



I2 Minor Perpetrators of Sexual Crimes: Personality, Coping Style, and Parental Care—Twenty-Three Italian Cases

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After attending this presentation, attendees will more fully comprehend the dynamics regarding sexual violence perpetrated by minors in Italy.

This presentation will impact the forensic science community by presenting some of the challenges that professionals in criminology and legal medicine face when dealing with sexual crimes committed by minors in Italy.

In the field of forensic psychiatry, any sexual behavior that occurs *without consent, without equality, or as a result of coercion* is considered to be abusive.¹ In order for sexual behavior to be considered consensual, certain criteria are necessary: comprehension of the nature of the proposal; an understanding of societal standards regarding sexuality; awareness of the potential consequences and alternatives; the presumption that agreement or disagreement will be respected in the same manner; the decision to engage is a voluntary one; and, that those involved are mentally competent.²

Equal relationship refers to situations in which the two people involved possess equal power within the relationship and neither of the two is controlled or coerced by the other. *Coercion* refers to situations where one party abuses authority, offers bribes, makes threats, or uses intimidation tactics in order to win the cooperation or obedience of the other. Sexual conduct during adolescence must not be considered deviant if it involves non-coercive interaction between two peers. It is not always easy to demonstrate coercion, though expert testimony evaluations often focus on this critical aspect. At times, it is also challenging to determine what age-appropriate sexual behavior is, and if the two people involved are, in fact, developmental and/or chronological peers. Studies on the topic hypothesize the inability of the adolescent to recognize the other as different from himself or herself, and the difficulties associated with entering into a sexual relationship with another person where dysfunctional coping strategies are often employed. One pilot study from 2002 revealed that the parents of adolescent sexual offenders most often employ an overprotective-affectionless parenting style.³ "Affectionless control" parenting style is a risk factor for the development of deviant behavior. Comorbidity rates in adolescent sexual offenders are high and involve behavioral disorders, personality disorders, and emotional-affective disorders. One recent study revealed that about two-thirds of sexual offenders meet the criteria for personality disorder. Impulsivity is one of the characteristics typical of people who exhibit aberrant and violent behavior.⁴ The goal of this study is to evaluate the relationship between personality, parental care, and coping style in adolescent sex offenders.

Methods: Clinical interviews; psychodiagnostic testing (MMPI, Minnesota for Adolescents, A/2; Parental Bonding Instrument (PBI); Coping Inventory for Stressful Situations (CISS; Questionnaire I-R, frustration-aggression by Caprara et al.); and healthcare, psychological, and judicial documentation. The sample studied thus far is comprised of 23 unmarried male adolescents between the ages of 15 and 20 years at the time of the interview. The average age was 17 years \pm 1.6 (standard deviation), and almost all subjects were Italian (1 Albanian), and Catholic (1 atheist, and 1 agnostic). All were investigated for perpetrating sexual violence on other minors. The sample was taken from Judicial Juvenile Social Services, which intervenes following the commission of a crime by a minor.

Preliminary results have revealed no particular pathologies on the part of the adolescent sexual offenders who were examined by the authors. The type of parenting style they received appears to have been intrusive-overprotective, which did not allow the adolescent to face typical life challenges, thus impeding his ability to develop coping skills. This type of parenting style includes intrusiveness, enmeshment, encouragement of dependence, and cutting the minor off from the outside world.

References:

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