

ADVERSE CHILDHOOD EXPERIENCES, DENIAL AND CROSSOVER OFFENDING PATTERNS IN INDIVIDUALS WITH SEXUAL CONVICTIONS

Marialaura Di Tella¹, Agata Benfante¹, Sara Veggi², & Georgia Zara²

¹Department of Psychology, University of Turin, Turin (Italy)

²Department of Law, University of Turin, Turin (Italy)

Abstract

Studies indicate that individuals who perpetrate violent and sexual offences are more likely to have experienced Adverse Childhood Experiences (ACEs), with prevalence rates exceeding those observed in the general population. According to cumulative trauma theory, exposure to multiple types of traumatic events, especially during early childhood, increases the risk of maladaptive outcomes, including criminal behaviour. ACEs tend to be particularly high among those offenders who report convictions for sex crime. This may be related to the specific characteristics of these offenders' criminal careers, as well as a pattern of denial and minimisation by which they often attempt to distance themselves from their criminal behaviour. Therefore, the present study aimed to explore the relationship between ACEs, denial, and crossover offending patterns among individuals convicted of sexual offences. To identify predictors of the four denial domains of the Comprehensive Inventory of Denial – Sex Offender Version (CID-SO), namely: Cluster A (denial of sexually deviant behaviours and arousal), Cluster B (denial of the need for treatment or management), Cluster C (denial of responsibility), and Cluster D (minimisation of harm), hierarchical multiple regression analyses were performed. Results indicated that the ACE total score significantly predicted both Cluster C ($\beta = 0.186, p = .018$) and Cluster D ($\beta = -0.161, p = .040$). Conversely, significant predictors of Cluster A were found to be the perpetrator's age ($\beta = 0.261, p < .001$) and having crossover age victims (i.e., both child and adult victims) ($\beta = 0.265, p = .001$). Finally, the presence of a crossover offending pattern involving both hands-on and hands-off sexual behaviours significantly predicted Cluster B ($\beta = -0.221, p = .007$). Taken together, these findings suggest that early adverse experiences may influence the development of individual meaning-making processes, self-attribution mechanisms, and narrative constructions concerning the offence, potentially shaping how individuals interpret, explain, and emotionally reframe their criminal behaviour. Moreover, the identification of distinct offence- and victim-related predictors highlight the role of offence trajectory characteristics in modulating how individuals cognitively and affectively position themselves with respect to their actions, accountability, and treatment needs. This perspective underscores the importance of adopting specialised and individualised assessment and intervention strategies that consider the different dimensions and manifestations of denial, along with the underlying psychological and developmental determinants.

Keywords: *Adverse childhood experiences, denial, sexual offending, crossover, assessment.*

1. Introduction

Studies consistently indicate that individuals who perpetrate violent and sexual offences report significantly higher rates of adverse childhood experiences (ACEs) compared to the general population, with elevated prevalence of childhood abuse, neglect, and household dysfunction (Dalsklev et al., 2021; Kahn et al., 2021).

Evidence from forensic-focused reviews further supports these findings. A systematic review examining childhood maltreatment in offender populations reported that experiences of physical and sexual abuse are consistently associated with an increased likelihood of violent offending in adulthood (Dalsklev et al., 2021). Beyond increasing general risk for criminal behaviour, ACEs may also shape the structure and trajectory of criminal careers (Saramago et al., 2020; Scurich & Gongola, 2021). These findings indicate that early developmental adversity may contribute not only to the emergence of criminal behaviour, but also to its persistence and diversification over time. However, not all forms of offence heterogeneity may carry the same psychological meaning. Different dimensions of crossover offending may differentially

relate to internal cognitive and narrative processes, such as responsibility attribution, harm appraisal, and treatment motivation, rather than uniformly reflecting greater denial or deviance.

Contemporary models increasingly conceptualise denial in sexual offending not as a unitary or dichotomous phenomenon, but as a multidimensional construct encompassing distinct cognitive, affective, and narrative processes (Zara et al., 2018, 2020). Trauma-exposed individuals may be more likely to engage in denial, minimisation, or externalisation of responsibility as strategies to manage shame, threat to self-concept, or unresolved trauma-related distress (Blagden et al., 2013; Levenson et al., 2016). Such denial processes have been conceptualised not merely as attempts to deceive, but as psychologically meaningful responses that serve a defensive or self-protective function in the context of adverse developmental histories (Ievins, 2019).

The present study, which is part of a larger project (namely, the SORAT project; Zara et al., 2020), aimed to examine the presence of ACEs, offence-related characteristics, including features of the criminal career and victim categories, and denial processes among individuals convicted of sexual offences.

2. Methods

2.1. Participants and procedures

The sample consisted of 180 male individuals with at least one conviction for a sexual offence, legally binding, and no longer subject to appeal. Participants' age at the time of the first interview ranged from 20.02 to 76.18 years ($M = 45.34$, $SD = 12.37$). With regard to nationality, 64.4% of the sample were Italian ($n = 116$), while 35.6% were foreigners ($n = 64$). In terms of employment status, 81.4% of participants were employed ($n = 144$), 11.3% were unemployed ($n = 20$), and 7.3% were retired ($n = 13$). The sample had a mean duration of formal education of 9.83 years ($SD = 3.82$).

Semi-structured clinical interviews were conducted by licensed psychologists trained in forensic assessment to obtain both a comprehensive account of their life history, including childhood and family background, relational experiences, and developmental trajectories into adulthood, as well as participants' narratives regarding the index offence, with particular attention to the degree of acknowledgment or denial, attribution of responsibility, and the strategies used to explain, justify, or minimise their actions.

Informed consent was obtained from all participants prior to study enrolment. All procedures were conducted in accordance with the Declaration of Helsinki. The study protocol received formal approval from the Ethics Committee of the University of Turin, Italy (protocol reference number 6494/2018).

2.2. Measures

Demographic and Criminal Career variables included age at assessment and offence-related characteristics. To characterise offending trajectories, a set of variables capturing key behavioural dimensions of sexual offending was coded. Specifically, five categorical indicators were used: (1) crossover by victim gender (offending against both male and female victims); (2) crossover by victim age (offending against both child and adult victims); (3) crossover by victim relationship (offending against victims both within and outside a familial or intimate relationship); (4) crossover by offence type (engagement in both contact and non-contact sexual offences); and (5) crossover offending history (presence of heterogeneity across the criminal career, with involvement in both sexual and non-sexual offences). Each variable was coded dichotomously (0 = absence, 1 = presence).

The *Comprehensive Inventory of Denial – Sex Offender Version* (CID-SO) is a clinician-rated instrument to assess the multidimensional construct of denial in individuals convicted of sexual offences. The CID-SO comprises 18 items, each rated on a 3-point ordinal scale (0 = no denial, 1 = partial denial, 2 = complete denial), producing both domain-specific subscale scores and a total denial score ranging from 0 to 36. Items are organised into four theoretically and empirically grounded domains: (1) denial of sexually deviant arousal and behaviours; (2) denial of the need for treatment or management; (3) denial of responsibility for the offence; and (4) minimisation of harm caused to victims. Higher scores indicate greater levels of denial within each domain and overall (Jung & Daniels, 2012).

The *Adverse Childhood Experiences* (ACE) questionnaire is a retrospective self-report measure designed to assess exposure to a range of adverse events occurring before the age of 18. ACE score ranges from 0 to 10, with higher scores reflecting a greater cumulative burden of childhood adversity.

2.3. Analytical strategy

To examine predictors of the four CID-SO denial domains (Cluster A: denial of sexually deviant behaviours and arousal; Cluster B: denial of the need for treatment/management; Cluster C: denial of responsibility; Cluster D: minimisation of harm), four hierarchical multiple regression analyses were conducted. Predictor variables were entered sequentially in three blocks: age (Block 1), crossover variables

(Block 2), and adverse childhood experiences (Block 3). All variables within each block were entered simultaneously using the Enter method.

Statistical significance was set at $p < .05$. Multicollinearity was evaluated using tolerance values and variance inflation factors (VIFs), which indicated acceptable levels for all predictors. All analyses were performed using IBM SPSS Statistics, version 29.

3. Results

Results of the hierarchical multiple regression analyses are reported in *Table 1*. For Cluster A (denial of sexually deviant behaviours and arousal), higher denial scores were significantly associated with older age ($\beta = .261, p < .001$) and with a crossover age victimisation pattern involving both child and adult victims ($\beta = .265, p = .001$).

With regard to Cluster B (denial of the need for treatment/management), a crossover pattern involving both hands-on and hands-off sexual behaviours was significantly associated with lower levels of denial ($\beta = -.221, p = .007$).

For Cluster C (denial of responsibility), adverse childhood experiences were the only significant predictor, with higher total ACE scores being associated with higher levels of denial ($\beta = .186, p = .018$).

Finally, for Cluster D (minimisation of harm), adverse childhood experiences were significantly associated with denial, but in the opposite direction, such that higher ACE total scores were related to lower levels of minimisation of harm ($\beta = -.161, p = .040$).

4. Discussion

The present findings support the notion that denial is a multidimensional phenomenon affected by partially distinct developmental factors, such as the presence of ACEs, and offence-related factors (Dalsklev et al., 2021; Ware & Mann, 2012). In particular, higher ACEs scores were associated with greater denial of responsibility for the offence, consistently with cumulative trauma perspectives indicating that repeated exposure to early adverse experiences is associated with impairments in self-regulation, attributional style, and responsibility-taking (Hailes et al., 2019). Individuals with extensive ACEs' histories may therefore be more likely to externalise blame and minimise personal agency when confronted with their offending behaviour (Levenson et al., 2016). In this sense, denial of responsibility may function as a psychologically protective mechanism aimed at preserving a coherent self-concept in the presence of unresolved developmental trauma (Blagden et al., 2013).

At the same time, ACEs were associated with lower levels of minimisation of harm, indicating a reduced tendency to downplay the impact of the offence on victims. This inverse association suggests a nuanced and non-linear relationship between early adversity and denial processes. Research on individuals convicted of sexual offences indicates that personal histories of victimisation may be associated with increased victim empathy and harm acknowledgment, even when responsibility attribution remains compromised (Levenson & Prescott, 2009). This pattern underscores the importance of distinguishing between different dimensions of denial, as acknowledgment of harm may coexist with defensive strategies aimed at avoiding self-blame (Hamilton, 2017).

In contrast to the effects of ACEs, offence-related characteristics played a more prominent role in denial domains directly linked to behavioural patterns and treatment engagement. Specifically, denial of sexually deviant behaviours and arousal was associated with older age and with a crossover pattern involving both child and adult victims, suggesting that features of the offending trajectory may shape how individuals cognitively and narratively position themselves in relation to their sexual behaviour. In fact, age-related crossover implies a broader disruption of sexual scripts and victim representation, potentially challenging core aspects of sexual identity and self-concept. Previous research indicates that broader and less coherent victim profiles are associated with heightened identity threat and narrative dissonance, which may in turn elicit defensive responding and denial (e.g., Marshall et al., 2009).

With respect to denial of the need for treatment or management, the only significant predictor was a crossover pattern involving both hands-on and hands-off sexual behaviours, which was associated with lower levels of denial. Importantly, this negative association reflects a greater acknowledgment of treatment need among individuals with more behaviorally diverse sexual offending patterns, rather than an absence of defensive processes per se. Evidence indicates that individuals with more diverse and escalating offending patterns are more likely to acknowledge treatment need, possibly due to greater offence awareness and increased contact with correctional and clinical systems (e.g., Seto, 2019). Notably, neither age nor ACEs were associated with this domain, suggesting that recognition of treatment need may be more closely linked to offence-related insight than to developmental history (Blagden et al., 2016).

Some limitations of the present study should be acknowledged. The cross-sectional design and the retrospective assessment of ACEs, and the exclusively male sample. Future research would benefit from longitudinal designs examining how denial processes evolve over time and from integrating additional psychological variables.

From a clinical and forensic perspective, the results underscore the need for individualised assessment approaches that account for the heterogeneous pathways leading to different forms of denial. Trauma-informed interventions have been shown to be particularly relevant for individuals whose denial of responsibility is linked to early adversity (Levenson et al., 2017). Conversely, approaches aimed at reducing denial of deviant behaviours or treatment need may benefit from a focus on offence awareness, behavioural patterns, and narrative integration (Mann & Barnett, 2017).

Table 1. Hierarchical multiple regressions predicting denial domains (CID-SO scores) from demographic characteristics, crossover variables, and ACE (N = 180).

Predictor variables	B	β	t	Adj R ²	F	ΔR^2	ΔF
Cluster A: denial of sexually deviant behaviours and arousal							
<i>Model 3</i>				0.124	4.535**	0.002	0.304
Age	0.049	0.261	3.553**				
Crossover gender	0.641	0.085	0.832				
Crossover age	1.719	0.265	3.343**				
Crossover relationship	-0.165	-0.024	-0.310				
Crossover hands-on and -off	-0.640	-0.107	-1.395				
Crossover offending	-0.068	-0.017	-0.185				
ACE Total	-0.043	-0.041	-0.552				
Cluster B: denial of the need for treatment or management							
<i>Model 3</i>				0.025	1.612	0.000	0.004
Age	0.012	0.085	1.099				
Crossover gender	0.323	0.042	0.513				
Crossover age	0.444	0.089	1.058				
Crossover relationship	-0.009	-0.002	-0.021				
Crossover hands-on and -off	-1.018	-0.221	-2.714**				
Crossover offending	0.190	0.049	0.631				
ACE Total	0.004	0.005	0.060				
Cluster C: denial of responsibility							
<i>Model 3</i>				0.047	2.185*	0.032	5.758*
Age	0.002	0.012	0.155				
Crossover gender	0.203	0.027	0.336				
Crossover age	0.489	0.101	1.216				
Crossover relationship	-0.009	-0.002	-0.021				
Crossover hands-on and -off	-0.445	-0.100	-1.241				
Crossover offending	0.508	0.136	1.761				
ACE Total	0.147	0.186	2.400*				
Cluster D: minimisation of harm							
<i>Model 3</i>				0.044	2.108*	0.024	4.275*
Age	0.012	0.080	1.048				
Crossover gender	0.870	0.116	1.427				
Crossover age	0.644	0.131	1.582				
Crossover relationship	0.151	0.029	0.359				
Crossover hands-on and -off	-0.378	-0.084	-1.040				
Crossover offending	0.349	0.092	1.193				
ACE Total	-0.128	-0.161	-2.068*				

ACE = Adverse Childhood Experiences questionnaire.

* $p < .05$; ** $p < .01$

References

- Blagden, N., Winder, B., Gregson, M., & Thorne, K. (2013). Working with denial in convicted sexual offenders: a qualitative analysis of treatment professionals' views and experiences and their implications for practice. *International Journal of Offender Therapy and Comparative Criminology*, 57(3), 332–356.
- Blagden, N., Winder, B., Thorne, K., & Gregson, M. (2016). “No one in the world would ever wanna speak to me again”: An interpretative phenomenological analysis into convicted sexual offenders’ accounts of shame. *Psychology, Crime & Law*, 22(8), 734–749.
- 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.
- Hailes, H. P., Yu, R., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: An umbrella review. *The Lancet Psychiatry*, 6(10), 830–839.
- Hamilton, E. (2017). Identity concerns among sexual offenders: The narrative call. *Practice Innovations*, 2(1), 13–20. <https://doi.org/10.1037/pri0000039>
- Ievins, A. (2019). Finding victims in the narratives of men imprisoned for sex offences. In J. Fleetwood, L. Presser, S. Sandberg, & T. Ugelvik (Eds.), *The Emerald handbook of narrative criminology* (pp. 279–302). Bingley: Emerald Publishing.
- Jung, S. & Daniels, M. (2012). Conceptualizing sex offender denial from a multifaceted framework: Investigating the psychometric qualities of a new instrument. *Journal of Addictions & Offender Counseling*, 33, 2–17.
- 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: A Journal of Research and Treatment*, 33(7), 839–866.
- Levenson, J. S., & Prescott, D. S. (2009). Treatment experiences of civilly committed sex offenders: a consumer satisfaction survey. *Sexual Abuse: A Journal of Research and Treatment*, 21(1), 6–20.
- Levenson, J. S., Willis, G. M., & Prescott, D. S. (2016). Adverse childhood experiences in the lives of male sex offenders: Implications for trauma-informed care. *Sexual Abuse: A Journal of Research and Treatment*, 28(4), 340–359.
- Levenson, J. S., Willis, G. M., & Prescott, D. S. (2017). Trauma-informed care: Transforming treatment for people who have committed sexual offenses. *Sexual Abuse: A Journal of Research and Treatment*, 29(5), 463–484.
- Mann, R. E., & Barnett, G. D. (2017). Treating cognitive components of sexual offending. In D. P. Boer, A. R. Beech, T. Ward, L. A. Craig, M. Rettenberger, L. E. Marshall, & W. L. Marshall (Eds.), *The Wiley handbook on the theories, assessment, and treatment of sexual offending* (pp. 1385–1401). Chichester: Wiley Blackwell.
- Marshall, W. L., Marshall, L. E., Serran, G. A., & O’Brien, M. D. (2009). Self-esteem, shame, cognitive distortions and empathy in sexual offenders. *Psychology, Crime & Law*, 15(6), 513–523.
- Saramago, M. A., Cardoso, J., & Leal, I. (2020). Victim crossover index offending patterns and predictors in a Portuguese sample. *Sexual Abuse: A Journal of Research and Treatment*, 32(1), 101–124.
- Scurich, N., & Gongola, J. (2021). Prevalence of polymorphism (“crossover”) among sexual offenders. *Journal of Criminal Justice*, 77, 1–11.
- Seto, M. C. (2019). *The psychology of sexual offending*. Washington, DC: American Psychological Association.
- Ware, J., & Mann, R. E. (2012). How should “acceptance of responsibility” be addressed in sexual offender treatment? *Aggression and Violent Behavior*, 17(4), 279–288.
- Zara, G., Farrington, D. P., Freilone, F., & Lösel, F. (2020). Assessment, management, and treatment of sex offenders: What is known, what is controversial, what needs further investigation. *Rassegna Italiana di Criminologia*, 3, 166-185.
- Zara, G., Farrington, D. P., & Jung, S. (2020). Denial in Sex Offending Treatment: Examining Criminal Career Diversity. *Journal of Forensic Psychology: Research and Practice*, 20, 451–473.