, having another family member who committed sexual offenses, having been emotionally abused or neglected, having been physically abused, having experienced parents' separation, having lived in a foster home, being known to social services prior to offending, involvement in other (than sexual) criminal activities, abusing alcohol or drugs, having parents who abused alcohol or drugs, ethnic origin, type of offense (sexual and/or other), type of victim (peer/adult or child), having offended against a sibling, relationship to victim(s), age of victim(s), gender of victim(s), sexual offense committed in a group, type of sexual act, denial of sexual offense, and being in outpatient treatment or in institutional care. No significant differences were found in any variable. The two groups were also compared for age at initial data collection, number of siblings in the family, number of crimes registered since the initial data collection, intellectual difficulties, and social desirability. None of these additional variables revealed any significant differences between the participants and the men who declined or could not be reached to participate.

The 20 men who agreed to participate in the second data gathering were aged 22–31 ( $M = 25.7$ ,  $SD = 2.3$ ). According to records from their past treatment facilities (2003-2007), all but two had been exposed to childhood abuse. Ten had been sexually abused as children, 16 had been neglected, 13 had been physically abused, and six had lived in foster homes at some time during childhood. During adolescence 12 had offended against a child, in most cases a sibling, three against peers, two against adults, and three against victims of mixed ages; nine had offended against female victims, eight both male and female, and three exclusively against male victims. Ten of the men were employed, three were studying at grammar school level, one was unemployed, three were in treatment for drug abuse, two were imprisoned, and one was on conditional release.

## **Vignettes**

A brief presentation of the participants in **Studies II, III, and IV** follows to provide context for the studies. The information was taken from intake assessment files and interviews. Each participant was assigned a fictitious name.

*Adam* was 25 years old and had sporadic jobs. His girlfriend was expecting a child. Adams parents divorced when he was young, and he lived alternately with his mother and father. Adam’s mother suffered from severe alcoholism; while living with her, he often witnessed violence and experienced a lack of sexual boundaries. Adam was also beaten continually by his father. When Adam was 14 years old he sexually abused a sibling.

*Ben* was 31 years old and worked full time. He lived with a partner and was a step-parent. When Ben was a young child, he was sexually abused by his mother and therefore placed in a foster home. When he was nine years old, he

forced a younger relative to participate in sexual activities and a few years later he sexually abused another child.

*Chris* was 26 years old. He had recently been left by his girlfriend and lived alone. He was working full time. Chris' parents divorced early, and he lived alternately with his mother and father. Chris was neglected by his father. Before he reached 14, Chris sexually abused a step-sibling and two acquaintances.

*Dan* was 28 years old and was married with no children. He had sporadic jobs. Dan grew up with both his parents, but he was neglected during childhood. He was 16 years old when he sexually abused an unknown older woman.

*Fred* was 27 years old and was married with no children. Fred had sporadic jobs. His parents divorced when he was young, and he was raised for some time by his grandmother, but later by his father and step-mother. At home he was physically and emotionally abused. When Fred was about 15 years old, he and his friends sexually abused a peer.

*Gabriel* was 25 years old, unemployed, and living on his own. His mother died when he was two, so he was raised by his father, who physically and emotionally abused him. When he was 15 years old he sexually abused an older woman.

*Gareth* was 24 years old. He lived with his partner and had a child. He was working full time. Gareth grew up with his father and step-mother. His biological mother had severe alcoholism and was mainly absent. For some

time Gareth was placed in foster care. When he was 15, he sexually abused a younger step-sibling.

*Gary* was 27 years old. He was studying and in a long-term relationship. His parents divorced when he was very young, and he grew up with a relative who was emotionally and physically abusive. When Gary was 15 years old, he sexually abused a step-sibling.

*Henry* was 27 years old. He was in a relationship with a woman and had two children. He grew up with both his parents, who abused drugs. As a child, Henry often witnessed domestic violence. Around the age of 15 he sexually abused an unknown peer.

*Jacob* was 27 years old. He was single, had no children and lived in a treatment facility. Jacob grew up with both his parents. His father physically abused him at home. At the age of 15, he sexually abused a peer. Later he also abused a younger child and a younger sibling.

*Karl* was 29 years old and had a child, but was not in a relationship with its mother. At the time of the interview for the present study, he was on conditional release after sexually reoffending. Karl's parents were divorced, and he mainly grew up with his mother. When he was 15 years old, he sexually offended a much younger boy who was a close relative.

*Mark* was 26 years old, with a girlfriend and a child. He was working full time. Mark grew up with both his parents, but his father abused drugs and was absent for long periods. As a child, Mark was beaten by his father and neglected by his mother. He was also sexually abused by other family



members. For some time, Mark was placed in foster care. When he was 12 years old, he sexually abused a younger sibling and two other young children.

*Martin* was 22 years old and single with no children. At the time of the interview for the present study, he was in a treatment facility for drug abuse. During his childhood Martin's parents divorced and he lived alternately with his mother and father. Martin was sexually abused by his step-father. When he was about 15 years old, he sexually abused a peer and a younger step-sibling.

*Patrick* was 24 years old, single with children, and living in a treatment facility for drug abuse. Patrick's parents divorced when he was a little boy, and he mainly lived with his mother. He was sexually abused by his mother's partner and for some time was placed in foster care. When he was 12 years old, he sexually abused a younger child.

*Ralph* was 25 years old with a partner and no children. At the time of the interview, Ralph was in prison for having sexually reoffended. He grew up with his father and step-mother. Ralph was emotionally abused and severely beaten by his step-mother. He was also sexually abused by another close relative. For some periods Ralph was placed in foster care. At the age of 15, he and some of his friends sexually abused a peer.

*Shawn* was 22 years old and single with no children. At the time of the interview, Shawn was in prison for having committed a non-sexual violent crime. Shawn grew up with both his parents, who were mentally ill. At home, Shawn was subjected to both sexual and physical abuse and was neglected by his parents. When he was 11 years old, he sexually abused a younger sibling.

*Ted* was 26 years old and single with no children. He was involved in a work-practice program. He grew up with both his parents, but described having ongoing conflicts with his mother during childhood. When he was 14 years old, he sexually abused two younger children.

*Tobias* was 22 years old. He was studying, lived alone, and had no children. During childhood he moved several times with his mother. His father was mostly absent. Both his parents abused drugs and Tobias was exposed to childhood physical and psychological abuse. There was also a lack of sexual boundaries in the family. For some periods Tobias was placed in foster care. Before he turned 14, he sexually abused a younger sibling.

*Vincent* was 25 years old, studying, and living with his girlfriend. He had no children. His parents divorced because his father was abusive, and Vincent grew up with his mother. Vincent's mother had periods of mental illness and physically and emotionally abused him. Vincent was under 14 when he sexually abused two younger children.

*Yosef* was 26 years old and had a fulltime job. He had children, but was no longer in a relationship with their mother. He grew up with both his parents. Yosef was younger than 13 when he sexually abused some peers on a couple of occasions.

## **Instruments**

### **Background data**

At the initial data collection in 2003-2007 retrospective data were gathered from intake assessment files, interviews, and questionnaires. The intake assessment files contained several types of data documented when a boy

arrived at an institution or became a patient at a psychiatric clinic: ethnic background, intellectual difficulties (impaired learning abilities), behavioral or acting out diagnoses, having been bullied, having bullied other children, other types of antisocial behavior, having been sexually, psychologically, or physically abused, having ever lived in a foster home, parental substance abuse, number of children in the family, age at the time of committing the first sexual assault, age difference between the boy and his victim(s), relationship(s) between the boy and the victim(s), type(s) of offense, duration of offending behavior (i.e., single or repeated), and whether the boy was younger than 14 years at his first sexual offense. Background data were used in **Studies I** and **II** (see Table 1).

### **Register data**

Ten years after the initial data collection, data from the Swedish National Council for Crime Prevention were collected for criminal offenses committed after the initial sexual offense. The register data were used in **Study I**.

### **Questionnaires**

The Beck Youth Inventories (BYI) and the Adolescent Sex Offender Assessment Pack (ASAP) were used in the initial data collection. The BYI (Beck, Beck, & Jolly, 2001; Tideman, 2004) consists of five self-report inventories (Steer, Kumar, Beck & Beck, 2005): (1) Anxiety, (2) Depression, (3) Anger, (4) Disruptive Behavior, and (5) Self-Concept. The ASAP (Beckett, Brown, & Gerhold, 1997) consists of 12 questionnaires, some with subscales. Eleven of these were used: (1) Social Desirability or Personal Reaction Inventory, (2) Self-Esteem/Self Derogation, (3) Children's Assertiveness Behavior Scale, (4) Emotional Loneliness, (5) Interpersonal Reactivity Inventory, (6) Locus of Control, (7) Novaco Anger Questionnaire, (8) Impulsivity, (9) Sexual Matters Questionnaire in two parts (Part A:

Sexual Knowledge and Beliefs; Part B: Social Sexual Desirability), (10) Children and Sex Questionnaire, also in two parts (Part A: Cognitive Distortions Scale; Part B: Emotional Congruence Scale), and (11) Victim Empathy Scale. The BYI and the ASAP were used in **Study I**.

In the second data collection, the following questionnaires were used (see Table 1): the Childhood Trauma Questionnaire-Short Form (CTQ-SF; Bernstein & Fink, 1998; Gerdner & Allgulander, 2009), the Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996), the Beck Anxiety Inventory (BAI; Beck & Steer, 1996), the RSES (Blascovich & Tomaka, 1991; Rosenberg, 1965) including the two facets of Self-Competence and Self-Liking (Tafarodi & Milne, 2002; Tafarodi & Swann, 1995), the Conformity to Masculine Norms Inventory-46 (CMNI-46; Parent, & Moradi, 2011) with subscales for Winning, Emotional Control, Risk-Taking, Violence, Power Over Women, Playboy, Self-Reliance, Primacy of Work, and Heterosexual Self-Presentation, and the CAPSex Questionnaire (Engcrantz, & Söderqvist, 2012), with the four subscales Sexual Ability/Closeness/Lust, Affect Dysregulation/Mental Symptoms, Sexual Destructiveness, and Sexual Impulsivity. The CTQ-SF, BDI-II, and BAI were used in **Studies I** and **II**. The RSES was used in **Studies I, II, and III**. The CMNI-46 was used in Study I, and the CAPSex was used in **Studies I** and **II**.

Table 1.

*Overview of instruments used in the total sample, the subsample, and the respective studies*

| Data instrument  | Total sample<br><i>N</i> =45 | Sub-sample<br><i>n</i> =20 | Study I | Study II | Study III | Study IV |
|--|------------------------------|----------------------------|---------|----------|-----------|----------|
| Intake assessment files                                    |                              |                            |         |          |           |          |
| The Swedish National Council for Crime Prevention register | x                            |                            | x       | x        |           |          |
| Adolescent Sex Offender Pack                               | x                            |                            | x       |          |           |          |
| Beck Youth Inventories Childhood Trauma Questionnaire-SF   | x                            |                            | x       |          |           |          |
| Beck Depression Inventory II                               |                              | x                          | x       | x        |           |          |
| Beck Anxiety Inventory                                     |                              | x                          | x       | x        |           |          |
| Rosenberg Self-Esteem Scale                                |                              | x                          | x       | x        | x         |          |
| Conformity to Masculine Norms Inventory-46                 |                              | x                          | x       |          |           |          |
| Clinical Assessment of Psychosexual Health Questionnaire   |                              | x                          | x       | x        |           |          |
| Adult Attachment Interview                                 |                              | x                          | x       | x        | x         |          |
| Semi-structured interview                                  |                              | x                          |         |          | x         | x        |

## Interviews

Two different interviews, AAI and a semi-structured interview, were conducted with the 20 men.

The AAI (Main et al., 2003) is designed to study current state of mind regarding attachment experiences with caregivers in childhood. The first questions in the interview are aimed to give broad information about the

participant's upbringing. Participants are then asked to give five adjectives each to describe their childhood relationships with their mother and their father and to relate memories describing or supporting the choice of those adjectives. The remaining main questions are whether they felt closer to one parent and why, whether they had ever felt rejected during childhood, whether their parents had been threatening to them, why their parents may have behaved as they did when the participant was a child, how these experiences may have affected the development of their personality, and whether they have suffered any major abuse or loss. The entire interview contains 20 questions, some with follow-up questions. The organized attachment patterns that can be derived from a transcript of an AAI interview are secure-autonomous, insecure-dismissing, and insecure-preoccupied. Transcripts from the AAI can also be classified as unresolved/disorganized or as "cannot classify". The attachment classifications derived from this interview were used in **Studies I and II**. Information from the AAI was also used in **Study III**.

In the semi-structured interview, participants were mainly asked about their experiences since the first data collection, their present lives, and their thoughts about the future. Follow-up questions were used to ensure better comprehension of the participants' experiences. A semi-structured interview guide was developed for this interview to maintain a similar structure of questions across the interviews, while still allowing flexibility within each interview. The interview transcripts were analyzed for use in **Studies III and IV**.

## **Procedures**

Ethical committees in six different areas in Sweden approved the original study. The adolescent boys were recruited for the initial data collection with

the help of staff at the institutions or at the psychiatric clinics. These people, usually clinical psychologists, also fully informed first the parents and then the boys about the purpose of the study, and assured them that participation was voluntary and the boys could drop out any time they wished. An informed consent form was administered and signed, first by the parents and then by the boys. When the parents and boys had signed the consent form, the person in charge of the project was contacted to decide on a suitable occasion for data acquisition. The Word Chain test (Jacobson, 1993) was used to ensure the participants were able to read and write. This test was administered before initial data collection began.

Since the 45 boys who participated in the original research project agreed to be contacted in the future, their personal identification numbers were stored in a locked safe at the Department of Psychology, University of Gothenburg. These personal identification numbers were used to locate the participants and invite them to participate in the new data collection. Addresses were retrieved from the Swedish tax agency, which enables searches for participants via various phone number search engines. Once phone numbers (usually for cellphones) were retrieved, contacts were made by two of the researchers. The men who did not answer the first call were called repeatedly over a period of six months. Contact with men for whom no correct telephone number could be retrieved was attempted by sending an informal letter that did not disclose the aim or subject of the study. After about a month, a reminder letter was sent to those who had not yet responded. Contact was made with the Swedish Prison and Probation Services to enable a search for participants who might be imprisoned or under probation.

Of the original 45 men, 20 agreed to participate, 11 declined, and 14 were not reachable. At first contact, the men were informed about the purpose of the

study and assured that participation was voluntary, that they could withdraw at any time, and that data would be reported in a way that would protect their identities. A date and time was then agreed upon for each interview and for their completion of the self-report questionnaires. All data for each participant was collected on one occasion. Since the participants lived in various parts of Sweden, most data collection took place in conference rooms in hotels. Some interviews were conducted at the Department of Psychology at the University of Gothenburg. Upon meeting with the participants, the aim of the study was further explained both verbally and in writing and the participants signed an informed consent form. Participants first answered the self-rating scales and the interviews were conducted after a break. Participants were asked if they were comfortable or if they needed a break several times during the data collection, and breaks were taken according to their wishes. Because participation in this study took 3 to 4 hours of their time, participants were offered a gift voucher of SEK 500. The study was reviewed by the Regional Ethical Review Board, University of Gothenburg.

An application was submitted to the Swedish National Council for Crime Prevention to retrieve data for **Study I** about criminal offenses committed by the 45 original participants during the 10 years after their initial sexual offenses. The application was granted after scrutiny of possible ethical problems and a password secured anonymous file was sent specifying the types of offenses, dates of offenses, and court decisions.

## **Data analyses**

### **Study I**

In **Study I**, the participants were grouped according to whether they had committed any criminal offenses during the 10-year follow-up period.



Recidivism was thus defined by any convictions in a court of law. The participants were also grouped by the types of offenses they had committed during the follow-up. T-tests were used to compare recidivists with non-recidivists on continuous variables and the Mann-Whitney U-test was used for skewed distributions or small samples. Fisher's exact test was used for group comparisons of categorical variables. Due to the small sample size, we did not conduct comparative analyses on subgroups of offenders. Table 1 gives an overview of the data instruments used in the initial sample and the subsample. Differences across groups were considered statistically significant if  $p$  (two-tailed) was  $<0.05$ .

## **Study II**

In Study II, we first coded the AAIs by examining the coherence of the narratives of the interviewees through their descriptions and reflections upon their early attachment experiences and their effects (Main et al., 2003). The unresolved/disorganized classification was assessed on a continuous 9-point scale for the degree of unresolved or disorganized indicators in the transcript and a transcript was classified as unresolved if it scored 5 or more on the 9-point scale for lack of resolution of loss or trauma. If the analysis revealed contradictory findings (i.e., could not be fitted into any organized AAI classification because of conflicting mental states; Hesse, 1996) it was coded as "cannot classify". The coding was done by two certified raters who had not conducted the interviews they coded. Background information on participants' childhood abuse and neglect and ever having lived in foster homes was then summed for each attachment subgroup and compared using Fisher's exact test. Differences across groups were considered statistically significant if  $p$  (two-tailed) was  $<0.05$ . Total scores for the RSES, the BDI-II, the BAI, and the Childhood Trauma CTQ-SF were used in the analyses. For the CAPSex Questionnaire we used the sum of scores for each of the four

subscales in the analyses. The participants were divided into four groups based on their AAI classification and between-group comparisons of the questionnaire data were made using the Kruskal-Wallis test. Differences across groups were considered statistically significant if  $p$  (two-tailed) was  $<0.05$ .

### **Study III**

In **Study III**, the semi-structured interviews and AAIs were coded using content analysis (Boréus & Bergström, 2005) to find all utterances reflecting participants' view of themselves. To enhance the reliability of coding the qualitative data, the interviews were read in parallel and independently. Scores were calculated for the total RSES and for the two facets, Self-Competence and Self-Liking.

### **Study IV**

In **Study IV**, the semi-structured interviews were transcribed verbatim and thematically analysed using data-driven inductive thematic analysis to identify patterns within the data and report their meanings and the participants' perceived reality (Braun & Clarke, 2006). The transcripts were scanned for information about intimate relationships and sexuality. Initially, I read through half of the interviews. Two other researches and I then read a quarter of the interviews individually and shared and discussed initial patterns in the reported experiences of sexuality and intimate relationships, including participants' presentations of themselves as men. The parts of the 20 interviews that covered these subjects were then further analysed.

# Results

## Study I

In **Study I**, recidivism data retrieved from the Swedish National Council for Crime Prevention showed that 29 of the original 45 participants (64.4%) had committed new criminal offenses during the follow-up period. These offenses were divided into three groups: sexual and other offenses (7 participants), physical and other offenses (9 participants), and other offenses, neither sexual nor physical (13 participants). No participant had committed sexual or physical offenses exclusively. The number of offenses ranged from one to 79 ( $M = 7.8$ ,  $SD = 15.2$ ,  $Md = 2.0$ ). Half of the recidivists had committed over 10 criminal offenses each. The group of men who had reoffended were significantly more likely to have had school attendance problems, to have experienced their parents' separation, to have been involved in other criminal activities, to have abused alcohol or drugs, and to have at least one parent born abroad (see Table 2).

Table 2  
*Frequencies of participants by no new offenses versus new offenses and outcome variables*

| Outcome variables                | No new offenses ( <i>n</i> ) | Committed offenses ( <i>n</i> ) | Test statistic<br>Fisher's exact | <i>P</i> -value |
|----------------------------------|------------------------------|---------------------------------|----------------------------------|-----------------|
| No school absenteeism            | 12                           | 8                               |                                  |                 |
| School absenteeism               | 4                            | 21                              | $Chi^2=9.39$ df=1                | <.004           |
| Non-separated parents            | 8                            | 6                               |                                  |                 |
| Separated parents                | 8                            | 23                              | $Chi^2=4.13$ df=1                | <.053           |
| No other criminal activities     | 12                           | 10                              |                                  |                 |
| Other criminal activities        | 4                            | 19                              | $Chi^2=6.78$ df=1                | <.013           |
| No alcohol/drug abuse            | 16                           | 16                              |                                  |                 |
| Alcohol/drug abuse               | 0                            | 13                              | $Chi^2=10.09$ df=1               | <.001           |
| Both parents born in Sweden      | 14                           | 15                              |                                  |                 |
| At least one parent born abroad  | 1                            | 14                              | $Chi^2=7.62$ df=1                | <.007           |
| First offense against a child    | 15                           | 17                              |                                  |                 |
| First offense against peer/adult | 1                            | 12                              | $Chi^2=6.19$ df=1                | <.016           |

The group who had committed new criminal offenses were significantly more likely to have committed their first sexual offense against a peer or an adult. On Beck's Youth Inventory and the Adolescent Sex Offender Assessment Pack questionnaires, the group that had committed new criminal offenses had greater impulsivity ( $M = 9.7$ ,  $SD = 4.7$ ) and sexual knowledge ( $M = 16.8$ ,  $SD = 5.5$ ) than the group that had committed no new criminal offenses (impulsivity  $M = 6.3$ ,  $SD = 4.2$ ; sexual knowledge  $M = 12.9$ ,  $SD = 4.8$ ).

For the subsample of 20 participants, there were statistically significant differences in the CMNI subscales Power over Women and Playboy and the CAPSex subscale Sexual Impulsivity. The group that had committed new criminal offenses ( $n = 12$ ) had a higher score on the subscale Power over Women (*Mean rank* = 12.71, *Md* = 9.7) than the group that had not committed new criminal offenses ( $n = 8$ , *Mean rank* = 7.19, *Md* = 0.0), as well as a higher score on the subscale Playboy (*Mean rank* = 12.00, *Md* = 4.5) than the no new offenses group ( $n = 8$ , *Mean rank* = 6.38, *Md* = 3.0). The group that had committed new criminal offenses ( $n = 11$ ) also reported greater Sexual Impulsivity (*Mean rank* = 12.64, *Md* = 16.0) than the no new offenses group ( $n = 8$ , *Mean rank* = 6.38, *Md* = 11.0).

## **Study II**

In **Study II**, participants were divided into four groups based on the main attachment classification of their transcript. Most (12 out of 20) were classified as insecure; nine as insecure-dismissing, and three as insecure-preoccupied. Four participants each were classified as secure and as unresolved/disorganized. There were no significant differences between the attachment groups in exposure to abuse and neglect or having lived in foster homes. There were also no statistically significant differences between the

attachment groups in self-esteem, depression, anxiety, trauma, or psychosexual health. Both medians and means for self-esteem were above the normative range (15–25; Coyle, Lesnik-Emas & Kinney, 1994; Rosenberg, 1965) for all groups except insecure-preoccupied, which had scores below the normative range. On the Minimization/Denial validity scale (range 1–3) in the CTQ-SF, three participants in the insecure-dismissing group, two in the secure group, and two in the unresolved/disorganized group scored  $\geq 1$ . This suggests that these three groups may have underreported on the CTQ-SF. The groups classified as secure and as insecure-dismissing rated themselves as having good overall psychological well-being on the different self-rating scales, while those classified as insecure-preoccupied rated themselves as having the overall poorest psychological well-being, except on anxiety, where they scored just higher than the group classified as unresolved/disorganized. Altogether, the insecure-preoccupied group might be the most psychologically vulnerable group of the participants.

### **Study III**

In **Study III** the results were derived from analyses of qualitative data (interviews), quantitative data (questionnaire), and the integration of the two types of data. The analysis of the interviews resulted in 14 labels representing various views of the self. Some of these reflected participants' views of themselves as adults and some were projections into the future. Some views were positive, such as seeing oneself as a nice person and having hopes for the future; others were more negative, such as seeing oneself as a failure and having no confidence about the future. Analysis of the quantitative data showed that 19 of the 20 participants had scores within the normative range (15–25) of self-esteem or above (26–30); only one person had a score under 15, which placed him in the low self-esteem range. On the facets of Self-Competence and Self-Liking, 16 participants scored higher on Self-

Competence than Self-Liking, two had equally high scores, and two scored higher on Self-Liking than Self-Competence. In the interviews, we did not look for labels that could be connected to, or be indicative of, certain aspects of the RSES. However, while integrating the two types of data, it was possible to search for labels that could indicate certain aspects of the RSES. On the RSES, 19 of 20 participants rated themselves within or above the normative range for self-esteem, and in the interviews, 15 of those 19 mentioned having hopes for the future; 13 described themselves as capable of behaving differently from their parents; 11 said they could find something positive in negative experiences; and 10 viewed themselves as gaining confidence through what they do, rather than who they are. These views all seem to fit within the facet of Self-Competence. Furthermore, six men described themselves as being happy as adults. These views perhaps fit within the facet of Self-Liking through being accepting of and happy with oneself. However, in the interviews these men also expressed negative views of themselves that seemed to indicate low self-esteem, although only one man rated his self-esteem as low. One interpretation of the combined quantitative and qualitative data is that most of the men rated their self-esteem according to hopeful ideals, as opposed to the experiences and views they expressed in the interviews. For example, many of the men made statements like “I was this way before, but today I am quite different,” which could explain many of the contradictions between how they rated themselves on questionnaires and the way they talked about themselves in the interviews.

## **Study IV**

In **Study IV** the results were derived from thematic analysis of the semi-structured interview. Extracts from the interviews were organized into two main themes capturing the participants’ narratives of sexuality and intimate relationships and their presentations of themselves as men. The first main

theme concerned the men's intimate relationships and sexuality. These narratives were divided into three subthemes labeled "*I need to protect myself*," "*I am not interested*," and "*I have resigned*." In some of these narratives the men characterized love and sex as something positive that they had longed and strived for. More noticeable though were various expressions of how difficult loving sexual relationships could be. The relationships the men chose to involve themselves in sometimes seemed to be influenced by their having sexually offended. Different strategies were described for achieving some, but not too much, closeness. Narratives of loneliness and ambivalence were also present, as were descriptions that downplayed the importance of intimate relationships and sexuality.

The second main theme described the participants' experiences of being a man. This theme consisted of three different ways in which the participants talked about themselves as "*a modern man*," "*a macho man*," and/or "*a destructive man*." Some of their descriptions of being a man seemed more modern than traditional in that they expressed a wish for equality with their partners and talked about allowing themselves to show vulnerability. Other descriptions indicated a more macho way of being a man. These were characterized by descriptions of needing to be tough, having frequent casual sex, and preferring several simultaneous relationships over one exclusive relationship. This subtheme also included acceptance of violence and coercion. In the third subtheme the men described themselves as destructive, and sometimes tried to explain why they had sexually harmed someone. Taken together, the interviews in **Study IV** revealed a picture mainly of young men with unfulfilled needs they have little capacity to meet. Some longed for love and closeness, but at the same time were afraid of getting too close. Some talked about relationships in a distancing way and stated that they did not need others.





# GENERAL DISCUSSION

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In this thesis I aimed to examine some of the psychological perspectives that might be important in the adult lives of young men who sexually offended in adolescence. These men were defined by having sexually offended another person, but they were found to have other aspects of life common, such as having been maltreated in childhood and leading a rather vulnerable and lonely life in early adulthood. The studies revealed that most participants had reoffended, but none had reoffended exclusively sexually. Most of the men were found to have insecure attachment patterns, although a few were securely attached. Further, there was a discrepancy between the more positive self-views they presented on the questionnaires and the more negative views elicited when they talked about themselves in interviews. The experience of having sexually offended someone appeared to affect these men's approach toward intimate relationships and sexuality, and the interviews showed a group of young men with unfulfilled needs that they had little capacity to meet. These findings will be discussed from different angles. Aspects that recur throughout this discussion are the consequences of maltreatment, attachment deficits, discrepancy in self-views, shame, and masculinity. Strengths, limitations, and ethical and methodological considerations will also be discussed. Finally, I draw some implications from the findings and suggest areas for future research.

## **The Rated Self and the Narrated Self**

The notion that men who have sexually offended have low self-esteem was not confirmed by the results from the self-rating scale in **Study III**. Instead, all but one of the participants rated themselves within or above the normative range. However, another view of themselves emerged in the narratives. This

was exemplified by allusions of being a failure or being unsure about the future. Because of this discrepancy, the different views were labeled “the rated self” and the “narrated self.” These different views were to some extent, but certainly not always, compatible. There might be several reasons for such discrepancies. One explanation may be that participants put forth a genuine view of themselves on the self-rating scale but tailored their responses in the interviews. Or the opposite could be true: they may have offered genuine views of themselves in the interview and tailored their responses on the self-rating scale. These tailored responses may reflect notions of social desirability, either as a strategy to protect one’s sense of self or as a conscious response bias strategy driven by a need for approval (Tan & Grace, 2008). It is possible that the participants did not view their sexual offenses as immoral or wrong; if so, that could partly explain why their self-esteem remained intact. However, our overall impression from meeting with the participants was that most of them did feel that they had done something wrong and they were ashamed about it. This shame could perhaps result in their wishing to avoid integrating the damage they did to another individual in their view of themselves. Kernis (2003) used the terms “fragile” and “secure” high self-esteem. Creating a façade to protect one’s sense of self or preserve a positive view of oneself may be a strategy to avoid painful feelings of shame (Gilligan, 2003). It is possible that it was easier for the participants to “put on a good face” when answering the self-rating scale than to do it throughout an entire interview. If that was the case, the interviews gave a truer picture of their sense of self than the questionnaire did.

Another finding in **Study III** was that the participants generally rated themselves higher on Self-Competence than on Self-Liking. In the interviews, many participants emphasized their endeavors in work and studies, which is congruent with their high ratings on Self-Competence.

These findings are also congruent with the fact that most participants had an insecure-dismissing attachment pattern, as found in **Study II**. Both insecure-dismissing and securely attached individuals are generally found to have positive self-views. However, whereas securely attached individuals appear to obtain their positive view of themselves from interactions with others, those with an insecure-dismissing attachment style seem to derive their positive view of themselves more from their various abilities and competencies (Brennan & Morris, 1997). A focus on one's abilities and competencies is more congruent with the concept of Self-Competence than Self-Liking. In that sense, these findings from **Studies II** and **III** confirm each other. It is important to note, however, that the generally higher scores on Self-Competence than on Self-Liking might also be expected in individualistic versus collectivistic societies (Schmitt & Allik, 2005; Sinclair et al., 2010), and thus are not specific to the participants in this study. One group of participants, however, scored relatively low on the Self-Liking facet. According to Tafarodi and Swann (1995), low scores on Self-Liking is an expression of experience oneself as mostly bad according to one's own internalized sense of worth. Such an evaluation of oneself is partly in line with how the majority in this group talked about themselves as failures.

Another discrepancy was found in the interviews. In creating a coherent narrative of the self, stories about the past and about possible selves in the future are important. The men did describe the histories of adverse childhood experiences mentioned in their vignettes, but several also asserted that they were quite different people from who they had been in the past, especially who they were as adolescents. They seemed unwilling, or unable, to integrate those difficult experiences into their narratives. This may have been an expression of their inability to create or accept a coherent narrative about themselves; the narratives they put forth were perhaps the only ones possible

for them to live with. According to McAdams (2013), a major psychological challenge in early adulthood is to create a meaningful and coherent story about oneself. For the participants in this thesis the formation of a coherent story would have to include their adverse childhood experiences, as well as their sexual offense(s) and other criminal acts. Constructing such a coherent story, despite being difficult and painful, may help these men to navigate through life more safely. A coherent life story allows people to interpret and understand their experiences through sharing them with others (Bruner, 1994; Willig, 2009). Importantly, though, it may be even more complicated to deconstruct or revise the personal narrative of being someone who has sexually offended than to integrate less shameful experiences.

Narrative coherency is also one of the key features that allows a transcript to be classified as secure in the AAI (Main et al., 2003). Among other things, this requires the participant's ability to recognize and talk coherently about difficult attachment-related experiences, such as exposure to abuse from attachment persons, while remaining relatively independent and autonomous toward these childhood experiences (Hesse, 2016). This seems like a difficult task; of the 20 participants, only 4 were found to be securely attached, meaning that most participants in **Study II** could not narrate their attachment story coherently and independently. Perhaps their inability to construct a coherent life story, also seen in **Study III**, can be understood in light of the fact that most of these men were found to be insecurely attached.

## **Attachment Deficits and Close Relationships**

Most of the men in this study had experienced childhood abuse and came from families in which abuse and a lack of boundaries between adults and children were common. In attachment theory, the bond that forms during the

early life is essential to the child's perception of the world as a secure and predictable place (Bowlby, 1969/1982). Accordingly, from an attachment theory perspective, the child abuse and/or lack of sufficient caregiving during this early and essential developmental period would be detrimental. The finding from **Study II** that most participants had insecure attachment patterns was therefore perhaps to be expected. However, despite most participants having suffered extensive childhood abuse, only four were found to have an unresolved/disorganized attachment pattern, and only one was classified as having an unresolved/disorganized attachment. Other studies that included the disorganized classification found greater proportions of participants with a disorganized attachment pattern than found in **Study II** (Brager, 2002; Lehmann, 2009; Vincent, 2010). It is difficult to know the reasons for this discrepancy in results. One explanation could be that all these studies, including **Study II**, were based on small samples. Also, the coding criteria for abusive experiences in the AAI are quite specific, and a transcript can be considered for an unresolved/disorganized classification only if these coding criteria are met (Main et al., 2003). There may then be a discrepancy between the definition of abuse in the AAI and the definition of abuse in the background data and self-reports in **Study II**. Another possible explanation is that the participants were identified as having sexually offended at an early stage in their life, but classified according to attachment patterns at a later stage. This may have allowed them time for treatment and a chance to work through their difficult childhood experiences. A third possible explanation is that the participants downplayed and underreported their abusive experiences. Some support for this explanation can be found in the results of **Study II**, in which several participants received scores on the minimization/denial scale in the CTQ-SF. One last possible explanation is that what is measured on the AAI may be more reflective of the caregiving system available to the child than of the adult participant's attachment system (Allen & Manning, 2007).

In line with this reasoning, unresolved/disorganized attachment in caregivers has been found to predict disorganized attachment in the children (van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). In the AAI, an unresolved/disorganized internal working model is thought to arise from a person's preoccupation with their own losses or traumatic experiences, which in turn interferes with their capacity as caregivers to respond adequately to their child (Main & Hesse, 1990). As the participants are now becoming fathers, it would seem important to detect those with disorganized attachment patterns and offer them treatment to enable them to be secure fathers and avoid frightened or frightening caregiving behavior. The severity of the short- and long-term consequences of childhood maltreatment underlines how important is awareness of the problem, and every society needs to take measures to protect children from all kinds of abuse and neglect. Repairing caregivers' deficient childhood attachment patterns, through support and treatment, could enable their children to develop a positive sense of self.

In **Study II**, transcripts of two of the interviews were classified as securely attached and could be considered "earned secure" according to the AAI classification manual (Main et al., 2003). The concept of earned secure is used when a person is classified as securely attached despite having had a harsh childhood and not having been able to use the caregiver as a secure base or a safe haven (Bowlby, 1988; Main & Goldwyn, 1989). There is a possibility that the attachment patterns of these individuals changed from childhood into adulthood. Transition to secure attachment could be related to a change of environment (moving out of an abusive caregiver's home) or a stable and positive intimate relationship (Crowell & Hauser, 2008). If this is so, it is important to examine both attachment patterns and the conditions under which some participants might have moved from one pattern to another. This can only be done by prospectively studying attachment patterns

in childhood. It is possible that added support in the early adult years could partly compensate for lack of support in childhood, and it is clinically relevant to find out more about those men who were classified as secure despite their experiences of abuse in childhood.

## **Can I Love and be Loved?**

In the narratives in **Study III** there were expressions of feeling unloved and uncared for as a child, as well as uncertainty about being loved as an adult. This uncertainty about being loved was also a main aspect of **Study IV**, in which one of the major findings concerned various expressions from the men about their difficulties with intimate and sexual relationships. Most participants were found to have an insecure attachment pattern, and would therefore be expected to have difficulty relating to an intimate partner (Bartholomew & Horowitz, 1991). As in **Study II**, an insecure attachment style has been previously found to be common in men who have sexually offended and it can be linked to problematic relational strategies (Lehmann, 2009; Marshall, 2010; Smallbone & Dadds, 2000; Ward et al., 1996). However, an insecure attachment style is linked to all types of criminality, including sexual, violent, and non-violent offenses, and is thus not uniquely linked to sexual offending (Ogilvie, Newman, Todd, & Peck, 2014).

The findings of **Studies III** and **IV** could also be viewed from the perspective of Erikson's theory of psychosocial development (1950, 1968). In this theory, an unresolved crisis in young adulthood might lead to isolation, a dismissive stance toward others, and an avoidance of intimacy, instead of the developmental gains being able to care, love, and commit. It also seemed that the kinds of relationships that the men became involved in, long-term or more casual, were influenced by their identification as sexual offenders. It is possible that the men used self-protective strategies to manage this

identification. Long-term relationships were thought to carry a lower risk of being revealed as a sex offender, because the secret would be kept within that relationship, whether or not it was disclosed to the partner. It did seem, though, that trust within a long-term relationship was still too fragile for many to reveal such a secret. In the narratives of being a macho man, sexual and casual relationships seemed to be characterized by emotional distancing from partners and a focus on the men's own needs or feelings. For some, possible partners were described in terms of what they could contribute to meeting the men's needs, rather than who they were as individuals with their own needs. These narratives are in line with a dismissing attachment pattern in which individuals have a positive self-image, a negative image of others, and high avoidance of relationships (Bartholomew & Horowitz, 1991). An individual with a dismissing attachment pattern is also commonly perceived as emotionally distant and as having a limited propensity to communicate emotions. A similar kind of self-focus was described in a review by Christopher and Sprecher (2000), in which sexually coercive men were found to endorse a relational style characterized by a non-committal, manipulative, and game-playing approach. The results from **Study II** showed that nine of the 20 participants had an insecure-dismissing attachment pattern in accord with intimacy avoidance and emotional distance in relationships. The findings from **Study I** showed that the group who had reoffended appeared to conform more than non-reoffenders to macho norms, as they rated themselves higher on the subscales "Power over Women" and "Playboy". Investing in intimate relationships requires risk-taking, the ability to cope with feelings of vulnerability, and a certain degree of self-confidence (Cook, 2000). Most people find it difficult to show vulnerability, and this was possibly even more difficult for the men in these studies. Their apparent need to protect themselves, and for some to claim that sexuality is unimportant,



may be expressions of a dismissing attachment pattern, and their emotional distance may be an effort to avoid the pain associate with intimacy.

Despite only a few participants being found to have an unresolved/disorganized attachment pattern (equivalent to the fearful attachment style in Bartholomew's and Horowitz's, 1991, model), some of their relational strategies could be understood from the perspective of a fearful attachment pattern. The narratives in **Study IV** about having given up hope, choosing to be alone, or not being brave enough to initiate new relationships can be viewed in light of a fearful (disorganized) attachment pattern, characterized by fear of rejection and emotional detachment (Bartholomew & Horowitz, 1991). In some descriptions of being a macho man, sexual coercion can also be understood as a kind of emotional detachment. Another characteristic of a fearful attachment pattern is a preoccupation with the satisfaction of one's own needs, similar to a characteristic of the dismissing attachment pattern. (Bartholomew & Horowitz, 1991). Many men who have sexually offended appear to struggle with psychological problems that make it difficult for them to establish intimate and sexual relationships in adulthood (Ward & Beech, 2017b). Perhaps having committed a sexual offense, or being identified as a sexual offender, further complicates sexuality and intimacy and adds to relational difficulties.

## **Masculinity and Strategies to Avoid Shame**

The self-protective strategies discussed previously were also apparent in the participants' narratives about themselves as macho men in **Study IV**. These self-focused narratives reflected typically macho attitudes. Some participants

blamed the victims of their abuse, and a few described the abuse as a misunderstanding. Such self-protective strategies, blaming others and/or denying the offense, have been found in other studies of men who have sexually offended (Marshall et al., 2009; Ward et al., 1995). Blaming others can be understood as an attempt to erase one's own shame about the abuse by shaming others instead (Gilligan, 2003). Gilligan sees a clear connection between the male gender role in patriarchal societies, shame, and violence, and describes four preconditions for shame to produce violence in men. The first precondition is a lack of care and love from caregivers and experiences of maltreatment and abuse during childhood, a background shared by almost all participants in the studies in this thesis. Maltreatment and abuse are humiliating and induce shame because they communicate to the child that it is not worthy of love. The second precondition is ongoing feelings of shame and humiliation that threaten the self. The third is a lack of non-violent strategies to enhance confidence and protect an acceptable sense of self. The last precondition is socialization in a patriarchal society that condones the use of violence as a viable strategy through which a man can restore an acceptable view of himself and his masculine identity. In this process, avoiding shame is a part of retaining an acceptable self-image (Gilligan, 2003). Throughout the studies reported here, shame seems to be an important aspect in understanding the consequences of being labeled a sex offender during adolescence.

An important aspect of sexual violence is the context in which male and female roles operate. The traditional male gender role condoned in patriarchal societies allows men to operate within a broad permissive frame in which they may behave badly, be in charge, objectify women, and be coercive toward women and other men (Reidy, Berke, Gentile, & Zeichner, 2014). This traditional male gender role also inhibits men from showing weakness

and vulnerability, preventing men and boys from disclosing their own experiences of sexual abuse (Hlavka, 2017) and keeping them in a state of ongoing shame and humiliation. Marshall and colleagues (2009) note that feelings of shame can be an obstacle in treating men who have sexually offended, and it certainly appears that these feelings are an essential treatment target in dealing with both adverse childhood experiences and the experience of having sexually abused another person. Apprehending a discrepancy between oneself and the expected gender role norm may result in low self-esteem and discrepancy stress, and it could lead to violent behavior (Reidy et al., 2014).

The patriarchal context gives men several privileges, but it also constitutes a risk factor for the propensity to sexually offend, which must be added to other risk factors. Furthermore, for those who do not reoffend, the patriarchal context leads to problems with admitting weakness or revealing earlier mistakes. Murnen (2015) concludes that the combination of individual, situational, and societal variables helps to predict sexual aggression and that preventive work should focus on changing situational and societal, rather than individual, variables to achieve an overall change of attitude. Indeed, sexual violence, like other violent acts, should probably be viewed as stemming from a combination of sociocultural and individual psychological aspects. Researchers and clinicians working with those who sexually offend have been criticized for putting too much focus on an individualistic approach and therefore often neglecting the sociocultural approach (Scarpati & Pina, 2017). This is a valid criticism, and it is important not to neglect the fact that almost all sexual offenses are committed by men. Although I have focused in this thesis on individual factors, I have tried to include a sociocultural perspective in interpreting the results.

## **Risk for Reoffending and Protective Factors**

The recidivism rate in the original group of 45 participants was 64.4%, and none had relapsed exclusively to sexual offenses. These results are in line with other studies showing that those who sexually offend in adolescence generally do not continue to sexually offend as adults (Lussier & Blokland, 2014; Nisbet et al., 2004) and that those who continue to reoffend mostly commit non-sexual offenses. Thus, individuals who sexually offend in adolescence do not seem to be a specialized group at risk of further sexual offending, but tend rather to reoffend sexually on few occasions or not at all (Reingle, 2012). Before discussing the results of **Study I** it is necessary to note that we conducted many different analyses and some significant results might be due to chance. However, the significant results were in line with those of previous studies.

The results of **Study I** showed significant differences in background variables between those who had reoffended and those who had not. More participants in the group who had reoffended had experienced their parents' separation, had at least one parent born abroad, had previous severe problems with truancy, and had been involved in other delinquent behavior and drug abuse than the non-reoffenders. The reoffending group was also found to have scored higher on impulsivity and sexual knowledge as adolescents than those who had not reoffended. Also, of the 20 men who participated in the second data collection, the reoffending group reported greater Sexual Impulsivity on the CAPSex scale. Problems with truancy, early involvement in criminal activities, and drug abuse are behaviors that could all be partly related to impulsivity. Being sexually impulsive may also be a risk factor for reoffending. Self-control, the ability to inhibit one's impulses, is assumed to be a protective factor against delinquent behavior (de Vries Robbé, 2014). This might partly explain why the group who had reoffended also rated

themselves (both as adolescents and as adults) as more impulsive than the non-offending group. Taking the background variables into account, it also appeared that the reoffending group had a previous and present lifestyle that involved delinquency and drug abuse. Such a lifestyle is likely to increase the risk for additional criminality (Marshall & Marshall, 2000; Ward & Beech, 2017b) through exposure to situations or environments where the risk for offending is high. A point made by Durrant (2016) that is important for understanding impulsive behavior is that a child who grows up in an unstable and risky environment adapts to that situation and develops risk-taking and impulsive behaviors in response. These kinds of behaviors are aimed to be instantly rewarding, because the child has grown up to expect the world to be unsafe and unpredictable and therefore must make sure to get what it needs and wants here and now.

In the introduction, I mentioned that some studies have found a relation between having been a victim of sexual abuse and later recidivism (Carpentier & Proulx, 2011; Kjellgren & Svedin, 2009). The findings from **Study I** do not support such a relation, nor do our findings support a relation between childhood abuse and non-sexual reoffenses. Therefore, although factors important in the onset of adolescent sexual offending, such as prior experience of abuse or maltreatment, continue to be important to the individual's later psychological well-being, they may not necessarily be important in the continuation of sexual offending.

Finally, a factor that appears to have a protective function in desistance from re-offending is family support (Walker et al., 2017), which can be important in attachment patterns and close relationships. No significant differences were found in attachment patterns and reoffending between the four attachment classification groups. However, we found that most men who had

insecure attachment patterns had reoffended, and three of them committed both sexual and other offenses. In **Study II**, I reasoned that the men who had an insecure-preoccupied attachment pattern might be the most psychologically vulnerable given their low self-ratings on psychological well-being. The results from **Study I** revealed that all three participants with an insecure-preoccupied attachment pattern had reoffended. Even though this is a small group, it is possible that their rate of reoffending is related to this psychological vulnerability.

## **The Importance of Sociocultural Context**

In **Study I** the men who had at least one parent born abroad were found to be significantly more likely to have reoffended. Specifically, in the group of men who had reoffended, 15 had parents who were both born in Sweden, and 15 had at least one parent born abroad. In the group of men who had not reoffended, 14 had parents who were both born in Sweden, and only one had at least one parent born abroad. The reoffenses were mainly non-sexual. It is important, however, that this finding from **Study I** is put into context. In Sweden, coming from a family with an immigrant background has been related to experiences of segregation and discrimination (Gyberg, Frisé, Syed, Wängqvist, & Svensson, 2018), which has been associated with both physical and psychological negative outcomes (Pascoe & Smart Richman, 2009). This is likely to be a vulnerability factor for these men. In addition, young men with an immigrant background expect little from Swedish society and form subcultures instead, in which macho ideals are praised (Sernhede, 2003). In a culture that values macho ideals, certain qualities such as being rich, successful, tough, and strong, are important to being viewed as a “real man” and lacking some of these features may enhance the importance of other qualities (Reidy et al., 2014).

All participants in these studies had an array of vulnerability factors in their lives. However, from interviews with some of the 20-man subgroup in **Study I** who were born, or had parents born, in another country, my impression is mostly that they had more vulnerability factors from early in their lives than the men who were born, or whose parents were both born, in Sweden. Their interviews contained stories of severe disruptions in attachment bonds to their caregivers, through abandonment and sometimes death, and several had changed caregivers repeatedly at an early age and moved between different countries. Added to these early experiences of intense relational disruptions is a widespread alienation from the new society in which many immigrant individuals and families find themselves (Gyberg et al., 2018; Wigg, 2008; Wikström, 2007). Several factors identified in these stories could be related both to sexual reoffending (paternal abandonment, domestic violence, low self-esteem, and childhood sexual victimization; Carpentier & Proulx, 2011; Smith et al., 2005) and to non-sexual reoffending (low socioeconomic status, negative parent–child relationships, heightened anger, and history of delinquency; Worling & Curwen, 2000). It is also likely that the sexual scripts learned in one sociocultural context are not congruent with the sexual scripts of another sociocultural context. This is an important aspect to be aware of, and contemporary sociocultural values and ideals need to be clearly conveyed to individuals who find themselves in a new sociocultural context. Such aspects can be taught or modeled by schools, youth centers, migration services, and other state authorities. Furthermore, it is known that families with an immigrant background are often seen and treated differently by Swedish social workers, who tend to “culturalize” the social problems of immigrant families in exposed areas (Ålund, 2002). This is an alarming situation for children who are maltreated in immigrant families. It is vitally important that we not leave these young people without guidance to figure out their new sociocultural context on their own. The exposure and desolation

conveyed in their interviews by the men who were born, or had parents born, in another country, were different in kind to those faced by the men who were born, or had both parents born, in Sweden. Durrant (2016) describes how protective factors inform the child that the future, based on experiences in the past, is likely to be a largely stable and risk-free place. However, the experiences related in these interviews stand in stark contrast to anything that could ever be defined as protective.

## **Transfer of Misery**

How is it possible to understand that a caregiver could expose a child to maltreatment and abuse? Factors that appear to increase the risk for caregivers to become abusive are having a low income or being unemployed, having little education, having mental health problems, abusing alcohol and/or drugs, and exposure to child maltreatment (Gilbert et al., 2009). A stressful life situation seems to negatively affect the caregiver, and support systems must improve aid to caregivers in difficulty. However, it is important to emphasize that not all caregivers who live under stress maltreat their children, and conversely, that there are caregivers who are abusive toward their children despite having sufficient economic and educational resources. It may be, however, that the more “unfortunate” abusive caregivers are more noticeable because they are often known by social authorities for other reasons before they are suspected of maltreating the child. Through the interviews with the 20 men it became apparent that all were living under potentially stressful life situations. Most men did not report, on any of the self-rating scales, severe depression or anxiety, but there were signs of lowered psychological well-being in their narratives. Some of these men were employed, but usually their jobs were temporary. Temporary employment is not unusual in young adults in Sweden, but for some of the men in this study, employment was the only stable or protective factor in their lives. Also, most



had no education past high-school, a factor that could otherwise lead to more stable employment over time. The combination of such background factors as childhood abuse, insecure internal working models of attachment, and an incapacity for emotional intimacy, together with low education and unemployment or temporary employment, could put these men at risk of abusing their own children.

## **Striving for a Decent Life**

As human beings, we all strive for a life that is satisfactory and fulfilling, though our starting points are different and the roads we take vary considerably. Our paths are highly dependent on our starting points, of course, and this we cannot choose. Whether the young men in this study had reoffended or not, it appears that their roads in life were continually lined with various difficulties such as relational issues, emotional loneliness—often despite having an intimate partner—and loneliness due to fragile social networks. Perhaps a viable way to help them to come to terms with these difficulties is through an increased focus on protective and strengthening factors, rather than on risk factors. Ward and Stewart (2003a) developed the Good Lives Model for rehabilitating sexual offenders based on the assumption that all humans strive for experiences and states of mind that enhance their well-being and general life satisfaction (Ward & Maruna, 2007). The aim of the model was to focus treatment on strengthening skills, knowledge, and resources to achieve personally meaningful goals in pro-social ways (Willis & Yates, 2017). The model also includes awareness of dynamic risk factors such as problems with sexual regulation. The Good Lives Model has a strength-based approach that is consistent with positive psychology, which has focused on redirecting attention from removing negative experiences and suffering toward improving a person's well-being by building strength and resiliency (Seligman & Csikszentmihalyi, 2000). In

the Good Lives Model, qualities such as knowledge (learning and knowing), being good at work, and friendships and relationships (relatedness) are referred to as common life goals. To achieve these life goals a person engages in certain activities (secondary goals). That is, a person must engage in an intimate relationship to achieve close bonds with another person (Willis & Yates, 2017). A fundamental idea of this model is that sexual offending results from problems in the pursuit of primary life goals and that these problems relate to secondary goals (Ward & Gannon, 2006; Ward & Maruna, 2007). Strength-based approaches to treatment, such as the Good Lives Model, have only recently been applied in treating adolescents and adults who have sexually offended (Marshall & Marshall, 2017b), and Marshall, Marshall, and Olver (2017) stress that further studies are needed to evaluate their outcome. Although the studies in this thesis are not treatment evaluations, the findings point to the necessity of not focusing on recidivism to sexual offending or general criminality, but instead on preventing the transfer of social and emotional difficulties to the next generation.

Assuming that we all strive for well-being and life satisfaction, most of the 45 young men who participated in **Study I** do not seem to be striving toward these goals in a pro-social way. Instead, they seem to remain in an antisocial lifestyle and could likely benefit from efforts to strengthen their inclusion in pro-social activities. Their pro-social inclusion in society could involve strengthening their skills in different areas such as work, studies, and relations. Building of these strengths would hopefully also lead to strengthening their pro-social networks, which in turn might reduce their feelings of loneliness.

Along with greater opportunities for a more pro-social lifestyle through work and studies, for example, treatment should be aimed at their gaining better

knowledge about themselves to allow them to move from fragile to secure high self-esteem, as described by Kernis (2003). This could be done partly through enhancing the coherence of their life narratives. To relieve emotional loneliness and improve relationships, it is also important that treatment target attachment deficits, experiences of being maltreated, and experiences of sexual offending. To strengthen abilities to take part in positive intimate relationships, it is essential to also allow a therapeutic focus on non-coercive sexuality. Finally, I also wish to acknowledge the good done by past and current approaches to treatment by mentioning that some men had lived several years in a small institution and credited their time and treatment there with saving their lives.

## **Ethical Considerations**

Ethical aspects are especially important in these studies and certain precautions were taken in advance. Participants contacted after about 10 years had to be approached with the utmost respect and care. Just being asked to participate could re-awaken difficult memories from the past. We therefore ensured that licensed psychologist and licensed psychotherapist Inga Tidefors was at hand in case the contact or interviews brought up difficult memories that participants needed to talk about. Professor Tidefors, head of the research project, had met all the participants at the time of the first data collection, so she was familiar to the participants. I also have experience working with adolescents in institutional care, which ensured that the first contact and the data collection were carried out with respect for the participants' integrity. Because of the sensitive topic of sexual abuse, contact with the participants was made mainly by cellphone or an informal letter asking the participant to contact the researchers but not mentioning the aim or subject of the study. We were also concerned about children under the care of the participants. If

the interviewers were informed about a child at risk, they were prepared, according to the Reporting and Remediating Grievances Act (SFS 2001:453), to contact social authorities. This was not necessary in any case.

The interviews were tape recorded and the data were kept in a locked safe at the Department of Psychology, University of Gothenburg. All personal information was encoded when the interviews were transcribed. Extracts in the manuscripts are presented in a way that protects the identity of the participants, and each participant was given a fictitious name.

Before providing us access to register data about reoffense rates, our application to the Swedish National Council for Crime Prevention (Brå) was reviewed by their legal experts.

After the interviews, I had the impression that the men may have disclosed information about themselves that they might not have been aware of. In the analysis and interpretation of these interviews, we were aware of this problem and tried to present what these men said in the best possible light.

## **Limitations and Methodological Considerations**

The sample of participants was small and the findings in all four studies must be further studied using other methods to enable generalization. Because this was a follow-up study and our sample consisted of the 20 men who agreed to be interviewed and to answer self-rating scales once again, a larger sample was not possible. However, the studies in this project have some important strengths. For one, the follow-up period was relatively long (around 10 years), which enabled us to follow the participants from one important developmental period (adolescence) into another (young adulthood). So far,

no other Swedish studies with a similar follow-up period have been conducted with adolescents who have sexually offended. Another strength of these studies was the use of different methods in the data collection and analyses. The different methods enabled us to view data from different perspectives and gave the analyses added breadth and depth.

Previous studies have shown that there is a risk of interviewees tailoring their responses to what they think the researcher wants to hear (e.g., Randall, Prior, & Skarborn, 2006). Therefore, it is important to note the possibility that the interviewers, coming from the psychological field, could have affected the interviews or at least the interpretations of what was said. To limit these effects, both interviewers used the same interview guides and therefore asked mainly the same questions (although one of the manuals left room for variation in the follow-up questions). Also, most of the interviews were coded in parallel and my co-authors and I thoroughly discussed the themes and labels used in the analyses. One exception was that the AAI interviews were coded mainly by one person, but according to specific coding criteria. Even in this case, though, four interviews were coded in parallel and any disagreements discussed until consensus was reached.

Another aspect of the possible tailoring of responses was described by Ricoeur (1993), who saw narratives interpreted by the researcher as both fiction and a representation of reality. Consequently, the 20 men's descriptions were not presented as mere reproductions of what had been said, but rather were creatively structured to better enable interpretation. There could well be other ways of understanding the material and other researchers might have found other meanings in the stories told. From this viewpoint, no one single truth exists. Another issue related to "the truth" concerns the different self-views put forth by the participants. I generally perceived a truer

picture emerging from the analysis of the interviews than revealed in the self-rated questionnaires. This may not have been what the participants perceived, however, and thus raises serious ethical questions about who owns or defines “the truth.”

When interviewing people about their lives and childhood experiences, their ability to remember and to formulate those memories into words is important. Our ability to formulate stories about ourselves depends on several factors, including, but not limited to, memory and perception. The kind of experiences asked about also influence memories and their descriptions. Memories of adverse childhood experiences, such as sexual abuse, are often associated with feelings of shame and guilt (Gilligan, 2003), which may affect a person’s willingness to the experiences, regardless of what is remembered. The general trustworthiness of stories about adverse childhood experiences has been questioned; in particular, these stories have been suspected of having been constructed to serve as an excuse for men who have sexually offended. It appears, however, that the essential characteristics of events are remembered and reported quite well (Brewin, Andrews, & Gotlib, 1993). It is more common that memories of childhood sexual abuse are not consciously remembered or reported (Goodman et al., 2003; Williams, 1994), and they often seem to be, at least temporarily, forgotten (MacIntosh, Fletcher, & Collin-Vézina, 2016). To reduce the problem of retrospective reports of adverse childhood experiences, we incorporated background data from intake files in the study analyses. Contrary to the suggestion that stories about sexual abuse are fabricated, we know that a couple of the participants omitted telling us about being sexually abused in the interviews, even though their sexual abuse was documented by social services about 10 years earlier. In coding AAIs, the truth of the stories told about childhood is not really the

issue. What is important in the AAI is the person's way of talking about childhood memories, not the accuracy or content of the memories.

The AAI is considered one of the most robust instruments for measuring attachment representations in adolescents and adults (Hesse, 2016). However, the AAI has rarely been conducted with men who have sexually offended. One probable reason for this is that the AAI is time-consuming and requires special training to conduct, transcribe, and analyse. For researchers, this necessitates a trade-off between using a robust instrument and having a sample size with adequate statistical power. It would therefore be useful to share the results of studies using the AAI with adolescents or adults who have sexually offended to enable comparisons of the distribution of the attachment classifications between similar studies and with other clinical and non-clinical samples. It is reasonable to assume that the non-significant results of **Study II** (between attachment groups and variables related to psychological well-being and severity of abuse) were due to the small sample size, and it is possible that some of the results would have been statistically significant in a larger sample.

The attachment pattern possibly of most clinical relevance is the unresolved/disorganized pattern, which seems in itself to predict later mental health problems (Sroufe, 2005). However, the coding and classification of the AAI requires that a participant must talk about abusive experiences or losses to be coded with the unresolved/disorganized attachment pattern. Because we had access to background information about participants' abusive experiences, we know that some participants omitted such information when asked, so it is possible that the unresolved/disorganized classification was underreported in this study.

The use of the convergent parallel design in **Study III** enabled a broader and more complex understanding of how the men in this study presented different views about themselves. It was not an easy task to merge the data sets to interpret these findings, but I believe these results add to the literature by emphasizing the complexity of, and the need for nuance in, studies of views of the self (e.g., Baumeister, Campbell, Krueger, & Vohs, 2003; Crocker & Park, 2004). Perhaps self-ratings of self-esteem on a validated scale is only one of many possible ways to collect views of the self.

Research does not take place in a sociocultural void, and it is important that as researchers we consider the inherent power relations and the cultural context in which research is carried out (Brinkmann & Kvale, 2005). On a micro level, this means being aware of the power relations and cultural environments at play in the planning and in the actual interview situation. For example, Brinkmann and Kvale (2005) discuss the power imbalance in the researcher-participant relationship in that the researcher is always in an advantaged position being usually more highly educated than the participant and also in charge of the research process. In the studies in this thesis, two female researchers interviewed men who had sexually offended. In this situation, there was a power imbalance in levels of education, since none of the participants had a higher education. It is also possible that there was a gender-based power imbalance between the female researchers and the male participants: during one of the interviews a participant attempted to flirt with the researcher. However, the power imbalance in terms of gender may have been equalized by the age difference. When a female interviewer is substantially older than a male participant, age might compensate for gender (Lundgren, 2013). This was the case for both of the researchers who conducted the interviews. It is reasonable to expect that factors such as education, gender, and age influenced the interviews in some way (Tarrant,



2014), but it is not clear how, or to what extent. The researchers conducting the interviews were aware of these issues, and prepared ahead of time to maintain a professional stance during the interviews.

During the planning and collection of the data, concerns were raised by my supervisors, myself, and others around me about us as women interviewing men who had sexually abused others. This concern prompted me to ensure that the interviews were held at neutral places, where I felt in control of the situation. However, this concern also brought up thoughts about the origins of this concern. On the one hand, it could be understood as expressing reasonable care about a potentially difficult or dangerous situation. On the other hand, it is obvious to me that this concern arises from how we perceive someone who has sexually offended. In the latter case, the concern is thus grounded in a prejudiced belief that a person who has sexually offended someone in the past is more likely to be a threat than someone who has not. The 20 young men who participated in this study, 16 of whom I met and interviewed, were previously unknown to me, but it made me wonder whether I would have had the same concern about meeting and interviewing 16 other random young men? This makes me wonder about the focus of the study or the research question and its effect on the concern at hand. If the focus of the studies had been on men who had been sexual abused, rather than those who had sexually offended, would this concern even exist? With no comparison at hand, it is difficult to know and there has not been much research into this issue.

## **Research on Sensitive Issues**

The main purpose of this research project was to explore the adult lives of a group of young men who had sexually offended in adolescence. Therefore, I

did not ask the participants to describe the circumstances or details of their sexual offence. They were, however, asked to reflect upon that situation from their now adult perspective, and this sometimes brought up what seemed to be a need to explain the abuse, sometimes in detail. I asked the participants about their childhood experiences, and in their stories about childhood there were many examples of exposure to maltreatment. Often, these were stories about abandonment and relational ruptures, and stories about a childhood characterized by ongoing exposure to abuse and neglect. Listening to these stories may be difficult, but it is also important. Interacting with participants in this kind of research demands something more from researchers than simply being neutral gatherers of data. The role of the interviewer demands active participation in dialog with the participant. It is important, however, to remember that the role of a researcher is not that of a therapist; there is no place for offering any remedy, only for being an active interviewer and an active listener. That said, several of the participants said after the interview that it had been somewhat of a relief for them to participate and to talk about difficult experiences that they had not told anyone about since they were in treatment several years ago.

Another role of a researcher working with interview data is that of a transcriber. Listening to and transcribing the words of these difficult and sad life stories was perhaps even more difficult than conducting the interviews. During transcription, the dialog cannot be altered, improved, corrected, explained, or expanded. No more questions can be asked, there is simply the story waiting to be received as it is. This can be a very difficult phase in the research process.

The subject of sexual abuse is sensitive, both for the participants to reflect upon and to talk about, and for the researcher to listen to. Sexuality is an

essential part of human life, and stories about sexuality can evoke strong emotions. Little is known of how researchers are affected by conducting and transcribing interviews about sensitive subjects. There is some knowledge about how therapists are affected by listening to difficult stories of abuse or torture (Sigad, Davidov, Lev-Wiesel, & Eisikovits, 2016), and a trained psychologist or psychotherapist might be more prepared to handle such stories. In Sweden, however, many research assistants and doctoral students are not trained psychologists or psychotherapists and perhaps need additional support throughout the data collection, similar to the support I received through supervision and seminars. Finally, considering the sensitive nature of the interviews, the many sad life stories were more difficult to listen to than the sexual content. Listening to these life stories put the sexually abusive acts into context, and helped me to understand that, for some, perhaps something had to break before it was possible to try to put it together again.

## **Implications and Future Research**

The overall research question of the project was “What is life like as a young man who sexually offended in adolescence?” From the results of the studies included in this thesis, it appears that the men’s lives imbued with shame, and whether or not they had reoffended, this group of men is in need of help and support. Exposure to child abuse and maltreatment is humiliating and shame-inducing. A child who grows up with a lack of secure attachment bonds is also more likely to be prone to feelings of shame, and to have little ability to distinguish between “bad acts” and a “bad self” (Ferguson et al., 1999). Therefore, it is possible that in men who have sexually offended, these childhood experiences played a role in their initial sexual offense (Gilligan, 2003). However, the chance to work therapeutically through experiences such as their own exposure to sexual abuse appears to be a protective factor

against sexually coercive behavior (Lambie & Johnston, 2016). Another aspect of shame is the important role it might play in a person's responses after being as a sex offender, such as attempts to conceal the offense and strategies to protect one's self through denial or minimizing the harm done to the victim (Marshall et al., 2009). As mentioned previously, feelings of shame arise when an individual believes that their unacceptable act is a result of an internal and unchangeable characteristic within the self. Such an unacceptable act might be interpreted as an expression of the true self, and thus impossible to repair or remedy (Tagney & Dearing, 2002). Viewed from this perspective, an important therapeutic task might be to work through and to transform feelings of shame into feelings of guilt. Feelings of guilt are associated with a sense of responsibility for the hurtful act and a wish to repair the hurt; they do not, like feelings of shame, pose a threat to the person's self-image (Gilbert, 2003; Tagney & Dearing, 2002). In adolescents who have sexually offended such therapeutic work could be important to their development toward early adulthood, and hopefully toward desistance from sexual offending and other forms of criminality.

The discrepancy between self-rated self-esteem and narrated views of the self in the interviews in **Study III** indicates that in clinical groups, the use of self-rating scales together with interviews results in more complex information than one data collection method. Hopefully, this combination of methods will ensure a truer picture, or at least broaden perceptions of individuals' views of themselves.

The results from **Study IV** showed that having sexually offended someone as an adolescent may have had a negative impact on adult sexuality and intimate relationships. These young men also had other difficulties and vulnerabilities that they had to struggle with as adults. For example, Ward and Beech

(2017b) describe that adult intimate relationships and non-coercive sexuality are important areas that can be affected by the psychological problems that men who have sexually offended struggle with. The results of **Study IV** underline the importance of creating opportunities for men who have sexually offended to talk about and strengthen their non-coercive sexuality. This is a significant issue considering that most adolescents who have sexually offended do not sexually reoffend, but do have the same needs for intimacy and sexuality as everyone else.

It seemed difficult for the men in this study to tell a coherent story of themselves that included their adverse experiences and their having sexually offended someone. Therapy may help these young men to create a coherent narrative about themselves to enable them to handle the challenges of early adulthood in a secure way. Marshall and Marshall (2017b) point out that treatment should be regarded as the beginning of a process for these men that should continue from adolescence into adulthood.

Coming to the end of my work on this thesis, I believe one concern stands out from the findings in these four studies. That is the realization that the young men who took part in this project carry with them an array of difficult experiences that make them vulnerable and their lives fragile in relation to the demands and efforts required by life as an adult. These participants were identified as a group because they had sexually offended in adolescence. However, it is still not clear that their adolescent sexual offending is their most important defining feature. Children who are neglected, abused, and deprived of a secure and caring childhood environment are at great risk for several kinds of psychological and physical impairments, different kinds of delinquent behaviors, and drug abuse. It is clear that no matter what pathway emerges from a difficult childhood, greatly improved interventions are

necessary to support young children and their caregivers. As these young men become fathers, there is a risk that their children will be born into a fragile environment unless their caregivers are given the support they need. Even if supportive interventions do not solve all of these young men's problems, it is my strong opinion that they will most definitely alleviate some of the sad outcomes.

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# APPENDIX

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- I. Tidefors, I., Ingevaldson, S., & Goulding, A. *Recidivism in criminal behavior - a ten year follow-up study of 45 adolescent boys identified as sex offenders*. Manuscript submitted for publication.
- II. Ingevaldson, S., Goulding, A., Grip, K., & Tidefors, I. *Adult attachment and psychological well-being in young men who sexually offended during adolescence*. Manuscript submitted for publication.
- III. Ingevaldson, S., Goulding, A., & Tidefors, I. (2017). Self-views in twenty young men who were identified as sexual offenders in adolescence: A mixed-method study. *Sexual Offender Treatment*, 12. Can be retrieved from <http://www.sexual-offender-treatment.org/161.html>
- IV. Ingevaldson, S., Goulding, A., & Tidefors, I. (2016). Experiences of intimate relationships in young men who sexually offended during adolescence: Interviews 10 years later. *Journal of Sexual Aggression*, 22, 410-422. doi:10.1080/13552600.2016.1177



