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# From Abuse to Offense: The Legacy of Childhood Sexual Abuse on the Psychological Functioning of Men Who Perpetrated Child Sexual Abuse

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## ABSTRACT



**Background:** Childhood sexual abuse (CSA) is often considered a significant factor associated with sexual offending in adulthood. However, the specific role of this experience in the commission of sexual offenses remains unclear. **Objective:** This study aimed to examine differences in emotional functioning (i.e. symptomatology, self-esteem) and dysfunctional thinking patterns between men convicted of CSA with and without a personal history of CSA. **Participants and Setting:** The sample consisted of 109 adult men found guilty of committing CSA, divided into two groups: those who reported having experienced CSA ( $n = 26$ ) and those who did not ( $n = 83$ ). **Methods:** Participants were evaluated on several dimensions, including socio-demographic and legal variables, history of sexual, physical, and psychological abuse, substance use, psychopathology, aggression, self-esteem, victim empathy, and cognitive distortions. **Results:** Those with a history of CSA showed more psychological symptoms, greater levels of aggression, and lower self-esteem compared to those without such a history. They also demonstrated more distorted beliefs related to sexual drive. **Conclusions:** The findings highlight important implications for prevention and intervention, suggesting that individuals with a history of CSA may present distinct emotional and cognitive needs compared to those without such experiences.

## KEYWORDS

Child sexual abuse; cycle of abuse; men who perpetrated child sexual abuse; psychological functioning

Numerous studies have investigated the childhood and adolescence of men who committed child sexual abuse (CSA) to identify factors that may contribute to a propensity for sexual offenses (e.g., Graham, 1996; Jespersen et al., 2009; Kahn et al., 2021; Ward et al., 1996), with particular emphasis on adverse childhood experiences (ACEs). ACEs are defined as stressful and potentially traumatic events that occur during the first 18 years of life and encompass emotional, physical, or sexual abuse, neglect, severe household dysfunction, and substance abuse (Dube et al., 2001; Felitti et al., 1998).

Literature indicates that ACEs are more prevalent among individuals who perpetrated CSA compared to the general population (Babchishin et al., 2011; Dalsklev et al., 2021; Kahn et al., 2021). However, there is significant variability in the reported prevalence rates of ACEs across studies. For instance, Kahn et al. (2021), with a sample of 317 individuals,

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found that 67.5% of participants reported experiencing physical abuse, 60.3% verbal abuse, and 56.8% sexual abuse. In contrast, a study conducted in Greece with a convenience sample of 158 individuals reported lower prevalence rates: 13.3% for physical abuse, 10.8% for emotional abuse, and 7.59% for sexual abuse (Togas & Alexias, 2024).

This focus on ACEs is crucial as the cumulative effects of these potentially traumatic events significantly impact psychological, emotional, and behavioral development (McKay et al., 2021). The cumulative ACE theory indicates that exposure to multiple forms of adversity, especially during formative years, heightens the risk for various maladaptive outcomes, including those linked to offending behaviors (Dong et al., 2004; Felitti et al., 1998; McKay et al., 2021). Therefore, individuals who experience multiple adversities and potentially traumatic events are at an increased risk of developing maladaptive coping styles and behaviors (Sheffler et al., 2019).

Several mechanisms explain this connection. Continuous exposure to traumatic situations during crucial developmental periods can lead to alterations in key brain regions, resulting in changes associated with impaired emotion regulation, memory deficits, and executive dysfunction, which significantly influence psychological outcomes, including depressive and anxious symptoms, feelings of hopelessness, hypervigilance, restlessness, and low self-esteem (Teicher et al., 2016). Specifically, low self-esteem, often characteristic of individuals with trauma histories, arises from repeated experiences of neglect, criticism, or abuse that undermine a positive self-concept (Bogaerts et al., 2025). The absence of validation and consistent support during critical developmental stages disrupts the formation of a secure sense of self, leaving individuals with ongoing feelings of inadequacy and self-doubt (Bogaerts et al., 2025; Teicher et al., 2016).

### ***Sexual abuse and sexual offending***

Sexual abuse has been recognized as one of the adversities with the highest potential for trauma and is linked to significant complications in physical, mental, and behavioral functioning throughout life (e.g., Drury et al., 2019; Hailes et al., 2019). McKay et al. (2021) performed a systematic review and meta-analysis of longitudinal cohort studies that examined the long-term effects of childhood trauma, including sexual abuse, on adult mental disorders. Their findings indicate a strong association between sexual abuse and the emergence of conditions such as depression and anxiety (McKay et al., 2021). These psychological challenges can significantly affect daily functioning, relationships, and overall well-being, creating vulnerabilities that may lead to maladaptive coping strategies and cognitive distortions (Cartwright & Craig, 2023).

Additionally, sexual abuse is particularly severe due to its legal implications and criminological consequences. Dalsklev et al. (2021) conducted a systematic review of 26 studies to examine the connection between childhood physical and sexual abuse and the likelihood of reoffending. They found a strong correlation between early abuse and an increased risk of reoffending, especially among those who experienced sexual abuse. The study shows that childhood abuse disrupts emotional and cognitive development, leading to maladaptive behaviors in adulthood (Dalsklev et al., 2021). These findings align with broader research that emphasizes the role of ACEs in increasing the risk of violent offenses (Dalsklev et al., 2021; Hailes et al., 2019).

The experience of childhood sexual abuse is one of the most frequently cited factors in explanations for sexual offending in adolescence and adulthood (Jespersen et al., 2009). Several theories seek to clarify this association, including the “sexually abused – sexual abuser” hypothesis. This hypothesis suggests that individuals, particularly males, who experience sexual abuse during childhood may have a higher risk of becoming sexual abusers in adulthood (Garland & Dougher, 1990; Glasser et al., 2001).

Finkelhor and Browne’s (1985) trauma-based model provides a possible explanation for this connection. According to the model, victims of CSA may develop an increased awareness or curiosity about age-inappropriate sexual activities. This can lead to behaviors such as reenacting their abuse or showing compulsive sexual aggression, which are expressions of “traumatic sexualization” resulting from the abuse. Numerous empirical studies support this hypothesis (e.g., DeLisi et al., 2021). For instance, DeLisi et al. (2021) found that young individuals with a history of CSA are significantly more likely to commit sexual offenses while being less likely to engage in other serious crimes.

However, not all research supports the “sexually abused – sexual abuser” hypothesis. Glasser et al. (2001) suggest that only a small percentage of female sexual abuse victims become sexual offenders, while Widom and Massey (2015) found no significant association between CSA and sexual offenses. Moreover, in an Australian longitudinal cohort study (Leach et al., 2016), only 3% of boys who experienced sexual abuse became perpetrators, while 96% of CSA survivors had no documented history of sexual abuse. Furthermore, a critical counterargument to the hypothesis lies in gender-based prevalence: significantly more girls than boys are victims of sexual abuse, yet most CSA perpetrators are men (Dube et al., 2001).

The literature suggests that childhood abuse experiences may indirectly impact the perpetration of sexual crimes. Garbutt et al. (2024) studied 150 male victims of CSA and found that individuals with a higher number of ACEs, particularly physical and sexual abuse, were more likely to experience intense feelings of shame. This shame, along with low self-compassion, was linked to both self-harm and harmful behaviors toward others. The study emphasizes the potential role of psychological mechanisms, such as shame, in mediating the relationship between childhood trauma and offending behaviors (Garbutt et al., 2024). In a related study, Bentivegna and Patalay (2022) conducted a longitudinal examination following 3,000 UK adolescents into adulthood. They discovered that those who experienced sexual violence during adolescence were at significantly higher risk of developing mood disorders, anxiety, and PTSD. Interestingly, the study also observed that witnessing sexual violence had similar negative impacts on mental health.

On the other hand, the literature has highlighted that sexual victimization experiences affect sexual beliefs and attitudes (Casey et al., 2017; Cuadra et al., 2014), which is a central factor in the perpetration of sexual offenses (Seto et al., 2023). However, although research indicates that men who commit sexual offenses against children exhibit more cognitive distortions (D’Urso et al., 2018) – that is, justifications, perceptions, or judgments employed by individuals who have committed sexual offenses to rationalize their behavior (Abel et al., 1984) – and victim empathy deficits, that is, the ability of an individual to emotionally understand and connect with the suffering of the specific individual harmed by their own actions (Tibbels et al., 2024), there is a lack of studies examining differences based on the presence or absence of childhood sexual victimization. One of the few existing studies, as far as we are aware, was conducted by

Craissati et al. (2002) and revealed that CSA offenders with a history of sexual victimization exhibit more offense-supportive distorted beliefs than those without such a history. On the other hand, there are some qualitative studies that report similar findings (e.g., Steely Smith, 2022).

## Current study

CSA is known to severely affect individuals' functioning (e.g., Drury et al., 2019; Hailes et al., 2019). However, the role of this experience in the emotional functioning and distorted thinking patterns of individuals who commit sexual offenses remains an understudied area, as it is not yet known whether these effects occur directly or indirectly. This study aims to enhance our understanding of the relationship between childhood sexual victimization and emotional functioning as well as distorted thinking patterns, such as cognitive distortions and empathy toward the victim, that may increase the likelihood of sexual offending. Based on the existing literature, we hypothesize that men convicted of CSA with a history of CSA will exhibit more impaired emotional functioning (i.e., higher levels of aggressiveness and symptomatology and lower levels of self-esteem) and a more distorted pattern of thinking (i.e., greater cognitive distortions related to sexuality and abuse, and lower empathy toward victims of sexual abuse) than individuals without CSA history. By investigating the mechanisms underlying these risk factors, we aim to clarify the connections between childhood abuse and offending behaviors. Ultimately, this research seeks to improve clinical and professional responses, provide better support for abused children, and inform prevention strategies to reduce the emergence of these risk factors.

## Methods

### Participants

To participate in the study, individuals were required to be male, at least 18 years old, and convicted of CSA. Moreover, the participants needed adequate reading and writing skills to complete the psychometric assessments. A total of 109 men convicted of CSA took part in the study, with 26 assigned to the CSA in the childhood group and 83 to the non-CSA in the childhood group. In the CSA group, we included participants who either identified as having been sexually abused or whose accounts clearly indicated such experiences, even if they did not explicitly label them as abuse. Participants were asked about their first sexual experience because the literature shows that some individuals are sexually abused by older women but do not perceive these experiences as abusive, instead considering them as consensual sexual encounters (e.g., Plummer & Cossins, 2018). However, according to the definition of sexual abuse, these experiences are classified as abusive.

The mean ages for the CSA in childhood and non-CSA in childhood groups were 44.27 years ( $SD = 15.78$ ) and 45.47 years ( $SD = 14.34$ ), respectively. In the childhood CSA group, nearly half of the participants were single, whereas the majority of those in the non-CSA childhood group were married or cohabiting. Additionally, the percentages of participants with 6<sup>th</sup> and 9<sup>th</sup>-grade education were quite similar in both groups (see Table 1), with almost half employed at the time of the incident.

**Table 1.** Participants characteristics.

	CSA in childhood ( <i>n</i> = 26)	Non-CSA in childhood ( <i>n</i> = 86)	<i>t</i>	<i>gl</i>	95% CI
	M (SD) N (%)	M (SD) N (%)			
Age	44.27 (15.78)	45.47 (14.34)	-.364	38	[-8.22; 5.82]
Marital status			$\chi^2$	<i>gl</i>	<i>Cramer V</i>
Single	11 (42.31)	27 (31.40)	1.090	3	.780
Married/Cohabiting	10 (38.46)	36 (41.86)			
Divorced/Separated	5 (19.23)	19 (22.09)			
Widowed	–	1 (1.16)			
Education					
J 4 <sup>th</sup> grade	6 (23.08)	26 (30.23)	1.740	4	.126
6 <sup>th</sup> grade	9 (34.62)	19 (22.09)			
9 <sup>th</sup> grade	6 (23.08)	18 (20.93)			
12 <sup>th</sup> grade	4 (15.38)	16 (18.60)			
More than 12 <sup>th</sup> grade	1 (3.85)	4 (4.65)			
Employment					
Employee	12 (46.15)	46 (53.49)	1.491	3	.117
Unemployed	10 (38.46)	26 (30.23)			
Retired	1 (3.85)	7 (8.14)			
Student	2 (7.69)	4 (4.65)			
Physical Abuse	20 (76.92)	40 (46.51)	6.604	1	.246**
P Psychological Abuse	22 (84.62)	50 (58.14)	5.246	1	.219**
Alcohol and drug abuse	9 (34.62)	23 (26.74)	.455	1	.065

More than half of the participants (*n* = 73, 66.4%) were serving prison sentences, and the remaining were serving community sentences. The characteristics of the participants are presented in Table 1.

## Instruments

### Sociodemographic and juridical

A questionnaire was designed to collect data about sociodemographic and juridical information (e.g., age, marital status, participation in previous intervention programs, education level, occupation, and type of sentence).

### Maltreatment and other adversities

**Sexual abuse.** Participants were asked whether “an adult or someone at least five years older than them ever touched or forced them to touch their body in a sexualized way?” and “if an adult or someone at least five years older than them ever attempted or had sexual intercourse (oral, anal, vaginal) with them?” In addition, they were asked about their first sexual experience, including their age and the age of their partner.

**Physical abuse.** The participants were asked if, during their childhood, anyone “pulled, grabbed, or threw something at them?” and “hit them with such force that it left marks or caused injury?”

**Psychological abuse.** Participants were asked if, during their childhood, anyone “frequently or very frequently insulted or humiliated them?” and if anyone “acted in a way that caused them to fear being physically hurt?”

**Alcohol and drug abuse.** The individual records of the participants were reviewed, and alcohol and drug problems were considered present if these issues were noted in the records. The records included up-to-date clinical information provided by healthcare professionals who were following the participants in the judicial system.

### **Emotional functioning**

**Psychopathology.** The participants completed the Brief Symptoms Inventory (BSI; Derogatis, 1993; Portuguese version Canavarro, 2007), a 53-item self-report tool used to assess general psychopathological symptoms and psychological distress. It utilizes a five-point scale (0 = not at all to 4 = extremely). The inventory consists of nine dimensions: somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Additionally, it includes three global distress indexes: the global severity index (GSI), the positive symptom distress index (PSI), and the positive symptom total (PST). The BSI demonstrated good psychometric properties in its original study, with Cronbach's alpha values ranging from .71 to .85 across the nine scales. In this study, internal consistency ranged from acceptable to good, with Cronbach's alpha values between .69 (anxiety and phobic anxiety) and .80 (depression). The psychoticism dimension, however, had an unacceptable alpha value of .52.

**Aggression.** The participants completed the Buss – Perry Aggression Questionnaire-Short Form (BPAQ-SF; Bryant & Smith, 2001; Portuguese version; Pechorro et al., 2016). The BPAQ-SF is a shortened version of the Buss-Perry Aggression Questionnaire (Buss & Perry, 1992), comprising 12 items rated on a 6-point Likert scale. The BPAQ-SF is divided into four scales: Physical Aggression (PA), Verbal Aggression (VA), Anger (A), and Hostility (H), with three items in each scale. Bryant and Smith (2001) modified the original 5-point scale to a 6-point scale to eliminate the neutral midpoint, encouraging respondents to make a clear choice. The Portuguese version, however, uses a 5-point scale (ranging from Never = 0 to Always = 4), restoring the midpoint for better cross-cultural applicability. The Portuguese version of the BPAQ-SF demonstrated good psychometric properties (Pechorro et al., 2016). In the present study, the Cronbach alpha ranged from .62 (PA) to .71 (H).

**Self-esteem.** The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1986, 1989; Portuguese version; Pechorro et al., 2011) is a self-report tool designed to assess self-esteem. Participants respond on a 4-point scale, ranging from 0 (strongly disagree) to 3 (strongly agree). Higher scores reflect higher self-esteem. The RSES has shown strong psychometric properties, with a Cronbach's alpha coefficient of .79 in a forensic population (Pechorro et al., 2011). In the current study, Cronbach's alpha coefficient was .81.

### **Distorted thinking patterns**

#### **Victim empathy**

The Victim Empathy Distortion Scale (VES; Beckett & Fisher, 1994; Portuguese version; Sousa, Cunha, et al., 2024) was used. The VES is a 28-item questionnaire designed to evaluate an individual's perception of how their offenses affect their victims. In its Portuguese adaptation, the scale is divided into two factors: positive misattributions of

pleasure in CSA (18 items) and negative attributions of CSA (10 items). Higher scores on the first factor reflect more substantial cognitive distortions regarding CSA, whereas higher scores on the second factor indicate a greater understanding of the harm caused to victims. Responses are measured on a 5-point scale, ranging from 0 (strongly disagree) to 4 (strongly agree). The scale shows strong psychometric properties, with Cronbach's alpha values of .94 for factor 1 and .87 for factor 2 (Sousa, Cunha, et al., 2024). In the present study, the Cronbach alpha ranged from .70 (F1) to .73 (F2).

### ***Cognitive distortions***

The Hanson Sex Attitudes Questionnaire (HSAQ; Hanson et al., 1994; Portuguese version; Sousa, Gouveia, Cunha, Basto-Pereira, et al., 2024) was used. The Portuguese adaptation of the HSAQ is a 9-item self-report tool aimed at evaluating cognitive distortions related to CSA and sexuality. An exploratory factor analysis identified two distinct factors: Misconceptions about CSA (4 items) and Sexual Drive/Preoccupation (5 items). Each item is rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree), with higher scores reflecting more significant cognitive distortions. The internal consistency of the Portuguese version ranges from moderate ( $\alpha = .67$ ) to high ( $\alpha = .74$ ). In the present study, the Cronbach alpha ranged from .87 to .92 (Misconceptions about CSA).

### ***Social desirability***

The Marlowe-Crowne Social Desirability Scale – Short Form (MCSDS-SF; Ballard, 1992; Portuguese version; Pechorro et al., 2012) was used. It is a 12-item instrument designed to evaluate the tendency of participants to provide socially desirable responses. Respondents classify the items as either true or false. The Portuguese adaptation of the measure has demonstrated sufficient internal consistency in prior research (Pechorro et al., 2012), with a reported Kuder-Richardson value of .60 (Pechorro et al., 2012). In the current study, Cronbach's alpha coefficient was .72.

### ***Procedure***

This study was part of a larger project on the sociodemographic and psychological characteristics of men who perpetrated CSA, which was approved by the Ethics Commission of the University of [blind for review purposes] and the General Directorate of Reintegration and Prison Services, Ministry of Justice (DGRSP-MJ).

First, a list of prisons and reintegration teams with the highest number of individuals convicted of sex crimes against children was previously obtained from the DGRSP-MJ. Then, an initial meeting was scheduled with these institutions where we explained the study objectives and requested their assistance in providing a list of individuals convicted of such offenses. Subsequently, potential participants were contacted by the research team, either within the prison setting or through reintegration teams. Each eligible participant was approached individually, and the study's objectives and procedures were thoroughly explained. Those who consented to the voluntary, anonymous, and confidential nature of the research and acknowledged there would be no compensation or harm from their participation signed the informed consent form. Following this, participants completed the required instruments. Only participants deemed clinically stable by the responsible professionals

were included. Clinical stability was defined based on the absence of recent acute crises and on the participants' ability to understand and appropriately respond to the questions during interviews or while completing questionnaires, as judged by the referring professionals. To ensure the validity of responses, data collection was conducted in supervised settings, with support from trained professionals who were able to identify signs of significant cognitive or emotional impairment. After that, the institutional files of the participants were reviewed, and relevant socio-demographic and penal data was gathered. Data collection occurred throughout 2021 and 2022.

### **Data analysis**

First, descriptive statistics (measures of central tendency and dispersion) were used to outline the participants' sociodemographic and juridical characteristics. Second, chi-square tests and independent-samples t-tests were conducted to explore the group differences and associations between individuals who perpetrated CSA with and without a CSA history across the sociodemographic and juridical variables (e.g., marital status, age). Third, two one-way MANCOVA analyses were conducted to compare CSA and non-CSA men on emotional functioning and cognitive thinking patterns, controlling for additional forms of maltreatment (that is, psychological and physical abuse), social desirability, and previous participation in psychological intervention. These covariates were included due to the significant differences observed between the two groups of men. Partial eta squared ( $\eta^2$ ) was examined for multivariate t-test equivalents to examine effect sizes, where 0.01 was small, 0.06 was medium, and 0.14 was large. The data were analyzed using IBM SPSS Statistics, Version 29.

## **Results**

### **Sociodemographic and juridical characteristics**

Results concerning sociodemographic and juridical characteristics did not reveal statistically significant differences between the individuals with CSA and without CSA in childhood in age,  $t(107) = -.364$ ,  $p = .717$ , marital status,  $\chi^2(3) = 1.090$ ,  $p = .780$ , with a small effect size,  $V = .100$ , education,  $\chi^2(4) = 1.740$ ,  $p = .783$ , with a small effect size,  $V = .126$ , employment at the time of the incident,  $\chi^2(3) = 1.491$ ,  $p = .684$ , with a small effect size,  $V = .117$ , and sexual and alcohol abuse,  $\chi^2(1) = .455$ ,  $p = .500$ , with a small effect size,  $V = .065$  (see [Table 1](#)).

Furthermore, there was a statistically significant association between the groups and the following variables: being victim of physical abuse in childhood,  $\chi^2(1) = 6.604$ ,  $p = .010$ , with a small effect size,  $V = .25$ , and being victim of psychological abuse in childhood,  $\chi^2(1) = 5.246$ ,  $p = .022$ , with a small effect size,  $V = .21$ . Men with a history of CSA in childhood exhibit a higher prevalence of physical and psychological abuse compared to those without such a history. In addition, findings did not reveal statistically significant differences between the two groups in the percentage of participants with psychological interventions,  $\chi^2(1) = .128$ ,  $p = .720$ , with a small effect size,  $V = .034$  (see [Table 1](#)).

**Table 2.** MANCOVA results and descriptive statistics for emotional and distorted thinking patterns.

	CSA in childhood ( <i>n</i> = 26) M (SD)	Non-CSA in childhood ( <i>n</i> = 86) M (SD)	<i>F</i>
Physical aggression	2.81 (2.73)	1.45 (1.71)	6.459***
Verbal aggression	2.27 (1.97)	1.77 (1.69)	4.891***
Anger	2.62 (2.71)	1.59 (1.73)	5.099***
Hostility	4.08 (3.16)	3.12 (2.71)	n.s.
Somatization	.58 (.47)	.56 (.64)	n.s.
Obsession-compulsion	.87 (.81)	.70 (.59)	n.s.
Interpersonal sensibility	1.02 (.95)	.64 (.63)	3.823***
Depression	1.12 (.97)	.73 (.67)	4.559***
Anxiety	.88 (.62)	.56 (.53)	3.267***
Hostility	.77 (.81)	.42 (.53)	5.951***
Phobic anxiety	.36 (.51)	.31 (.52)	2.464*
Paranoid ideation	1.57 (.87)	1.17 (.79)	4.318***
Psychoticism	.94 (.79)	.66 (.55)	3.185***
Self-esteem	19.19 (5.35)	21.66 (5.12)	2.594*
Sexual drive/Preoccupation	17.27 (5.20)	15.53 (4.83)	2.805*
Positive misattributions of pleasure in CSA	20.15 (14.44)	20.65 (14.56)	n.s.
Negative attributions of CSA	10.04 (6.90)	12.84 (8.39)	n.s.
Misconceptions about CSA	6.69 (3.33)	7.05 (3.26)	n.s.

Note. \*\*\* $p < .011$ ; \* $p < .05$ ; n.s. = not significant.

### **The experience of CSA and emotional functioning**

Overall findings indicated that CSA and non-CSA men differed significantly in emotional functioning after controlling for the covariates,  $F(14, 90) = 5.781$ ,  $p < .001$ , Wilks'  $\lambda = .527$ , partial  $\eta^2 = .473$ . Follow-up univariate analyses showed that men with CSA histories had higher scores on physical aggression,  $F(5, 108) = 6.459$ ,  $p < .001$ , partial  $\eta^2 = .239$ , verbal aggression,  $F(5, 108) = 4.891$ ,  $p < .001$ , partial  $\eta^2 = .192$ , and anger,  $F(5, 108) = 5.099$ ,  $p < .001$ , partial  $\eta^2 = .198$ , than men without CSA histories. Moreover, men with CSA in childhood had more interpersonal sensibility,  $F(5, 108) = 3.823$ ,  $p = .003$ , partial  $\eta^2 = .157$ , depression,  $F(5, 108) = 4.559$ ,  $p < .001$ , partial  $\eta^2 = .181$ , anxiety,  $F(5, 108) = 3.267$ ,  $p = .009$ , partial  $\eta^2 = .137$ , hostility,  $F(5, 108) = 5.951$ ,  $p < .001$ , partial  $\eta^2 = .224$ , phobic anxiety,  $F(5, 108) = 2.464$ ,  $p = .038$ , partial  $\eta^2 = .107$ , paranoid ideation,  $F(5, 108) = 4.318$ ,  $p < .001$ , partial  $\eta^2 = .173$ , psychoticism,  $F(5, 108) = 3.185$ ,  $p = .010$ , partial  $\eta^2 = .134$ , and lower self-esteem,  $F(5, 108) = 2.594$ ,  $p = .030$ , partial  $\eta^2 = .112$ , than non-CSA group (see Table 2).

### **The experience of CSA and distorted thinking patterns**

MANCOVA was used to assess whether there were significant differences between men with CSA and non-CSA in childhood groups across various dependent outcomes while controlling several covariates (i.e., experiences of physical and psychological abuse, social desirability and participation in psychological intervention programs) (see Table 2). CSA and non-CSA men differed significantly on risk factors for committing sexual crimes,  $F(4, 97) = 6.474$ ,  $p < .001$ , Wilks'  $\lambda = 0.789$ , partial  $\eta^2 = .211$ . Follow-up univariate analyses showed that men with CSA histories had higher scores on the sexual drive/Preoccupation,  $F(5, 105) = 2.805$ ,  $p = .021$ , partial  $\eta^2 = .123$ , than men without CSA histories. There were no differences between the groups in the following variables: positive misattributions of pleasure in CSA,  $F(5, 105) = 1.390$ ,  $p = .235$ , partial  $\eta^2 = .065$ , negative

attributions of CSA,  $F(5, 105) = 1.689, p = .144$ , partial  $\eta^2 = .078$ , and misconceptions about CSA,  $F(5, 105) = 1.193, p = .318$ , partial  $\eta^2 = .056$ .

## Discussion

CSA is known to have significant long-term effects on an individual's functioning, but its specific role in sexual offending remains unclear (e.g., Leach et al., 2016; Widom & Massey, 2015). In this way, this study aimed to understand the differences in emotional functioning (i.e., symptomatology, self-esteem, and aggressiveness) and dysfunctional thinking patterns about victims, sexual abuse, and sexuality between a group of men convicted of CSA with a history of CSA and a group of men convicted of CSA without such a history.

A noteworthy finding is the relatively low prevalence of CSA among men who perpetrated CSA (that is, 23%) compared to other studies in the field (Kahn et al., 2021), although not as low as reported in a study conducted with a sample of 158 men in Greece (7.59%; Togas & Alexias, 2024) and another conducted in Australia (Leach et al., 2016). These findings challenge the “sexually abused – sexual abuser” hypothesis, which suggests a direct link between being a victim of sexual abuse and becoming a perpetrator (e.g., Garland & Dougher, 1990; Glasser et al., 2001). The experience of sexual abuse appears to be neither a necessary nor sufficient condition for committing a sex crime (Ramirez et al., 2015). Furthermore, the results suggest an indirect link between these factors, as the following findings demonstrate.

In fact, our results partially supported our hypotheses, revealed that individuals who perpetrated CSA and with CSA histories presented a set of symptomatology symptoms (that is, interpersonal sensibility, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism) and lower self-esteem compared to individuals without CSA histories, which are in line with the scientific literature about possibly traumatic events (McKay et al., 2021; Teicher et al., 2016). These symptoms may stem from difficulties in emotion regulation, memory deficits, and executive dysfunction caused by CSA. This symptomatology and self-esteem, although not predictors of recidivism in sexual offenses (e.g., Gannon et al., 2019; Seto et al., 2023), may be associated with and influence some factors that predict recidivism, such as the ability to initiate and establish interpersonal relationships (Johnson, 2019; Pettersen et al., 2020). Theories on the etiology of sexual aggression suggest that low self-esteem impairs the ability to form and sustain meaningful relationships, potentially leading individuals to seek intimacy with less threatening individuals, such as children (Marshall & Barbaree, 1990). Additionally, low self-esteem may hinder inhibitory mechanisms like empathy or amplify factors that promote aggression (Pettersen et al., 2020). Moreover, these results are highly relevant at the rehabilitative level, as they may influence participants' responsiveness to intervention programs aimed at reducing the risk of sexual offense recidivism. According to the Risk-Need-Responsivity model (Bonta & Andrews, 2017), responsivity factors must be addressed to increase the likelihood of program effectiveness (e.g., Gannon et al., 2019).

Additionally, the results revealed that individuals who experienced CSA in childhood exhibit higher levels of verbal aggression, physical aggression, and anger. This finding is consistent with existing literature, which suggests that CSA victims often engage in aggressive behaviors due to neurobiological changes. Specifically, CSA can lead to hyperactivity in the amygdala, promoting emotional dysregulation (Snow et al., 2022) and damage in the

prefrontal cortex, leading to difficulties in impulse control (Estévez et al., 2019). Furthermore, victims of CSA may internalize and normalize aggressive behaviors, perpetuating a cycle of aggression into adulthood (Widom, 2017). Although men who commit CSA do not typically use aggression in carrying out their crimes (Ramirez et al., 2015), these findings warrant attention. Literature has consistently emphasized that physical abuse leads to higher levels of aggression, as children may learn to behave violently within their home environment, subsequently transferring that violence into their interpersonal relationships both as children and later as adults (Mass et al., 2008; Simons et al., 2008). However, our findings indicate that sexual abuse can also result in elevated levels of aggression, as highlighted in the study by Ramirez et al. (2015). In sum, these results demonstrate that victimization experiences, which can be traumatic, simultaneously result in both acting out, which refers to outwardly directed aggressive or impulsive behaviors, such as verbal or physical aggression, and acting in, which manifests as self-directed negative internal dialogs, increased shame, and low self-worth, without necessarily presenting as overt aggression (van der Kolk, 2014). Intervention programs must address this issue, considering the connection that aggressive traits may have in committing crimes.

Lastly, the results also indicated that individuals who were victims of sexual abuse in childhood have more distorted beliefs regarding sex crime/preoccupation, without showing differences in empathy for the victims or in beliefs related to CSA, contradicted the initial hypothesis. These results emerge while controlling the presence of psychological intervention, social desirability, and other forms of maltreatment. Although there is limited literature in this area, the presence of more distorted beliefs regarding sex crime may reflect the consequences of CSA on sexual health, especially when there has been no specialized intervention to process the trauma (e.g. Cartwright & Craig, 2023). Beyond this, these results also reveal that more effective interventions are needed to assist in processing adverse and potentially traumatic experiences.

The results of this study should be interpreted considering the inherent limitations. First, the use of Yes/No questions to determine whether the men had been victims of sexual, physical, or psychological abuse may introduce some bias. In the specific case of sexual abuse, rates are often underreported for various reasons. Fernandes et al. (2024) conducted a scoping review on forensic interview techniques in child sexual abuse cases, highlighting the persistent issue of underreporting. Sexual abuse is frequently underreported due to multiple factors, including victims' fear of not being believed (Fernandes et al., 2024). In addition to the shame associated with it, boys may perceive the abuse as a positive experience, especially if their abuser is female (e.g., Plummer & Cossins, 2018). Second, the internal consistency of the psychoticism subscale of the BSI is low; therefore, the results should be interpreted with caution. Third, a recent systematic review suggests that male CSA victims may be more likely to become individuals who perpetrated CSA if the abuse has specific characteristics, such as occurring when they are 12 years or older, being subjected to frequent abuse (which can lead to increasing severity), involving severe sexual abuse, or being abused by someone, like a father figure, with whom they have a dependent relationship (Plummer & Cossins, 2018). However, the present study did not focus on the characteristics of the abuse experienced by the men in the study. Future studies should focus on these variables. Fourth, some limitations related to our sampling should be noted. For instance, our sample consisted solely of men, making it uncertain how the findings might apply to women. Additionally,

while we differentiated between individuals who perpetrated CSA based on subtypes (those with and without a history of CSA in childhood), the sample sizes within these groups are small. Future studies with larger samples, mainly focusing on subtypes of individuals who perpetrate CSA, are needed for further validation. In addition, future studies with larger samples should explore complex models to better understand the interaction between the variables studied in shaping specific violent offending behaviors.

In practical terms, the results of our study highlight an indirect link between being a victim of CSA in childhood and perpetrating sexual abuse crimes in adulthood. The presence of such victimization affects the development of various symptoms, self-esteem and aggression levels. These results reinforce the importance of exploring victimization experiences in ongoing psychological support, as they appear to reflect traumatic responses to past events. Moreover, these factors should be targeted for intervention, both because of their potential to impact relationships – a risk factor for sexual recidivism – and because they can influence participants' responsiveness to treatment (Bonta & Andrews, 2017). Trauma-focused therapies should be utilized due to their promising evidence with forensic populations (Sousa, Gouveia, Cunha, & de Castro Rodrigues, 2024) to assist in processing these experiences and their impact on the variables under study.

On the other hand, the study adds information about the influence of sexual abuse on the development of aggressive traits, which should also be addressed in interventions. Beyond this, although CSA is a phenomenon determined by various factors (e.g., individual, contextual) (e.g., Dangerfield et al., 2020), it is important to identify children/youth who are targets of this type of victimization early on to prevent the development of symptoms, low self-esteem, and distorted beliefs associated with the abuse.

### Author contributions

CRedit: **Marta Sousa:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Methodology, Project administration, Software, Writing – original draft, Writing – review & editing; **Olga Cunha:** Conceptualization, Formal analysis, Supervision, Writing – review & editing; **Tânia Gonçalves:** Conceptualization, Resources, Writing – original draft; **Rui Abrunhosa Gonçalves:** Conceptualization, Supervision; **Andreia de Castro Rodrigues:** Conceptualization, Methodology, Supervision, Writing – review & editing.

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## References

- Abel, G. G., Becker, J. V., & Cunningham-Rathner, J. (1984). Complications, consent, and cognitions in sex between children and adults. *International Journal of Law and Psychiatry*, 7(1), 89–103. [https://doi.org/10.1016/0160-2527\(84\)90008-6](https://doi.org/10.1016/0160-2527(84)90008-6)
- Babchishin, K. M., Karl Hanson, R., & Hermann, C. A. (2011). The characteristics of online sex offenders: A meta-analysis. *Sexual Abuse*, 23(1), 92–123.
- Ballard, R. (1992). Short forms of the Marlowe-Crowne social desirability scale. *Psychological Reports*, 71(3\_suppl), 1155–1160. <https://doi.org/10.2466/pr0.1992.71.3f.1155>
- Beckett, R. C., & Fisher, D. (1994, November). Assessing victim empathy: A new measure. 13th Annual Conference of the Association for the Treatment of Sexual Abusers, San Francisco.
- Bentivegna, F., & Patalay, P. (2022). The impact of sexual violence in mid-adolescence on mental health: A UK population-based longitudinal study. *Lancet Psychiatry*, 9(11), 874–883. [https://doi.org/10.1016/S2215-0366\(22\)00271-1](https://doi.org/10.1016/S2215-0366(22)00271-1)
- Bogaerts, S., Tressová, D., Feijen, E., & Janković, M. (2025). Unraveling the association: How identity mediates the impact of childhood trauma on criminal behavior. *Behavioral Sciences*, 15(1), 56. <https://doi.org/10.3390/bs15010056>
- Bonta, J., & Andrews, D. A. (2017). *The psychology of criminal conduct*. Routledge.
- Bryant, F., & Smith, B. (2001). Refining the architecture of aggression: A measurement model for the Buss-Perry aggression questionnaire. *Journal of Research in Personality*, 35(2), 138–167. <https://doi.org/10.1006/jrpe.2000.2302>
- Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *Journal of Personality & Social Psychology*, 63(3), 452–459. <https://doi.org/10.1037/0022-3514.63.3.452>
- Canavarro, M. C. (2007). Inventário de Sintomas Psicopatológicos: Uma Revisão crítica dos estudos realizados em Portugal [Brief Symptom Inventory: A critical revision of the studies conducted in Portugal]. In Almeida L., Simões M., Machado C., Gonçalves M. (Eds.), *Avaliação psicológica. Instrumentos validados para a população portuguesa* [Psychological assessment: Validated instruments for the portuguese population] (Vol. III, pp. 305–331). Quarteto Editora.
- Cartwright, A. D., & Craig, J. (2023). Empathy and cognitive distortions in sex offenders participating in community-based treatment. *International Journal of Offender Therapy and Comparative Criminology*, 67(16), 1599–1614. <https://doi.org/10.1177/0306624X221133000>
- Casey, E. A., Masters, N. T., Beadnell, B., Hoppe, M. J., Morrison, D. M., & Wells, E. A. (2017). Predicting sexual assault perpetration among heterosexually active young men. *Violence Against Women*, 23(1), 3–27. <https://doi.org/10.1177/1077801216634467>
- Craissati, J., McClurg, G., & Browne, K. (2002). Characteristics of perpetrators of child sexual abuse who have been sexually victimized as children. *Sexual Abuse*, 14(3), 225–239. <https://doi.org/10.1177/107906320201400303>
- Cuadra, L. E., Jaffe A. E., Thomas R., & DiLillo D. (2014). Child maltreatment and adult criminal behavior: Does criminal thinking explain the association? *Child Abuse and Neglect*, 38(8), 1399–1408. <https://doi.org/10.1016/j.chiabu.2014.02.005>
- Dalsklev, M., Cunningham, T., Dempster, M., & Hanna, D. (2021). Childhood physical and sexual abuse as a predictor of reoffending: A systematic review. *Trauma, Violence & Abuse*, 22(3), 605–618. <https://doi.org/10.1177/1524838019869082>
- Dangerfield, B., Ildeniz, G., & Ó Ciardha, C. (2020). Theories that explain the sexual abuse of children. *The Wiley Handbook of What Works with Sexual Offenders: Contemporary Perspectives in Theory, Assessment, Treatment, and Prevention*, 23–37. <https://doi.org/10.1002/9781119439325.ch2>

- DeLisi, M., Drury, A. J., & Elbert, M. J. (2021). Frequency, chronicity, and severity: New specification of adverse childhood experiences among federal sexual offenders. *Forensic Science International: Mind and Law*, 2, 100051. <https://doi.org/10.1016/j.fsimpl.2021.100051>
- Derogatis, L. R. (2001). *Brief symptom inventory* 18. Johns Hopkins University.
- Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., Loo, C. M., & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse and Neglect*, 28(7), 771–784.
- Drury, A. J., Elbert, M. J., & DeLisi, M. (2019). Childhood sexual abuse is significantly associated with subsequent sexual offending: New evidence among federal correctional clients. *Child Abuse and Neglect*, 95, 104035.
- Dube, S. R., Anda, R. F., Felitti, V. J., Croft, J. B., Edwards, V. J., & Giles, W. H. (2001). Growing up with parental alcohol abuse: Exposure to childhood abuse, neglect, and household dysfunction. *Child Abuse and Neglect*, 25(12), 1627–1640. [https://doi.org/10.1016/s0145-2134\(01\)00293-9](https://doi.org/10.1016/s0145-2134(01)00293-9)
- D’Urso, G., Petrucci, I., Costantino, V., Zappulla, C., & Pace, U. (2018). The role of moral disengagement and cognitive distortions toward children among sex offenders. *Psychiatry, Psychology, and Law: - An Interdisciplinary Journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law*, 26(3), 414–422. <https://doi.org/10.1080/13218719.2018.1506718>
- Estévez, A., Ozerinjauregi, N., Herrero-Fernández, D., & Jauregui, P. (2019). The mediator role of early maladaptive schemas between childhood sexual abuse and impulsive symptoms in female survivors of CSA. *Journal of Interpersonal Violence*, 34(4), 763–784. <https://doi.org/10.1177/0886260516645815>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *The American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- Fernandes, D., Gomes, J. P., Albuquerque, P. B., & Matos, M. (2024). Forensic interview techniques in child sexual abuse cases: A scoping review. *Trauma, Violence & Abuse*, 25(2), 1382–1396. <https://doi.org/10.1177/15248380231177317>
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530–541. <https://doi.org/10.1111/j.1939-0025.1985.tb02703.x>
- Gannon, T. A., Olver, M. E., Mallion, J. S., & James, M. (2019). Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness. *Clinical Psychology Review*, 73, 101752. <https://doi.org/10.1016/j.cpr.2019.101752>
- Garbutt, K., Rennoldson, M., & Gregson, M. (2024). Sexual offending: Adverse childhood experiences, shame, and self-compassion explain the variance in self-harm and harm towards others? *Sexual Abuse*, 36(6), 662–691. <https://doi.org/10.1177/10790632231201398>
- Garland, R. J., & Dougher, M. J. (1990). The abused/abuser hypothesis of child sexual abuse: A critical review of theory and research. In *Pedophilia: Biosocial dimensions* (pp. 488–509). Springer.
- Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S. (2001). Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *British Journal of Psychiatry*, 179(6), 482–494.
- Graham, K. R. (1996). The childhood victimization of sex offenders: An underestimated issue. *International Journal of Offender Therapy and Comparative Criminology*, 40(3), 192–203. <https://doi.org/10.1177/0306624X9604000303>
- Hailles, H. P., Yu, R., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: An umbrella review. *Lancet Psychiatry*, 6(10), 830–839.
- Hanson, R., Gizzarelli, R., & Scott, H. (1994). The attitudes of incest offenders: Sexual entitlement and acceptance of sex with children. *Criminal Justice & Behavior*, 21(2), 187–202. <https://doi.org/10.1177/0093854894021002001>

- Jespersen, A. F., Lalumière, M. L., & Seto, M. C. (2009). Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis. *Child Abuse and Neglect*, 33(3), 179–192. <https://doi.org/10.1016/j.chiabu.2008.07.004>
- Johnson, S. A. (2019). Child porn offenders, solicitation offenders and child sexual abusers: What the literature has to say. *Forensic Research & Criminology International Journal*, 7(4), 202–235.
- Kahn, R. E., Jackson, K., Keiser, K., Ambroziak, G., & Levenson, J. S. (2021). Adverse childhood experiences among sexual offenders: Associations with sexual recidivism risk and psychopathology. *Sexual Abuse*, 33(7), 839–866. <https://doi.org/10.1177/1079063220970031>
- Leach, C., Stewart, A., & Smallbone, S. (2016). Testing the sexually abused-sexual abuser hypothesis: A prospective longitudinal birth cohort study. *Child Abuse & Neglect*, 51, 144–153.
- Marshall, W. L., & Barbaree, H. E. (1990). An integrated theory of the etiology of sexual offending. In *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 257–275). Boston, MA: Springer US.
- Mass, C., Herrenkohl, T. I., & Sousa, C. (2008). Review of research on child maltreatment and violence in youth. *Trauma, Violence & Abuse*, 9(1), 56–67. <https://doi.org/10.1177/1524838007311105>
- McKay, M. T., Cannon, M., Chambers, D., Conroy, R. M., & Coughlan, H., Dodd, P., Clarke, M. C., Dooley, N., Hammerton, G., Keeley, H., Lynch, F., McCarthy, M., McGorry, P. D., Murphy, J., O'Callaghan, E., O'Reilly, K., Purcell, R., Rawal, M., Sullivan, S., ... Clarke, M. C. (2021). Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies. *Acta Psychiatrica Scandinavica*, 143(3), 189–205. <https://doi.org/10.1111/acps.13268>
- Pechorro, P., Barroso, R., Poiares, C., Oliveira, J. P., & Torrealday, O. (2016). Validation of the Buss-Perry aggression questionnaire-short form among Portuguese juvenile delinquents. *International Journal of Law and Psychiatry*, 44, 75–80. <https://doi.org/10.1016/j.ijlp.2015.08.033>
- Pechorro, P., Marôco, J., Poiares, C., & Vieira, R. (2011). Validação da Escala de Auto-estima de Rosenberg com adolescentes Portugueses em contexto forense e escolar. *Arquivos de Medicina*, 25 (5–6), 174–179.
- Pechorro, P., Vieira, R. X., Poiares, C., & Marôco, J. (2012). Contributos para a Validação duma Versão Curta da Escala de Desejabilidade Social de Marlowe-Crowne com Adolescentes Portugueses. *Arquivos de Medicina*, 26(3), 103–108.
- Pettersen, C., Nunes, K. L., Kostiuk, N., Jung, S., & Atlas, M. (2020). Explicit and implicit self-esteem, narcissism, and recidivism risk in a sample of men who have sexually offended against children. *Archives of Sexual Behavior*, 49(4), 1319–1332.
- Plummer, M., & Cossins, A. (2018). The cycle of abuse: When victims become offenders. *Trauma, Violence & Abuse*, 19(3), 286–304. <https://doi.org/10.1177/1524838016659487>
- Ramirez, S. R., Jeglic, E. L., & Calkins, C. (2015). An examination of the relationship between childhood abuse, anger and violent behavior among a sample of sex offenders. *Health Justice*, 3 (14). <https://doi.org/10.1186/s40352-015-0025-3>
- Rosenberg, M. (1986). Conceiving the self. Malabar, FA. Robert E. Krieger. Rosenmann, A. and Safir, M. P. (2006). forced online: Push factors of internet sexuality: A preliminary study of online paraphilic empowerment. *Journal of Homosexuality*, 51(3), 71–92. [https://doi.org/10.1300/J082v51n03\\_05](https://doi.org/10.1300/J082v51n03_05)
- Rosenberg, M. (1989). *Society and the adolescent self-image* (Revised ed.). Wesleyan University Press.
- Seto, M., Augustyn, C., Roche, K. M., & Hilkes, G. (2023). Empirically-based dynamic risk and protective factors for sexual offending. *Clinical Psychology Review*, 106, 102355.
- Sheffler, J. L., Piazza, J. R., Quinn, J. M., Sachs-Ericsson, N. J., & Stanley, I. H. (2019). Adverse childhood experiences and coping strategies: Identifying pathways to resiliency in adulthood. *Anxiety, Stress & Coping*, 32(5), 594–609. <https://doi.org/10.1080/10615806.2019.1638699>
- Simons, D. A., Wurtele, S. K., & Durham, R. L. (2008). Developmental experiences of child sexual abusers and rapists. *Child Abuse and Neglect*, 32(5), 549–560. <https://doi.org/10.1016/j.chiabu.2007.03.027>

- Snow, J., Moorman, J., & Romano, E. (2022). Emotion regulation and mental health among men with childhood sexual abuse histories. *Journal of Child Sexual Abuse*, 31(4), 412–430. <https://doi.org/10.1080/10538712.2021.1970677>
- Sousa, M., Cunha, O., Gonçalves, R. A., & de Castro-Rodrigues, A. (2024). The Portuguese version of victim empathy distortion scale: Adaptation and psychometric properties. *Journal of Police and Criminal Psychology*, 40(1), 1–10. <https://doi.org/10.1007/s11896-024-09705-7>
- Sousa, M., Gouveia, C., Cunha, O., Basto-Pereira, M., Gonçalves, R. A., & de Castro Rodrigues, A. (2024). Initial validation of hanson sex attitude questionnaire (HSAQ) in Portuguese perpetrators of child sexual abuse and perpetrators of non-sexual crimes. *Journal of Human Behavior in the Social Environment*, 35(5), 1–12. <https://doi.org/10.1080/10911359.2024.2344677>
- Sousa, M., Gouveia, C., Cunha, O., & de Castro Rodrigues, A. (2024). The effectiveness of schema therapy in individuals who committed crimes: A systematic review. *Trauma, Violence & Abuse*, 25(5), 3631–3642. <https://doi.org/10.1177/15248380241254082> (Original work published 2024)
- Steely Smith, M. (2022). “I’m not a child molester, but a victim myself”: Examining rationalizations among male sex offenders who report histories of childhood sexual abuse. *International Journal of Offender Therapy and Comparative Criminology*, 67(12), 1254–1271. <https://doi.org/10.1177/0306624X221102789>
- Teicher, M. H., Samson, J. A., Anderson, C. M., & Ohashi, K. (2016). The effects of childhood maltreatment on brain structure, function and connectivity. *Nature Reviews Neuroscience*, 17(10), 652–666.
- Tibbels, S., Benbouriche, M., & Przygodzki-Lionet, N. (2024). Empathy deficits in individuals convicted of a sexual offense: A systematic literature review. *Victims & Offenders*, 19(5), 709–738. <https://doi.org/10.1080/15564886.2022.2137614>
- Togas, C., & Alexias, G. (2024). Prevalence of adverse childhood experiences (ACEs) in child sex offenders and associations with health indicators. *Psychology: The Journal of the Hellenic Psychological Society*, 29(1), 28–41.
- van der Kolk, B. (2014). *The body keeps score: Brain, mind, and body in the healing of trauma*. Viking.
- Ward, T., Hudson, S. M., & Marshall, W. L. (1996). Attachment style in sex offenders: A preliminary study. *Journal of Sex Research*, 33(1), 17–26. <https://doi.org/10.1080/00224499609551811>
- Widom, C. S. (2017). Long-term impact of childhood abuse and neglect on crime and violence. *Clinical Psychology Science & Practice*, 24(2), 186. <https://doi.org/10.1037/h0101743>
- Widom, C. S., & Massey, C. (2015). A prospective examination of whether childhood sexual abuse predicts subsequent sexual offending. *JAMA Pediatrics*, 169(1), e143357–e143357.