Sexualization and Lifestyle Impulsivity: Clinically Valid Discriminators in Sexual Offenders

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Abstract: *Following clinical observations in this study a comparison was undertaken between nonsexualized rapists, sexualized rapists, and pedophilic child molesters in terms of psychometric measures, criminological data, and* DSM-IV *diagnoses following the authors' hypotheses that nonsexualized and sexualized rapists differ in respect of psychiatric comorbidity and criminal history and sexualized rapists and pedophilic child molesters are more similar as regards to psychiatric comorbidity (anxiety, depression, and aggression) and criminal history variables than nonsexualized and sexualized rapists are. Preliminary findings confirmed the hypotheses: the authors found significant differences between paraphilic and sexualized sex offenders on one hand—regardless whether they had offended against minors or adults—and a group of sex offenders exhibiting a history of high lifestyle impulsivity on the other hand. From a psychiatric clinical point of view, paraphilic or sexualized rapists could be shown to resemble more the pedophilic child molesters. Therapeutic approaches should take these findings into account.*

Keywords: *sex offenders; sexualization; paraphilia; psychiatric diagnoses; comorbidity*

Rape and child molestation are multidetermined behaviors committed by a heterogeneous group of offenders. Modern concepts recognize involvement of both aggressive and sexual components in sexual offenders. Thus, taxonomic systems for classifying rapists and child molesters emphasize components of aggressivity, sexualization, and paraphilic behavior as well as lifestyle impulsivity (Knight, 1989; Knight, Carter, & Prentky, 1989; Knight & Prentky, 1990; Prentky, Knight, Rosenberg, & Lee, 1989). An empirically derived rapist typology was created at the Massachusetts Treatment Center based on the inferred motivation for rape (Knight & Prentky, 1990). The subtypes can be divided into those in which sexual motivation is primary and those in which the motivation for rape is aggression, hostility, or vindictiveness. Sexual motivation can be sadistic with clear evidence that it is the intention of the offender to inflict fear or pain on the victim to get sex-

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ual arousal. But, sexual motivation for rape is not necessarily sadistic. Nonsadistic sexualized rapists spend substantial amounts of time focusing on their sexual needs or they meet criteria of a paraphilia other than sexual sadism or a paraphilia-related disorder such as compulsive masturbation, protracted promiscuity, pornography dependence, telephone sex, or use of sexual accessories (Kafka, 1995, 2002). They might manifest sexually deviant behaviors that can be inferred to have lasted for an extended period of time (e.g., voyeurism, exhibitionism, fetishism, transvestic fetishism) or there is evidence that sexual assaults are compulsive. Rape can also represent a sequel of psychopathy or be associated with general lifestyle impulsivity reflecting an extensive nonsexual criminal history and antisocial behavior (Brown & Forth, 1997; Prentky, Knight, Lee, & Cerce, 1997).

The heterogeneity of men who abuse children has been repeatedly reported by empirical data (Bickley & Beech, 2001; Knight, 1989; Quinsey & Lalumière, 2001). One of the most important criterion in child molesters is fixation. The level of fixation represents the strength of an offender's pedophilic interest (the extent to which children are a major focus of the offender's sexual thoughts and attentions). Fixation has been found to be one of the most common discriminators between child molesters with a primary orientation toward children from those offenders whose sexual interest in children constitutes a reaction under stress (Prentky, Knight, Rosenberg, et al., 1989). The level of fixation and existence of additional paraphilias predict sexual reoffense but are not related to nonsexual victim-involved or violent reoffense in child molesters. High contact to children (the behavioral measure of time that an offender spends with or near children), on the other hand, protects child molesters from nonsexual victim involved and violent reoffenses.

Paraphilias, paraphilia-related disorders, and compulsive sexual behavior can be summarized as hypersexual desire disorders (Kafka, 2003). These diagnoses are primary criteria of the sexual type of the rapist typology (MTC:R3 typology) but can be prevalent in child molesters as well. Intensive sexually arousing fantasies, sexual urges, or behaviors are major *DSM-IV* criterions of all paraphilias. A diagnosis of a paraphilia-related disorders (Kafka, 1995) also requires intensive sexually arousing fantasies and urges, but, in contrast to paraphilias, the objective of sexual arousal is not considered as socially deviant.

Paraphlilic offenders and those exhibiting a paraphilia-related disorder therefore—as they are both so-called hypersexual—might, regardless whether they had transgressed adults or minors, share more common characteristics than, for example, rapists and child molesters within their own group would do. Pedophilic (sexualized) sex offenders, for example, are known to have a high psychiatric comorbidity. Of a pedophilic population, 93% met criteria for an Axis I disorder other than pedophilia (Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999). Similar findings have been shown also for rapist exhibiting a paraphilia and/or a paraphilia-related disorder (Kafka & Prentky, 1994). Both groups were diagnosed with a high lifetime prevalence of mood disorders, anxiety disorders, and alcohol abuse. The lifetime prevalence of any mood disorder with 77% in

Kafka's paraphilia sample (Kafka & Prentky, 1994) was comparable to the findings of Raymond (Raymond et al., 1999) in pedophiles (67%).

We, therefore, hypothesized, that—from a psychiatric point of view—the sexualized type of the MTC:R3 rapist typology and the sexualized (high fixated) child molester type of the MTC:CH3 typology would share more common features than child molesters or rapist would do within their own group. Consequently, we hypothesized that the nonfixated child molester type of the MTC:CM3 typology would be more similar to the impulsive and opportunistic types of the MTC:R3 rapist typology as regards to psychiatric comorbidity.

In this study, therefore, a comparison was undertaken between the nonsexualized types of rapists (group I), the sexualized types of rapists (group II), and pedophilic (sexualized) child molesters (group III) in terms of psychometric measures, criminological data, and *DSM-IV* diagnoses. Our hypotheses, therefore, were as follows:

Hypothesis 1: Nonsexualized and sexualized rapists differ in respect of psychiatric comorbidity and criminal history.

Hypothesis 2: Sexualized (and paraphilic) rapists and sexualized (pedophilic) child molester are more similar as regards to psychiatric comorbidity and psychometric measures on anxiety, depression, and aggression than nonsexualized and sexualized rapists are.

Hypothesis 3: Sexualized (and paraphilic) rapists and sexualized (pedophilic) child molesters are more similar as regards to criminal history variables than nonsexualized and sexualized rapists are.

METHODS

SUBJECTS

The population studied was composed of 118 imprisoned adult male sexual offenders at the medium-security institution Justizanstalt Wien-Mittersteig in Vienna, Austria. All of the offenders were classified as mentally ill but competent (were not found to be not guilty for reasons of insanity). All of them were mandated to participate in a residential treatment program. Initially, 126 offenders were approached and asked to participate in this investigation, but 8 individuals refused.

CHILD MOLESTER (MTC:CM3) TYPOLOGY

This child molester typology was developed by Prentky and Knight and described before extensively (Bickley & Beech, 2001; Knight, 1989; Knight et al., 1989; Prentky, Knight, Rosenberg, et al., 1989). Axis I of the MTC:CM3 typology

requires two dichotomous decisions: The degree of fixation on children and the level of social competence. On Axis II, a distinction is made between offenders exhibiting high and low amount of contact with children. High-contact offenders are subsequently divided in into those who seek to establish a relationship with the children (interpersonal type) and those whose contact is exclusively sexually motivated (narcissistic type). Low-contact offenders are subsequently divided according to the degree of physical injury and the presence or absence of sexual sadism.

RAPIST (MTC:R3) TYPOLOGY

This rapist typology was extensively described by Knight and Prentky (1990). The MTC:R3 typology is a classification system designed to discriminate rapists in terms of the meaning of aggression, in terms of social competence, of presence or absence of paraphilias, paraphilia-related disorders or compulsive sexual behavior, and in terms of the degree of lifestyle impulsivity (unsozialized behavior).

1. Opportunistic type (type 1 and 2): The amount of aggression is limited to that necessary to attain victim compliance, he has difficulties with impulse control in several domains of adult and juvenile adaptation, and the primary motive in his sexual assault is impulsive exploitation.
2. Pervasively angry type (type 3): The assault is characterized by expressive aggression. The offender is characterized as an angry individual, and he has clear instances as an adult of assaulting or fighting with men in nonsexual contexts.
3. Overt sadistic type (type 4): The level of violence is gratuitous and exceeds what is necessary to attain victim compliance. His intention is to inflict fear or pain on the victim, and there is an indication that the violence contributes to sexual arousal. Moreover, the offender has problems with impulse and anger control starting at a young age.
4. Muted sadistic type (type 5): The level of violence does not exceed what is necessary to attain victim compliance. There is evidence that the victim's fear or the fantasy of violence contributes to sexual arousal, or at least does not inhibit sexual arousal. The offenses are forethought or planned.
5. Sexualized type (types 6 and 7): He spends a substantial amount of time focusing on his sexual needs or manifests other sexually deviant behaviors, or his offenses appear to have been acted out in a compulsive manner. The amount of aggression is limited to that necessary to attain victim compliance.
6. Vindictive type (types 8 and 9): His assaults are characterized by expressive aggression. The level of physical violence in his assaults exceeds what is necessary to attain victim compliance. He is not characterized as an angry individual in general. His primary motive for the offense is anger at women. He shows relatively few problems with impulse control in other domains of his life.

JUVENILE UNSOCIALIZED BEHAVIOR AND ADULT UNSOCIALIZED BEHAVIOR

This was assessed as part of the MTC:R3 typology. The score of juvenile unsocialized behavior was the mean of the *z* scores for six items (problems in grammar school, problems in junior high school, total number of nonsexual victimless offenses prior to 16th birthday, running away prior to 17th birthday, vandalism and destruction of property prior to 16th birthday, involved in fights prior to 16th birthday), the score of adult unsocialized behavior was the mean of the *z* scores for eight items (illegal drug use, vandalism and/or destruction of property, fighting, assaultive offenses, unsocialized aggression, conduct/behavioral charges, ownership of a weapon, relationship between alcohol use and antisocial behavior).

SOURCES FOR DATA ACQUISITION FOR RAPIST AND CHILD MOLESTER TYPOLOGY

All data were gathered by interviews of the offenders and by the criminal records of the offenders. To maximize accuracy of the information, two research assistants—who had not been informed about the hypothesized relationships among the variables—rated each file and carried out the interviews. If there were discrepancies, a consensus process was initiated together with the first author. Official criminal records from the ministry for internal affairs in Austria were evaluated intensively. All convictions were analyzed and classified as sexual felonies against adults, sexual felonies against children, nonsexual violent felonies (involving actual or threatened harm), or nonviolent felonies against property (Hall, 1988; Hall & Proctor, 1987). Furthermore, all arrests and rearrests were recorded.

DSM-IV DIAGNOSES

All subjects were interviewed by one of the authors by using a German version of the SKID I and SKID II (Fydrich, Renneber, Schmitz, & Wittchen, 1997; Wittchen, Wunderlich, Gruschwitz, & Zaudig, 1997) to diagnose Axis I and Axis II disorders. No standardized structured interview was available to make diagnoses for the sexual disorder section of *DSM-IV*. Therefore, diagnoses of the sexual disorder section were set according to *DSM-IV* criteria.

MEASURES

Aggressiveness was measured by the Inventory for the Assessment of Factors of Aggressiveness (FAF). The FAF (Hampel & Selg, 1975) is similar to the Amer-

ican Buss-Durkee Hostility Inventory (Buss & Durkee, 1957) and mainly includes items related to hostility, including the following subscales: Spontaneous Aggression, Reactive Aggression, and Self-Aggression.

Anxiety was measured by the State-Trait-Anxiety Inventory (STAI). The STAI (Spielberger, Gorsuch, & Lushene, 1970) is a self-report measure of current anxious mood and general level of anxiety.

Anger was measured by the State Trait Anger Inventory (STAXI). The STAXI (Schwenkmezger, Hodapp, & Spielberger, 1991) is a measure of anger that includes emotional and behavioral aspects of anger. It includes scales such as State Anger, Trait Anger, Inward- and Outward-Directed Anger, and Anger Control.

Depression was measured by the Beck Depression Inventory (BDI). The BDI is a self-report instrument measuring current symptoms of depression (Hautzinger, Beiler, & Worall, 1991).

Experience-related anxiety was measured by the Social Interaction Anxiety Scale (SIAS) and Social Phobia Scale (SPS) (Eher et al., 1999; Stangier & Heidenreich, 1997). Both scales measure sociophobic tendencies in situations in which one can be observed (SPS) or when simple interaction with other people happens (SIAS). Self-concepts were measured by the Frankfurter Selbstkonzept Skalen (FSKN), described extensively in a former article (Fruehwald et al., 1999).

GROUP DISTRIBUTION

Group I: Nonparaphilic and nonsexualized rapists. Rapists of the opportunistic, pervasively angry, and vindictive type (MTC:R3 types 1, 2, 3, 8, 9) were assigned to this group because these types of rapists are defined as to be nonparaphilic and without sexual motivation; 22 rapists were assigned to this group.

Group II: Paraphilic and sexualized rapists. All paraphilic and sexualized rapists (MTC:R3 types 6 and 7) were assigned to this group. Muted sadistic rapists (MTC:R3 type 5), defined by Knight and Prentky (1990) as offenders expressing aggression either symbolically or through covert fantasy that is not acted out behaviorally, were also assigned to this group (see Table 1); 30 rapists were assigned to this group. MTC:R3 type 4 (overt sadistic type) was excluded from this study. The overt sadistic type has been shown to exhibit validity problems in differentiating it from nonsexually motivated types with high expressive aggression (pervasively angry and vindictive) (Knight, 1999).

Group III: High fixated child molesters. There were 45 highly fixated child molesters according to MTC:CM3 typology assigned to this group (see Table 1).

TABLE 1
GROUP DISTRIBUTION

Group I, Nonparaphilic and Nonsexualized Rapists (n = 22)	*Group II, Sexualized and Paraphilic Rapists (n = 30)*	*Group III, Pedophilic Child Molesters (n = 45)*
Rapists MTC:R3 types 1 and 2 (opportunistic) MTC:R3 type 3 (pervasively angry) MTC:R3 types 8 and 9 (vindictive)	Rapists MTC:R3 type 5 (muted sadistic) MTC:R3 types 6 and 7 (sexual, nonsadistic)	Child molesters Pedophilic child molesters (MTC:CM3, high fixation) (n = 45)

RESULTS

CRIMINOLOGICAL DATA

Univariate analyses of variance (ANOVA) for the comparison between nonsexualized (group I) and sexualized sex offenders (group II and group III) and between rapists (group I and group II) and child molesters (group III) were performed on the following variables: offender age, offender age at time of first conviction, number of sexual offenses, number of nonsexual violent (so-called hands-on) offenses, number of property offenses, and total number of convictions (see Table 2). Analyses revealed that groups II and III (sexualized and paraphilic sex offenders) committed significantly fewer nonsexual violent offenses and fewer property offenses than group I (nonsexualized offenders). Also, significant findings emerged for the juvenile and adult unsocialized behavior. Group I (nonsexualized offenders) was significantly higher on the juvenile unsocialized behavior scale and was highest on the adult unsocialized behavior scale (see Table 2). Age of onset for the first conviction was found to be significantly lower in group I. Also, rapists (groups I and II) could be shown to have committed more nonsexual violent offenses and to exhibit higher juvenile and adult unsocialized behavior than pedophiles (group III).

MEASURES

Again, univariate analyses of variance (ANOVA) for the comparison between nonsexualized (group I) and sexualized sex offenders (group II and group III) and between rapists (group I and group II) and child molesters (group III) were performed on measure variables. Significant findings failed to emerge for the follow-

TABLE 2
CRIMINOLOGICAL DATA

	Group I, Nonparaphilic and Nonsexualized Rapists (n = 22)	*Group II, Sexualized and Paraphilic Rapists (n = 30)*	*Group III, Pedophilic Child Molesters (n = 45)*	F[a]	F[b]
Age	35.9 (8.3)	36.1 (11.7)	38.8 (12.8)	0.44	1.45
Age of first conviction	19.4 (4.5)	25.5 (11.1)	26.7 (11.1)	7.93**	3.31
Convictions	8.3 (5.9)	4.4 (4.3)	4.9 (4.9)	8.93**	1.24
Sexual offenses	2.1 (1.0)	2.3 (1.4)	2.1 (1.4)	0.21	0.02
Nonsexual violent	2.5 (1.0)	0.9 (1.8)	0.8 (1.0)	19.94***	5.14*
Property offenses	4.4 (4.6)	1.8 (2.9)	2.2 (3.7)	7.0**	0.37
Juvenile unsocialized behavior	3.4 (1.9)	0.8 (1.1)	0.9 (1.4)	50.11***	7.19**
Adult unsocialized behavior	4.5 (2.2)	1.5 (1.9)	0.6 (1.0)	71.21***	28.86***

NOTE: Numbers in parentheses indicate standard deviation.
a. Comparison of nonparaphilic offenders (group I) and paraphilic and sexualized offenders (groups II and III).
b. Comparison of rapists (group I and group II) with pedophiles (group III).
*$p < .05$. **$p < .01$. ***$p \leq .001$.

ing variables: spontaneous aggression, reactive aggression, self-aggression, self-concepts, state anger, trait anger, inward-directed anger, anger control, state and trait anxiety, and depression. Aggression inhibition and social interaction anxiety were found to be significantly higher in the pedophilia group. Outward-directed anger, on the other hand, was found to be higher in rapists compared to pedophiles. No difference, however, could be found between sexualized sex offenders and nonsexualized sex offenders on measure variables (see Table 3).

PSYCHIATRIC DISORDERS

The lifetime prevalence of *DSM-IV* diagnoses was examined and comparisons between groups were performed. A diagnosis of any affective disorders did not differ significantly across groups. A diagnosis of a major depression was found more frequently in group I (40.9%) compared to group II (23.3%) and group III

TABLE 3
PSYCHOMETRIC MEASURES

	Group I, Nonparaphilic and Nonsexualized Rapists (n = 22)	*Group II, Sexualized and Paraphilic Rapists (n = 30)*	*Group III, Pedophilic Child Molesters (n = 45)*	F[a]	*F*[b]
Spontaneous aggression	4.2 (3.2)	3.1 (2.9)	3.0 (2.5)	2.30	0.66
Reactive aggression	2.2 (2.2)	2.4 (2.3)	2.8 (1.9)	0.71	1.12
Self-aggression	5.8 (2.3)	5.1 (2.9)	5.4 (2.7)	0.78	0.02
Aggression inhibition	5.7 (1.8)	6.2 (1.9)	6.9 (2.1)	2.62	4.08*
Self-concepts	331.8 (50.7)	339.9 (56.6)	319.2 (67.6)	0.06	1.78
State anger	15.1 (6.1)	15.7 (5.7)	14.3 (4.2)	0.03	0.87
Trait anger	16.5 (4.3)	18.2 (4.8)	16.4 (4.8)	0.13	0.87
Anger inward	14.8 (3.6)	17.6 (6.3)	16.7 (6.0)	1.38	0.01
Anger outward	12.5 (3.0)	13.2 (3.9)	11.2 (3.1)	0.29	4.3*
Anger control	22.2 (5.4)	24.8 (4.0)	23.9 (5.5)	1.56	0.01
State anxiety	41.1 (8.9)	42.4 (9.9)	43.6 (9.9)	0.47	0.53
Trait anxiety	41.4 (9.0)	40.5 (8.9)	40.7 (9.3)	0.81	0.0
Depression	14.0 (10.7)	11.4 (7.2)	16.4 (11.2)	0.83	2.58
Social interaction anxiety	16.0 (8.8)	16.8 (9.1)	21.8 (12.8)	1.16	3.56*
Social phobia	7.3 (6.7)	9.5 (8.6)	12.5 (12.9)	1.36	1.99

NOTE: Numbers in parentheses indicate standard deviation.
a. Comparison of nonparaphilic offenders (group I) and paraphilic and sexualized sex offenders (groups II and III).
b. Comparison of rapists (group I and group II) with pedophiles (group III).
*$p < .05$. **$p < .01$. ***$p \leq .001$.

(17.8%), although differences found were not significant. A diagnosis of dysthymia was absent in group I (nonsexualized sex offenders) but was found in groups II and III (sexualized and paraphilic sex offenders) in 26.7% and 29% of offenders, respectively. Also, anxiety disorders (10% and 15.6%) were found more frequently in groups II and III, respectively, compared to group I (0%). A history of alcohol abuse/dependence and substance abuse/dependence was highest in the nonsexualized offender group (92% and 27%, respectively), second highest in the sexualized rapist group (76.7% and 10%, respectively), and lowest in the pedophilia group (26.7% and 4.4%, respectively). Findings on alcohol and nonalcohol-related substance abuse/dependence did not differ significantly between the rapist groups but differed significantly between both rapists groups and pedophiles.

According to grouping criteria, paraphilias other than pedophilia were found most frequently in group II and a diagnosis of pedophilia was found only in group III (see Table 4). Furthermore, 23.3% of the sexualized and paraphilic rapists and 31.1% of the pedophiles met a diagnosis of avoidant personality disorder, whereas only 4% of nonsexualized rapist met this diagnosis. Prevalence rates of a dependent, paranoic, schizotypal, schizoid, and histrionic personality disorder was low in all groups and did not differ significantly across groups. A diagnosis of any cluster B personality disorder was seen most frequently in the nonsexualized group. Plus, 68% of the nonsexualized offenders, 46.7% of sexualized rapists, and 22.2% of pedophiles exhibited any cluster B disorder. A borderline and antisocial personality disorder was found significantly more frequently in the nonparaphilic offender group (54.5% and 63.6%, respectively) compared to the sexualized and paraphilic rapist group (13.3% and 13.3%, respectively) and to pedophiles (13.3% and 15.6%, respectively). A narcissistic personality disorder, however, was found most frequently, albeit not significantly, in the sexualized rapist group (see Table 4).

DISCUSSION

Recent developments in sex-offender typology have become more sophisticated and—from a clinical point of view—too complex when applied to clinical practice (Bickley & Beech, 2001; Knight, 1999). Although highly reliable in terms of academic standards, the usefulness of this typology in terms of treatment issues and prediction of relapse has not yet been shown to be robustly demonstrated. Nevertheless, this typology provides a good tool for research and for defining pure groups with high discriminant validity (Brown & Forth, 1997; Prentky, Knight, Lee, & Cerce, 1995). A further revision of the MTC:R3 typology was suggested by the authors on the basis of a differentiation by the presence of hypersexuality and the amount of impulsivity. In our study, evidence for the

TABLE 4
PSYCHIATRIC DISORDERS

	Group I, Nonparaphilic and Nonsexualized Rapists (n = 22)		*Group II, Sexualized and Paraphilic Rapists (n = 30)*		*Group III, Pedophilic Child Molesters (n = 45)*		
DSM-IV	*n*	*%*	*n*	*%*	*n*	*%*	F[a]
Affective disorders	9	40.9	13	43.3	19	42.2	
Major depression (lifetime)	9	40.9	7	23.3	8	17.8	
Bipolar I or II	0		0		1	2.2	
Dysthymia	0		8	26.7	13	28.9	1 < 2, 3
Anxiety disorders	0		3	10.0	7	15.6	
Substance abuse/dependence	6	27.3	3	10.0	2	4.4	
Alcohol abuse/dependence	10	90.9	23	76.7	12	26.7	1, 2 > 3
Paraphilias							
Exhibitionism	0		6	10.0	3	6.7	×
Voyeurism	0		13	43.3	2	4.4	×
Sexual sadism	0		11	36.7	3	6.7	×
Sexual masochism	0		6	20.0	0		×
Fetishism	0		3	10.0	1	2.2	×
Transvestic fetishism	0		6	10.0	0		×
Pedophilia	0		0		45	100	×
Paraphilia NOS	0		2	13.4	10	2	×
Personality disorders							
Cluster A	1	4.5	1	3.3	1	2.2	
Paranoic	0		1	3.3	0		

(continued)

TABLE 4 (continued)

DSM-IV	*Group I, Nonparaphilic and Nonsexualized Rapists (n = 22)*		*Group II, Sexualized and Paraphilic Rapists (n = 30)*		*Group III, Pedophilic Child Molesters (n = 45)*		F[a]
	n	*%*	*n*	*%*	*n*	*%*	
Schizotypal	0		0		1	2.2	
Schizoid	1	4.5	0		0		
Cluster C	1	4.5	7	23.3	14	31.1	1 < 3
Avoidant	1	4.5	7	23.3	14	31.1	1 < 2, 3
Dependent	1	4.5	1	3.3	0		
Obsessive-compulsive	0		0		0		
Cluster B	15	68.2	14	46.7	10	22.2	1 > 3
Histrionic	0		2	6.7	0		
Narcissistic	1	4.5	5	16.7	4	8.9	
Borderline	12	54.5	4	13.3	6	13.3	1 > 2, 3
Antisocial	14	63.6	4	13.3	7	15.6	1 > 2, 3

NOTE: × indicates differences found are explained by group definition. NOS = not otherwise specified.
a. Chi-square comparisons of groups (at .01 significance level).

discriminant validity of hypersexuality and (lifetime) impulsivity construct in sexual offenders could be strengthened by clinical data.

The results of our study confirmed our hypotheses: Sexualized (pedophilic) child molesters and sexualized rapists exhibited more similarities than nonsexualized (impulsive) and sexualized rapists did. Although mean age did not differ across groups, nonsexualized rapists started significantly earlier with their criminal careers, they had a significantly higher number of any conviction, they had significantly more nonsexual violent offenses and significantly more property offenses in the past. In total, they had significantly higher scores on the juvenile and adult unsocialized behavior scales.

Clinical variables, moreover, were also more likely to discriminate between sexualized and nonsexualized sex offenders. The diagnosis of a dysthymia was found significantly more often in sexualized rapists and pedophiles than in nonsexualized rapists, whereas the prevalence of affective disorders in general did not differ. A history of alcohol abuse or dependence was found in 9 out of 10 nonsexualized rapists but was also found in many sexualized rapists. Pedophiles, on the whole, had significantly fewer problems with alcohol than the rapist group. Thus, a diagnosis of dysthymia was associated with sexualization, whereas a history of alcohol problems was associated with having transgressed adult victims. A cluster B personality disorder, furthermore, was also found to be associated with nonsexualization as it could be shown to discriminate between sexualized and nonsexualized offenders.

Only a few significant differences between groups could be found on self-report psychometric measures. Self-reported self-concepts, outward-directed aggressiveness, depression, and state and trait anxiety were not found to be different between groups. On the other hand, higher levels of aggression inhibition, social anxiety, and lower levels of outward-directed anger were found to be specific for pedophilic child molesters. Therefore, findings of former researchers could be replicated that aggression inhibition and social anxiety is linked to pedophilia but not to rape in general (Eher et al., 1999; Quinsey & Lalumiere, 2001).

Lifestyle impulsivity (unstable employment history, reckless behavior, repeated instances of aggressive or destructive behavior, disruptiveness at school or work, and a history of fighting) has many similarities to the concept of psychopathy. At least the second factor of the Psychopathy Check List (PCL), known as the behavioral dimension, also describes an unstable, antisocial, and socially deviant lifestyle (Hare, Hart, & Harpur, 1991). Psychopaths—for a long time—are known to start committing crimes earlier, they are known to commit a disproportionate amount of violent crimes, and to be more likely to reoffend (Brown & Forth, 1997; Quinsey, Harris, Rice, & Cormier, 1998). Sexual deviance, although one of the best predictive variables for sexual reoffending in child molesters, could not be found to be predictive for reoffending in rapists (Hanson & Bussiere, 1998). On the other hand, the existence of an additional paraphilia and the amount of pedophilic fixation could be identified to predict sexual reoffense in child

molesters (Prentky, Lee, et al., 1997). Antisocial behavior—similar to findings in rapists—could be shown to predict nonsexual victim-involved and violent reoffenses in child molesters. In summarizing these findings, the two major domains that seem to be worth addressing are the respective roles for the impulsive personality and sexualization.

CONCLUSION

In our investigation, we separated sex offenders according to the existence of a paraphilia and/or a paraphilia-related disorder (sexualized) and whether offenders had transgressed minors or adults. Paraphilic and sexualized sex offenders were found to generally exhibit many similarities regardless whether they had offended against minors or adults. From a psychiatric and clinical point of view, we could find striking differences between paraphilic and sexualized sex offenders on one hand—regardless whether they had offended against minors or adults—and the group of nonsexualized offenders exhibiting a history of high lifestyle impulsivity on the other hand. Paraphilic and highly sexualized rapists—from this point of view—could be shown to resemble more the pedophilic child molesters. Therapeutic approaches, therefore, should take these major and clinically valid discriminators into account: Helping the offender to overcome avoidant personality traits by psychotherapy and the application of serotonergic medication to properly manage his deviant urges should be the main focus for the sexualized and paraphilic group (Hudson & Pope, Kafka & Coleman, Kafka & Prentky). The high prevalence of cluster B personality disorders and alcohol abuse/dependence episodes in the nonparaphilic nonsexualized sex offender group should be the indication for applying mood stabilizers, anticraving substances such as naltrexone, and a long-lasting psychodynamically orientated psychotherapy.

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