

## Sexual Aggressors, Characterization of a Portuguese Sample

Marlene Sophie Barros<sup>1\*</sup>, Sara Margarida Fernandes<sup>2</sup>

<sup>1</sup>Department of Legal Medicine, Institute of Biomedical Sciences Abel Salazar, University of Porto, Rua Jorge de Viterbo Ferreira, 228, 4050-313 Porto, Portugal

<sup>2</sup>Portugalense Institute for Legal Research and Portugalense Institute for Human Development, Portugalense University Rua Dr. António Bernardino de Almeida, 541/619 4200-072 Porto, Portugal

### Abstract

The sexual crime is a current issue and it is a real and serious problem in our society. Sexual aggressors tend to be people who perform normal professional duties of which no one is suspicious. Incidentally, whoever has knowledge of the crime is the victim and the perpetrator, who makes sure that no one is nearby for to engage in sexual intercourse.

This study aims to characterize a sample of sexual aggressors from the north of Portugal to verify if sexual aggressors present a diagnosed mental disorder and if the profile found in sexual aggressors is in accordance with the classification found the literature, as well as to know the relationship of proximity between the victim and the aggressor.

This is a quantitative and qualitative study that was carried out with a sample of 48 sexual aggressors in total, in which 46 are of the masculine gender and only two of the feminine gender between 19 and 76 years of age, being the sexual aggressors often family members, close friends or even neighbors. For this purpose, a consultation of the processes of the sexual crimes was carried out in the Court in the north of Portugal.

The results of this study corroborate with some of other studies conducted characterizing these aggressors as the age, profession, marital status, proximity relationship and whether the victim is known.

This study contributed to the increase of more information about these aggressors, thus allowing, that sentences can be directed to the rehabilitation of offenders, rehabilitation, that this more adjusted to each individual profile, in order to reduce recidivism.

**Keywords:** Sexual aggressors; Sexual crime; Victim; Profile

### Introduction

World Health Organization and Association for Treatment of Sexual Abusers (ATSA) defined the term sexual violence. World Health Organization [1] defined sexual violence as a complex phenomenon that involves the interaction of individual, social, cultural, economic, and societal factors. For the Association for treatment of sexual abusers (ATSA) [2] sexual violence is a serious public health problem with long-term consequences for victims, their families, their communities, and also for the offenders. Sexual violence victimizes men and women of all ages.

Some authors also define the term sexual violence. For Bradford et al. [3], defines sexual violence “as any sexual upon a person who did not give his or her consent”. For other authors like Krug, Dahlberg, Mercy and Lozano, sexual violence “is not limited to acts of non-consented sexual intercourse (rape or attempted rape), but also includes penetration of other parts of the body, using the penis, fingers or other objects, inappropriate caresses and kisses, sexual harassment and coercion” [1].

Sexual violence affects deeply the victims causing both psychological and physical problems. Krug, Dahlberg, Mercy and Lozano consider that sexual violence causes long-term physical consequences such as gynecological and pregnancy complications, chronic pelvic pain, premenstrual syndrome, gastrointestinal disorders, migraines, and other frequent headaches, and facial and back pain [1]. Authors like Felitti et al. [4] believe that sexual violence causes chronic psychological consequences like depression, disorder in the post-traumatic field, which can lead to risky behaviors or even attempt of (or accomplish) suicide [4,5]. Sexual violence also has social consequences, such as strained relationships with family, friends, and intimate partners and lower likelihood of marriage [6,7].

### Sexual aggressors and their victims

In the literature, there are authors who use different expressions with regard to aggressors who commit crimes of a sexual nature. Some authors like Finkeldor et al. [8] use the term sexual aggressors. For these authors, sexual aggressors seem to be a highly heterogeneous group, since there are large variations in the type of offense and the way they commit them.

There is some secrecy around sexual offending which has two main consequences: aggressors may continue their crimes and the victims do not have the deserved treatment. Therefore, we can never assume that the offenders will reveal all he truth beneath their crimes just because they are pressured to do it. Most convicted sexual aggressors have double lives, based on lies, since they commit their crimes.

Other authors use the term sexual offenders referring to women, which are designated “female sexual offenders (FSOs) and to men, which are designated male sexual offenders (MSOs)”. Allen, Boroughs, Muskens et al., Nelson, state that the literature gives more relevance for sexual offenses committed by male than female. These authors also consider that literature doesn’t focus the study on female

**\*Corresponding author:** Marlene Sophie Barros, Department of Legal Medicine, Abel Salazar Institute of Biomedical Sciences, University of Porto Rua Jorge de Viterbo Ferreira 228, 4050-313 Porto, Portugal, Tel: +351-220-428-000; E-mail: [marleneveronico@gmail.com](mailto:marleneveronico@gmail.com)

**Received** February 19, 2019; **Accepted** April 27, 2019; **Published** May 04, 2019

**Citation:** Barros MS, Fernandes SM (2019) Sexual Aggressors, Characterization of a Portuguese Sample. Social Criminol 7: 203. doi: [10.35248/2375-4435.19.7.203](https://doi.org/10.35248/2375-4435.19.7.203)

**Copyright:** © 2019 Barros MS, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

offender since they are considered unusual [9-12] and the offenses committed by female are considered less serious than the one practiced by male [13-16]. Several studies made comparison between these two populations, giving relevance to the personal histories of the offenders, the characteristics of the victims and the crime itself. Surveys consider that both male and female offenders demonstrated a comparable occurrence in the childhood abuse [17], psychological diagnoses [18], substance abuse histories [19], and criminal histories [20,18]. For instances, it is considered to be more common to exist a higher incidence of physical and psychological victimization in adult age between female offenders than male offenders [19]. Alcohol and substance abuse mental disturbance [17], are more frequently verified in male offenders [19,20]. Taking into account the characteristics of the victims, some studies reveal several differences between male and female offenders. Additionally, female offenders are more expected to abuse their biological children [17,18,21], and the children they take care of [22,18]. Studies state that male offenders commit sexual crimes towards stepchildren and distant relatives more than female [18]. As Freeman and Sandler refer, “FSOs tend to abuse victims under the age of 15, but MSOs frequently abuse victims within larger age ranges, suggesting that FSO victims are generally younger than MSO victim” [18-21]. The literature considers that genital caress is the most frequent abuse practiced by these two populations, taking into account their behavior [21]. Authors such as Kaufman et al. [22] consider anal and oral contact with the victim are more connected to male offenders, and the utilization of strange objects is more common to be linked with female offenders. Researches demonstrate that when perpetrators have accomplices to commit the crime, they are not only heterosexual, i.e., male and female [11,23,24].

Nevertheless, some authors use the expression “*sexual offenders*” we choose to use the term “*sexual aggressors*” since they have the same meaning and this is the most used expression in Portugal.

### Sexual crime: types and places where the crime occurred

A study found that as many as 39% of men and 6% of women reported being sexually abused in childhood by female perpetrator [25]. The female sexual aggressors represent only 2 to 5% in the criminal system [26-28] and about 2% of sexual aggressor on public registries in the United States [29,68].

In some countries, including the United Kingdom, legal definitions (e.g., requiring penile penetration) do not allow for women to be convicted of rape [30]. In the general population, child maltreatment and early household dysfunctions are associated with poorer outcomes in adulthood, including physical health, mental health, and high-risk behavior [31,32].

Sexual crimes cause a high social alarm and a great public unrest, and it is therefore important to treat these situations with extreme rigor, since they are concerned individuals that enhance the existence of pornography or sexual abuse, which also contributes to the increase of pedophilia.

While motivation-based definitions emphasize the offender purpose of obtaining sexual satisfaction, legal ones rely on the definitions of sexual crimes found in penal statutes [33]. Sexual crimes are acts of secrecy, and denial is a place where offenders often seek psychological refuge [34]. Sexual abuse is the most serious crime against sexual freedom and when committed towards a child is even worst. Victims of sexual crimes are referred to in silence for fear of reprisals by their aggressor.

According to estimates by the World Health Organization (WHO) [35], each year 40 million younger children with less than 14 years of age are victims of sexual abuse. Several countries already ratified the United Nations Convention on the Rights of the Child (UNRC) in order to protect children and teenagers of different situations such as harmful influences, exploitation and abuse [36]. South Africa is a country with a high tolerance for severe physical punishment in children and sexual coercion [37]. About 56% of men and 53% of women suffered sexual abuse [38]. Research on social attitudes in South Africa suggests that some cultures report high tolerance for sexual coercion and severe physical punishment of children [39,40].

The term Pornography, in the classical sense, has the meaning of a shocking, aberrant sexual act, practiced in conditions deeply dissociated from what is usual and known, without being confused as mere eroticism. Pornography shows everything and is excluded an unappealing nudity, present for example in works of pictorial art, sculpture or engravings. Generally speaking, the crime of child pornography includes, but is not limited to, the dissemination, use, production, distribution and display of pornographic photographs, movies or recordings of which the minor is a party, as well as the mere acquisition or possession of such materials. The consequences of this type of crime are extremely serious. The victims are used as a mere object of satisfaction of instincts and desires [41], provoking serious physical, psychology and emotional sequels.

Studies show that only few of kind of crimes occur in public places [42,43], nevertheless the authorities are still focused on protecting the children when they are outside, on public parks or playgrounds.

### Proximity relationship between the aggressor and the victim

Some authors defend that sexual assault is committed by a family member or someone that the victim knows [42-47]. Colombino et al. [42] most cases sexual aggressors already knew the victim before the aggressions. Authors defend that sexual recurrence an offense is mainly established through any kind of relationship with the victim [44]. Several authors consider that most of the abuses were perpetrated by someone who knows the victim [42-47], so the evidence for these laws was probably mixed.

### The use of forensic evidence in sexual assault

Authors like Strom and Hickman [48], consider that the development in forensic procedures has increased the importance of scientific evidence in criminal investigation. Some studies reveal that in many cases, the sexual assault kit is not submitted or tested [48-50].

Authors such as Gaennslen and Lee [51], Peterson et al. [52] Consider that the sexual assault kits include blood, saliva, DNA, semen (being all biological evidences) but also their statements to doctors, the medical reports and even other proof of injuries such as photographs and documentation. The sexual assault kit, which has to be analyzed in a crime lab, helps the authorities to identified the presence of biological evidence in the victim. Much has been done in the sexual crimes as changes to investigative processes, the creation of specialized sexual crime units, and technological advances in the examinations of physical, medical, and biological evidence although still be limited the light ad recent reform of the law on rape [53]. For the investigating laboratory it's possible to identified and confirming your involvement in the crimes through presence of biological evidence [54]. Peterson et al. [55], consider that the testimony of the forensic specialists has a major influence in the courts decisions than scientific evidence. The utility of forensic evidence can vary according to the type of sexual

crime [56,57]. Some studies consider that, particularly, the presence of DNA contributes for major possibility of arrest and prosecution for property crimes [56,58]. Studies revealed that when DNA is analyzed in the 30 days after the collection of the sample there is a higher probability to identify and arrest the suspect and it is also more likely to the suspect to be prosecuted [56].

In the sexual crime where the suspect is a family member or a family known it is more difficult to use the biological evidence since the aggressors can state that the sexual abuse was consensual [51]. Factors like cooperation and credibility between the victim and suspect, crime scene photographs and witness testimony have more importance than the evidence, such as SAK [51].

In cases of sexual aggression it is easier for the authorities to arrest the suspect when the victims cooperate with the judicial system by doing a sexual assault exam [52,59,60] and also if there are indicators that demonstrate the victim's credibility [59-61].

Studies consider that in sexual crimes the presence of biological evidence contributes for severe sanctions and judicial processes [62-67].

**Sentence and imputability:** The existence of a causal link between the mental disorder and the offense must be established beyond doubt [68]. Therefore, the diagnosis of a serious mental disorder is an essential prerequisite to exclude the penal responsibility of any sexual aggressors and to have him or her treated rather than punished. In Brazil, the psychological evaluation is made by a court appointed forensic psychiatrist through judicial procedures and it is called the penal imputability exam [69].

Psychopathy is a personality disorder characterized by divergence between social norms, namely showing inability to feel guilty, remorse and manipulation [70-76]. In fact, psychopathy has been debated in various situations such as rape [77], sexual coercion [78,79], sexual homicide [80], child molestation [81], and sadism [82].

### Psychological treatment and recidivism

The effectiveness of psychological treatment in reducing recidivism in sexual aggressors has been evaluated and debated over the last four decades without any clear consensus. An evaluation of nine reviews that passed the authors' strict criteria for quality [83] concludes that there is a slight reduction in reconviction rates among adult male sexual aggressors treated in cognitive-behavioral programs that adhere to the risk, need, and responsivity principles [84].

The need for more specific knowledge on treatment effectiveness in certain subgroups of sexual aggressors has been called for in sexual aggressor's treatment literature [85,86], both for rapists and for child molesters. Alexander's [87] review showed 14.4% recidivism when Sexual Aggressors Against Children (SOAC), were treated and 25.8% when they were untreated.

Prently et al. [88] found that although SOAC showed a lower recidivism rate than rapists, the difference disappeared over longer follow-up periods. Lösel and Schmucker's [89] meta-analysis found a treatment effect for all other offender categories except for intrafamilial child molesters, probably due to a low base rate of incest offending. From another perspective, Marshall and Pithers [85] state that there is enough evidence to conclude that treatment reduces recidivism in the case of some sexual aggressors, even though there is not enough knowledge to identify those who benefit from treatment and those who do not. Therefore, the existence of a treatment provides a moral obligation to offer it to as many as possible, given the devastating

consequences of sexual offending to the victims. The initiative for this study arose from the need for Systematic information on the treatment effect on SOAC within psychiatric and legal practice in Norway. Heightened awareness of the topic, as well as a recent trial of an offender with numerous victims over the years, which was the subject of public discussion, raised the question of the effectiveness of the treatment. Since the majority of earlier reviews do not present results for SOAC separately, we wanted to examine this question to provide a systematic scientific evaluation that can be useful for forensic psychiatric experts, legal decision makers such as the courts, prison rehabilitation programs, therapists, and social policy makers. Sexual aggressors demonstrate a wide range of risk for recidivism.

According to Prentky and Knight [90], the majority of sexual criminals is not acutely ill from the psychiatric point of view and thus would have to face criminal charges for their acts. However, according to some authors, there is a high percentage of sexual aggressors that exhibit personality disorders, substance abuse, mood disorders and compulsive sexual behavior.

### The present study

This study intends to describe the profile of a sample of sexual aggressors from a Court in the North of Portugal. The perpetrators in question were notified by the Court, exclusively for crimes of a sexual nature, with reference to the facts practiced between 1997 and 2014.

This research also has as two specific aims. The first is to verify whether or not the sexual aggressors present a mental disorder diagnosed, and the second is, know if the profile found in them is in harmony with the existing classification in the literature, trying to know the relationship between the victim and the aggressor.

### Methods

This investigation is an exploratory study.

#### Participants

The sample consists of 48 subjects, in this case, sexual aggressors from a Court in the North of Portugal.

#### Materials

The collection of information focused on the consultation and exploration of legal processes of the Court.

#### Procedure

The information obtained was removed in full of the legal processes and recorded in the data collection form. The consent of the Chief Judge, who was responsible for the area covered by the court, was requested. The data sheet allowed the characterization of the sexual aggressor by analyzing crimes of the same nature, considering gender, age, marital status, profession, academic qualifications, nationality, criminal record, proximity relationship with their victims, type of crime, the place where the crime occurred, how it was committed and the motivation that led to its occurrence.

Psychological evaluation and the state of criminal responsibility or legal disability were also considered, seeking to know whether or not there is a psychiatric disorder, as well as the marital status of the victims and their corresponding.

#### Data analysis

Data were analyzed using the SPSS Statistics, Version 23.0.

Descriptive statistics including frequencies, means, and dispersion were calculated. In addition, a qualitative analysis of the content of the processes was performed.

## Results

### Socio-demographic variables

Since this is an exploratory study, the results relate to socio-demographic variables that characterize the sample as well as other data contained in legal processes.

**Gender and ages:** As for the gender of sexual aggressors, the sample was composed of forty-six male (95.8%) and two female (4.2%), with ages ranging from 19 to 76 years (Mean=40.21,SD=14.89).

**Marital status:** In relation to the marital status, a substantial number of single subjects were found; 25 representing 52.1% of the total, of whom 11 were married (22.9%), 10 were divorced (20.8%) and only 2 were widowed 4.2% (Figure 1).

**Academic qualifications:** Sexual aggressors were more likely to have completed primary education; thirty-six corresponding to 75%, while only two (4.2%) to have completed secondary education and five (10.4%) to have completed only tertiary education. According to the study, the literary qualifications of five aggressors are unknown (10.4%).

**Profession:** As far as the profession of sexual aggressors is concerned, thirty (62.5%) of them are unskilled; six, skilled workers and professionals, both with the same percentage of 12.5%; four are merchants and one (2.1%) is a student and the remaining one (2.1%) is a domestic.

**Nationality:** Regarding the Nationality, forty-six (95.8%) sexual aggressors are Portuguese; only one (2.1%) is Angolan and remaining one (2.1%) is a Brazilian.

**Criminal record:** In relation to the criminal record, thirty-one of the individuals (64.6%) did not present a criminal record; in contrast to 17 (35.4%), who presented criminal record.

### Types of crime

Regarding the crime committed, thirty-one subjects (64.6%)

committed the crime of sexual abuse of children; five (10.4%), the crime of rape and another five (10.4%), the crime of sexual harassment. Three of the aggressors (6.3%) committed the crime of child pornography. Two (4.1%) of sexual abuse of incapacitated person and only one (2.1%) committed the crime of sexual coercion.

**Crime scene:** In regard to the place where the crime was committed, it is confirmed that seventeen of the crimes occurred in the house of the defendant's and the offender's (35.4%), in the residence of both, while fourteen of the crimes (29.2%) occurred only a the defendant's home. Five (10.4%) of the crimes were committed in a commercial establishment; four (8.3%) on a cliff or in the open-air and only two (4.2%) in the offender's house.

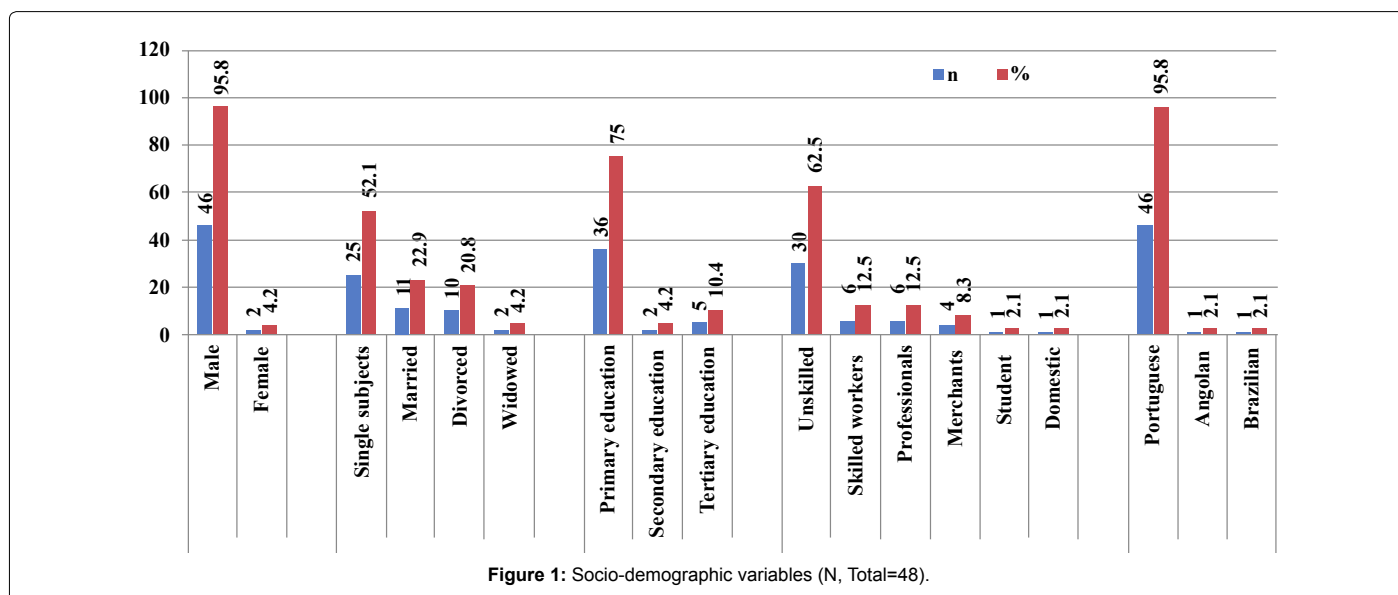
The crime was verified only once in places such as the hospital (2.1%); the defendant's residence and car (2.1%); houses under construction (2.1%); school (2.1%); doctor's office (2.1%) and at unknown location.

**Context of crime:** The crime is favored when the aggressor was alone with the victim, making sure that there were no people in the neighborhood. The aggressor resorts to the threat to practice the act and many of them use a serious and intimidating tone, often threatening to beat the victim. There are aggressors who promise objects as a form of reward, others give money, chocolate, tobacco and even ham while some resort to physical force to be able to commit the sexual act. After committing the crimes, the aggressor intimidates the victims to keep the occurrence secret.

**Factors that justify the crime:** Forty six percent of the aggressor deny the crime, and only two admit to having committed an unlawful act, demonstrating regret. These subjects are convinced that nothing has happened and that the victims haven't done anything wrong.

**Motivation of crime:** All sexual aggressors are motivated by the satisfaction of their sexual desires, causing pain and suffering to the victims, as well as psychological, physical and emotional problems.

**Knowledge or unfamiliarity of the victim:** As to the knowledge or unfamiliarity of the victims, it is concluded that forty one subjects (85.4%) are aware of the victims, seven of whom (14.6%) are aware of them.



**Relationship of proximity with the victims:** As for the proximity relation, it can be seen that nine are friends of the victim (18.8%) and seven are fathers/daughter. There are eight cases (16.7%) in which there is no information about the relationship of proximity of those involved. The stepchild/step-mother relationship is verified in only four cases (8.3%). In three cases (6.3%), the aggressor was the grandmother's boyfriend and in two cases (6.3%), friend of the victim's fathers; fathers/daughter (4.2%), and uncles/niece (4.2%). With only one case (2.1% each), the relations between adoptive fathers and daughter, boyfriends, friends of the defendant's godchild, uncle and nephew, doctor and patient, nurse and patient, teacher and student, cousins, the uncle of the offended, and grandfather and grandchildren.

**Sentence:** As to the sentence applied to the defendant, it is concluded that thirteen of them (27.1%) were sentenced to 4 years of effective prison; nine (18.8%) were acquitted and nine others (18.8%) were sentenced to 8 years of imprisonment. Six of the defendants (12.5%) were sentenced to five years suspended; five (10.4%) were still to be tried; three (6.3%) were sentenced to two years suspension and only one (2.1%) was convicted to twelve years imprisonment. Another one case (2.1%) occurred in which the defendant was sentenced to a term of ten years imprisonment. There is also a case (2.1%) in which the sentence is omitted, so it is not known which sentence was applied to the defendant.

**Psychological and psychiatric evaluation of the aggressors:** Regarding to the psychological and psychiatric evaluation of the defendants, it is verified that 38 (79.2%) of them were not subjected to any type of evaluation, being only 10 submitted to the same (20.8%).

**Imputability or non-attributability of the aggressors:** The study showed that all aggressors are imputable (48 corresponding to 100%). This is, insofar as they always act freely and spontaneously. The aggressors are aware that their conduct is punishable and prohibited by law.

**Presence or absence of psychiatric disorder:** As to the existence of psychiatric disorder, nine of the subjects (18.8%) present psychiatric disorder, while thirty-nine (81.3%) weren't diagnosed with any psychiatric disorder.

## Discussion

This study was intended to characterize the profile of a sample of sexual aggressors from a Court in the North of Portugal, to verify if sexual aggressors present a mental disorder diagnosed, and to verify if the profile, found in our study, falls within characterization described in the known literature. Another purpose of this study was to understand the relationship between the victim and the aggressor. Our results are close to the literature existing profiles. In this study, the large majority of the sexual aggressors are males. As reported in the literature sexual aggressions perpetrated by female sexual aggressors are more uncommon than the ones committed by male sexual aggressors [91-93].

According to our study, sexual aggressors are older than the victims, with ages between 19 and 76 years. As Freeman and Sandler [20] refers, "*FSOs tend to abuse victims under the age of 15, but MSOs frequently abuse victims within larger age ranges, suggesting that FSO victims are generally younger than MSO victim*".

Despite not having information in the literature about marital status, this study shows that most sexual aggressors are single, and only a minority are widowers. Our study shows that most sexual aggressors are unskilled sexual aggressors, and a minority are merchants or

domestic. Most sexual aggressors were likely to have completed primary education and only few completed secondary education. In the literature, studies have revealed that most aggressors are active people, and regarding to IQ, sexual aggressors have a normative intelligence quotient and were schooled.

With the present study, we could verify that there is a large majority of individuals that did not present a criminal record, although we do not find information in the literature about this subject. It was also possible to verify in this study that the sexual aggressors don't commit all the same crime, for instance there are a large group of individuals that committed the crime of sexual abuse of children. Others committed different sexual crimes, namely: rape; sexual harassment; child pornography; sexual abuse of incapacitated person and sexual coercion. Some authors concluded that sexual aggressors seem to be a highly heterogeneous group, since there are large variations in the type of offense and the way they commit them [94].

Our study shows that sexual crimes occurred in public places, such as the hospital, the defendant's residence and car, houses under construction, school, doctor's office and unknown locations.

Additionally most crimes occurred in the house of the defendant's and the offender's, residence of both, or only at the defendant's home. While a few were committed in a commercial establishment, on a cliff or in the open-air and other in the offender's house. Studies show that only few cases of this kind of crimes occur in public places, nevertheless the authorities are still focused on protecting the children when they are outside, on public parks or playgrounds [43,95].

We, as well as several authors, consider that most of the abuses were perpetrated by someone who knows the victim, so the evidence for these laws was probably mixed [96].

Our results demonstrated that as for the proximity relation, in most cases are friends of the victim and father and daughter. We concluded that there are several different biological relationships between offenders and victims, for instance, stepchild/step-mother relationship, grandmother's boyfriend, friend of the victim's father, father and daughter and uncle and niece. Concerning foster families, we found relations between adoptive father and daughter, boyfriends, friends of the defendant's godchild, uncle and nephew, doctor and patient, nurse and patient, teacher and student, cousins, the uncle of the offended, and grandfather and grandchildren. We may consider that there are more cases of intrafamilial sexual abuse occurring within the family than of extra familial sexual abuse occurring outside the family. Authors defend that sexual recurrence offenses are mainly established through any kind of relationship with the victim [44].

There is different kind of judgments since judges consider providing a second chance to aggressors by introducing medical treatments instead of prison sentences.

We evidenced that most of the criminals were sentenced to 4 years of effective prison, while from the remaining criminals, half were acquitted and the other half were sentenced to 8 years of imprisonment. The other sentences from our sample were five years suspended, still to be tried, two years suspended, ten years imprisonment and twelve years imprisonment. Every time that judges don't have enough evidence to be able to incriminate the aggressor, he is acquitted. The defendants sentenced to imprisonment, they met evidence enough for the judge to incriminate them. Concerning these subjects we found no information in the existing literature.

Our study indicated that there are a small percentage of sexual

aggressors that received a medical treatment. In what concerns the psychological evaluation of the defendants, it is verified that the majority of them were not subjected to any type of evaluation. A study in the United States, involving 81 cases of sexual aggressors, concluded that rapists received treatment (20.1%), while 23.7% of individuals didn't submit to any type of therapy.

The results of our study allow us to conclude that all the sexual aggressors are imputable, for instance they know that he is practising illegal behaviour, and they act always on their own free will, being able to distinguish between good and evil. Sexual aggressors are aware that their conduct is punishable and prohibited by law. In a study of 92 sexual aggressors, there are three types of basic profiles of aggressors, the first profile being occupied by individuals who do not commit the crime and do not feel guilty for the act committed [92].

Further we concluded that only a minority of the individuals present a mental disturbance while the large majority do not present any type of problem. Our study made it possible to verify that most sexual aggressors have denied to commit the crime and only a few admitted to commit the crime. Sexual aggressors take advantage of the opportunity presented to them to commit the crime. They make sure that they are alone with the victim so that they can commit the sexual offense both stakeholders, knowledge of the occurrence of the crime. Alexander's review showed 14.4% recidivism when sexual aggressors against children (SOAC), were treated and 25.8% when they were untreated [87].

In an attempt to prevent recidivism rates of sexual crime, different countries of European Union, together with the United States, have chosen to create a list of sexual aggressors by their areas of residence. In some countries, the aggressors are forced to be registered in their area of residence as well as to report all their trips to the police. Their residence is considered public, so that the community knows where the aggressors reside. This subject is still under discussion today since its a polemic issue.

## Conclusion

According to the aims of this study and from the results we can conclude:

- The sexual aggressors from the sample under study fit the literature's existing profiles.
- Regarding the gender of sexual aggressors, the vast majority are male, with few cases of female gender.
- Sexual aggressors know their victims and take advantage of their close relationship, often being a relative, a family friend or a person the victim admires. They are individuals who perform normal professional duties, of which no one is suspicious.
- The sexual aggressors are always considered imputable, since they act in a free and conscious way. They have the ability to distinguish between good and evil, opting for unlawful behavior instead of lawful behavior of not committing crime.
- There are few sexual aggressors who have mental disorders diagnosed. In most cases, perpetrators are not subject to any psychological or psychiatric evaluation and may therefore, be mentally disturbed when committing the crime, as far as no personality analysis was performed.
- Regarding to the victim, it is verified that the sexual crime occurs mainly in victims of the feminine gender, although it

can also occur in victims of the male gender. In most cases the victims are single and very young, which makes them more vulnerable. Before defenseless victims, sexual aggressors take advantage of their physical structure and strength to commit the crime.

## Limitations and Suggestions

We recognize limitations in this study such as sample size. However, the purpose was to characterize a sample of sexual aggressors. In future studies, we may extend the sample to other regions of the country and carry out comparative sample studies, in addition to obtaining a more representative characterization of the country.

In our understanding and in order to prevent the occurrence of this type of crime, it should exist more accurate investment. Additionally, we believe that this kind of studies can enable the sentences applied to be more focused on the rehabilitation of aggressors and to be more adjusted to each individuals profile leading to a decrease in recidivism.

## References

1. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R (2002) World report on violence and health: summary. Geneva, World Health Organization, pp: 147-179.
2. Association for the treatment of sexual abusers (ATSA) (2011) Sexual abuse as a public health problem. Griffith Drive, Suite 274, Beaverton, Oregon 97005, USA, pp: 1-7.
3. Bradford JMW, Federoff P, Firestone P (2008) Sexual violence and the clinician. In: Simon RI, Tardiff K (eds.), *Violence assessment and management*, Washington DC, American Psychiatric Association Publishing, pp: 441-459.
4. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, et al. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes death in adults. The adverse childhood experiences (ACE) study. *Am J Prev Med* 14: 245-258.
5. Yuan NP, Koss MP, Polacca M, Goldman D (2006) Risk factors for physical assault and rape among six native American tribes. *J Interpers Violence* 21: 1566-1590.
6. Clements PT, Speck PM, Crane PA, Faulkner MJ (2004) Issues and dynamics of sexually assaulted adolescents and their families. *Int J Ment Health Nurs* 13: 267-274.
7. Golding JM, Wilsnack SC, Cooper ML (2002) Sexual assault history and social support: Six general population studies. *J Trauma Stress* 15: 187-197.
8. Finkelhor D, Hotaling G, Lewis JA, Smith C (1990) Sexual abuse in a National survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse Negl* 14: 19-28.
9. Allen CM (1990) Women as perpetrators of child sexual abuse: Recognition barriers. In: Horton A, Johnson BL, Roundy LM, Williams D (eds.) *The incest perpetrator: A family member no one wants to treat*. Thousand Oaks, CA, Sage, pp: 108-125.
10. Boroughs DS (2004) Female sexual abusers of children. *Children and Youth Services Review* 26: 481-487.
11. Muskens M, Bogaerts S, Van-Casteren M, Labrijn S (2011) Adult female sexual offending: A comparison between co-offenders and solo offenders in a dutch sample. *Journal of Sexual Aggression* 17: 46-60.
12. Nelson ED (1994) Females who sexually abuse children: A discussion of gender stereotypes and symbolic assailants. *Qualitative Sociology* 17: 63-88.
13. Denov MS (2004) The long-term effects of child sexual abuse by female perpetrators: A qualitative study of male and female victims. *Journal of Interpersonal Violence* 19: 1137-1156.
14. Hetherington J, Beardsall L (1998) Decisions and attitudes concerning child sexual abuse: Does the gender of the perpetrator make a difference to child protection professionals? *Child Abuse & Neglect* 22: 1265-1283.
15. Kite D, Tyson GA (2004) The impact of perpetrator gender on male and female police officers' perceptions of child sexual abuse. *Psychiatry, Psychology and Law* 11: 308-318.

16. Mellor D, Deering R (2010) Professional response and attitudes toward female-perpetrated child sexual abuse: A study of psychologists, psychiatrists, probationary psychologists, and child protection workers. *Psychology, Crime & Law* 16: 415-438.
17. Johansson-Love J, Fremouw W (2009) Female sex offenders: A controlled comparison of offender and victim/crime characteristics. *Journal of Family Violence* 24: 367-376.
18. West SG, Friedman SH, Kim KD (2011) Women accused of sex offenses: A gender-based comparison. *Behavioral Sciences & The Law* 29: 728-740.
19. West SG, Friedman SH, Kim KD (2001) Women accused of sex offenses: A gender-based comparison. *Behavioral Sciences & The Law* 29: 728-740.
20. Freeman NJ, Sandler JC (2008) Female and male sex offenders: A comparison of recidivism patterns and risk factors. *Journal of Interpersonal Violence* 23: 1394-1413.
21. Peter T (2009) Exploring taboos: Comparing male- and female-perpetrated child sexual abuse. *Journal of Interpersonal Violence* 24: 1111-1128.
22. Kaufman KL, Wallace AM, Johnson CF, Reeder ML (1995) Comparing female and male perpetrators' modus operandi: Victims' reports of sexual abuse. *Journal of Interpersonal Violence* 10: 322-333.
23. Gannon TA, Waugh G, Taylor K, Blanchette K, O'Connor A (2013) Women who sexually offend display three main offense styles: A re-examination of the descriptive model of female sexual offending. *Sexual Abuse: A Journal of Research and Treatment* 26: 207-224.
24. Vandiver DM (2006) Female sex offenders: A comparison of solo offenders and co-offenders. *Violence and Victims* 21: 339-354.
25. Dube SR, Anda RF, Whitfield CL, Brown DW, Felitti VJ (2005) Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine* 28: 430-438.
26. Cortoni F, Hanson RK (2005) A review of the recidivism rates of adult female sexual offenders (Research report No. R-169). Ottawa, Ontario, Correctional Service of Canada.
27. Cortoni F, Hanson RK, Coache ME (2009) The Recidivism Rates of Female Sexual Offenders are Low: A Meta-Analysis. *International Review of Criminology and the Technical and Scientific Police*, 62: 319-336.
28. Greenfield LA, Snell TL (2000) Women offenders. Washington, DC, Bureau of Justice Statistics, office of Justice Programs, U.S. Department of Justice.
29. Ackerman AR, Harris AJ, Levenson JS, Zgoba K (2011) Who are the people in your neighborhood? A descriptive analysis of individuals on public sex offender registries. *International Journal of Psychiatry and Law* 34: 149-159.
30. Fisher NL, Pina A (2013) An overview of the literature on female-perpetrated adult male sexual victimization. *Aggression and Violent Behavior* 18: 54-61.
31. Anda RF, Felitti VJ, Bremner JD, Walker JD, Giles WH (2006) The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry & Clinical Neuroscience* 256: 174-186.
32. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine* 14: 245-258.
33. Bradford JM (2006) On Sexual Violence. *Curr Opin Psychiatric* 19: 527-532.
34. Nunes KL, Jung S (2012) Are cognitive distortions associated with denial and minimization among sex offenders? *Sex Abuse* 25: 166-188.
35. World Health Organization (2006) Preventing child maltreatment: A guide to taking action and generating evidence, pp: 1-102.
36. United Nations Children's Fund (UNICEF) (1990) United Nations convention on the rights of the child (UNCRC), New York, USA.
37. Afifi ZE, El-Lawindi MI, Ahmed SA, Basily WW (2003) Adolescent abuse in a community sample in Beni Suef, Egypt: Prevalence and risk factors. *East Mediterr Health J* 9: 1003-1017.
38. Madu S, Peltzer K (2000) Risk factors and child sexual abuse among secondary school student in the Northern province (South Africa). *Child Abuse Negl* 24: 259-268.
39. Andersson N, Ho-Foster A, Matthias J, Marokoane N, Mashiane V, et al. (2004) National cross-sectional study of views on sexual violence and risk of HIV infection and AIDS among South African school pupils. *British Medical Journal* 329: 952-960.
40. Peltzer K (1999) Perceptions of child abuse and neglect in the Northern province, South Africa. *Southern African Journal of Child and Adolescent Mental Health* 11: 67-79.
41. Seto MC, Cantor JM, Blanchard R (2006) Child pornography offenses are a valid diagnostic indicator of pedophilia. *Journal of Abnorm Psychol* 115: 610-615.
42. Colombino N, Mercado CC, Jeglic EL (2009) Situational aspects of sexual offending: Implications for residence restriction laws. *Justice Research and Policy* 11: 27-43.
43. Colombino N, Mercado CC, Levenson J, Jeglic E (2011) Preventing sexual violence: Can examination of offense location inform sex crime policy? *Int J Law Psychiatry* 34: 160-167.
44. Duwe G, Donnay W, Tewksbury R (2008) Does residential proximity matter? A geographic analysis of sex offense recidivism. *Criminal Justice and Behavior* 35: 484-504.
45. Greenfield LA (1997) Sex offenses and offenders: An analysis of data on rape and sexual assault (NCJ-163392). Washington DC, US Department of Justice, Bureau of Justice Statistics.
46. Smallbone SW, Wortley RK (2000) Child sexual abuse in Queensland: Offender characteristics and modus operandi. Brisbane, Queensland Crime Commission.
47. Snyder HN (2000) Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics (A National Incident-Based Reporting System Statistical Report). Annapolis Junction, MD, Bureau of Justice Statistics. (ERIC Document Reproduction Service No. ED446834).
48. Strom KJ, Hickman MJ (2010) Unanalyzed evidence in law enforcement agencies: A National examination of forensic processing in police departments. *Criminology & Public Policy* 9: 381-404.
49. Office on Violence Against Woman (2010) Eliminating the rape kit backlog: A roundtable to explore a victim-centered approach. Washington DC, USA.
50. Pratt TC, Gaffney MJ, Lovrich NP, Johnson CL (2006) This isn't CSI: Estimating the National backlog of forensic DNA cases and the barriers associated with case processing. *Criminal Justice Policy Review* 17: 32-47.
51. Gaensslen RE, Lee HC (2001) Sexual assault evidence: National assessment and guidebook. National Institute of Justice, Washington DC, USA.
52. Peterson JL, Sommers I, Baskin D, Johnson D (2010) The role and impact of forensic evidence in the criminal justice process. Washington, DC, National Institute of Justice, pp: 1-131.
53. Frazier P, Haney B (1996) Sexual assault cases in the legal system: Police, prosecutor and victim perspectives. *Law and Human Behavior* 20: 607-628.
54. Peterson JL, Mihajlovic S, Bedrosian JS (1985) The capabilities, uses, and effects of the Nation's criminalistics laboratories. *Journal of Forensic Science* 30: 10-23.
55. Peterson JL, Ryan JP, Houlden PJ, Mihajlovic S (1987) The uses and effects of forensic science in the adjudication of felony cases. *Journal of Forensic Science* 32: 1730-1753.
56. Roman JK, Reid S, Reid J, Chalfin A, Adams W, et al. (2008) The DNA field experiment: Cost-effectiveness analysis of the use of DNA in the investigation of high volume crimes. Washington, DC, USA, Urban Institute.
57. Schroeder DA, White MD (2009) Exploring the use of DNA evidence in homicide investigations: Implications for detective work and case clearance. *Police Quarterly* 12: 319-342.
58. Zedlewski E, Murphy M (2006) DNA analysis for "minor" crimes: A major benefit for law enforcement. *NIJ Journal* 253: 2-3.
59. Bouffard JA (2000). Predicting type of sexual assault case closure from victim, suspect, and case characteristics. *J Criminal Justice* 28: 527-542.
60. LaFree GD (1981) Official reactions to social problems: Police decisions in sexual assault cases. *Social problems* 28: 582-594.
61. Tasca M, Rodriguez N, Spohn C, Koss MP (2012) Police decision making in sexual assault cases: Predictors of suspect identification and arrest. *J Interpers Violence* 28: 1157-1177.
62. Campbell R, Patterson D, Bybee D, Dworkin ER (2009) Predicting sexual

- assault prosecution outcomes: The role of medical forensic evidence collected by sexual assault nurse examiners. *Criminal Justice and Behavior* 36: 712-727.
63. Kerstetter WA (1990) Gateway to justice: Police and prosecutor response to sexual assault against women. *J Criminal Law Criminol* 81: 267-313.
64. Mcgregor MJ, DuMont J, Myhr TL (2002) Sexual assault forensic medical examination: Is evidence related to successful prosecution? *Annals of Emergency Medicine* 39: 639-647.
65. Peterson JL, Johnson D, Herz D, Graziano L, Oehler T (2012) Sexual assault kit backlog study. Washington, DC, U.S. Department of Justice, pp: 1-120.
66. Rose V, Randall S (1982) The impact of investigator perceptions of victim legitimacy on the processing of rape/sexual assault cases. *Symbolic Interaction* 5: 23-36.
67. Spohn C, Spears J (1996) The effect of offender and victim characteristics on sexual assault case processing decisions. *Justice Quarterly* 13: 649-679.
68. Taborda JGV (2001) Criminal justice system in Brazil: Functions of a forensic psychiatrist. *Int J Law Psychiatry* 24: 371-86.
69. Brazilian criminal code (1998) 3rd edition, São Paulo, Revista dos Tribunais, Brazil.
70. Cale J, Lussier P (2011) Towards a developmental taxonomy of adult sexual aggressors of women: Antisocial trajectories in youth, mating effort, and sexual criminal activity in adulthood. *Violence and Victims* 26: 16-32.
71. Cale J, Leclerc B, Smallbone S (2014) The sexual lives of offenders: The link between childhood sexual victimization and non-criminal sexual lifestyles between types of offenders. *Psychology Crime and Law* 20: 37-60.
72. Lussier P, Proulx J, Le Blanc M (2005) Criminal propensity, deviant sexual interests and criminal. Activity of sexual aggressors against women: A comparison of explanatory model. *Criminology* 43: 249-281.
73. Malamuth NM, Linz D, Heavey CL, Barnes G, Acker M (1995) Using the confluence model of sexual aggression to predict men's conflict with women: A 10-year follow-up study. *Journal of Personality and Social Psychology* 69: 353-369.
74. Marshall WL, Hudson SM, Jones R, Fernandez YM (1995) Empathy in sex offenders. *Clinical Psychology Review* 15: 99-113.
75. Prentky RA, Lee AFS, Cerce DD (1995). Predictive validity of lifestyle impulsivity for rapists. *Criminal Justice and Behavior* 22: 106-128.
76. Quinsey VL, Harris GT, Rice ME, Cormier CA (1998) Violent offenders: Appraising and managing risk. Washington, DC, American Psychological Association.
77. Harris GT, Rice ME, Quinsey, VL (1994) Psychopathy as a taxon: Evidence that psychopaths are a discrete class. *Journal of Consulting and Clinical Psychology* 62: 387-397.
78. Knight RA, Guay J (2006) The role of psychopathy in sexual coercion against women. In: Patrick CJ (ed.), *Handbook of Psychopathy*, New York, Guilford Press, pp: 132-152.
79. Lalumière ML, Quinsey VL (1996) Sexual deviance, antisociality, mating effort, and the use of sexually coercive behaviors. *Personality and Individual Differences* 21: 33-48.
80. Porter S, Woodworth M, Earle J, Drugge J, Boer D (2003) Characteristics of sexual homicides committed by psychopathic and nonpsychopathic offenders. *Law and Human Behavior* 5: 459-470.
81. Dorr D (1998) Psychopathy in the pedophile. In: Millon T, Simonsen E, Birket-Smith M, Davis RD (eds), *Psychopathy: Antisocial, criminal and violent behavior*. Guilford Press, New York, USA, pp: 304-320.
82. Mokros A, Osterheider M, Hucker SJ, Nitschke J (2011) Psychopathy and sexual sadism. *Law and Human Behavior* 35: 188-199.
83. Corabian P, Ospina M, Harsta C (2010) Treatment for convicted adult male sex offenders. *Community Health*. Edmonton, AB, Canada, Institute of Health Economics, pp: 1-83.
84. Andrews DA, Bonta J (1994) *The psychology of criminal conduct* (5th edn), Cincinnati, OH, Anderson Publishing Co.
85. Marshall WL, Pithers WD (1994) A reconsideration of treatment outcome with sex offenders. *Criminal Justice and Behavior* 21: 10-27.
86. Reid S, Wilson NJ, Boer DP (2011) Risk, needs, and responsivity principles in action: Tailoring rapist's treatment to rapists typologies. In: Boer DP, Eher R, Craig LA, Miner MH, Pfafflin F. (eds.), *Internacional perspectives on the assessment and treatment of sexual offenders: Theory, practice, and Research*. Chichester, England, John Wiley & Sons, pp: 287-297.
87. Alexander MA (1999) Sexual offender treatment efficacy revisited. *Sexual abuse: A Journal of Research and Treatment* 11: 101-116.
88. Prently RA, Lee AF, Knight RA, Cerce, D (1997) Recidivism rates among child molesters and rapists: A methodological analysis. *Law and Human Behavior* 21: 635-659.
89. Lösel F, Schmucker M (2005) The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology* 1: 117-146.
90. Prentky RA, Knight RA (1991) Identifying critical dimensions for discriminating among rapists. *J Consult Clin Psychol* 59: 643-61.
91. Fazel S, Sjostedt G, Langström N, Grann M (2007) Severe mental illness and risk of sexual offending in men: A case control study based on Swedish National registers. *J Clin Psychiatry* 68: 588-96.
92. Alden A, Brennan P, Hodgins S, Mednick S (2007) Psychotic disorders and sex offending in a danish birth cohort. *Arch Gen Psychiatry* 64: 1251-1258.
93. Mellor D, Deering R (2010) Professional response and attitudes toward female-perpetrated child sexual abuse: A study of psychologists, psychiatrists, probationary psychologists and child protection workers. *Psychology, Crime, and Law* 16: 415-438.
94. Finkeldor D, Hotaling G, Lewis JA, Smith C (1990) Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk facts. *Child Abuse Negl* 14: 19-28.
95. Colombino N, Mercado CC, Jeglic EL (2009) Situational aspects of sexual offending: Implications for residence restriction laws. *Justice Research and Policy* 11: 27-43.
96. Alden A, Brennan P, Hodgins S, Mednick S (2007) Psychiatric disorders and sex offending in a danish birth cohort. *Arch Gen Psychiatry* 64: 1251-1258.