

Examining Ethno-Racial Related Differences in Child Molester Typology: An MTC:CM3 Approach

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Abstract

Sex offender typologies have been developed in an effort to better understand the heterogeneity of sexual offending as well as offenders' varied risk and therapeutic needs. Perhaps the most well-known and validated child molester typology is the Massachusetts Treatment Center: Child Molester Typology—Version 3 (MTC:CM3). However, this typology was developed and validated using primarily White sex offenders. The current study aimed to replicate this typology in an ethno-racially diverse sample of incarcerated White, Black, and Latino child molesters ($N = 499$). Overall, we found that the MTC:CM3 was applicable to non-White child molesters but that there were differences in the proportion of offenders of different ethno-racial groups in Axis I type classifications. We found no differences in Axis II type classifications. Specifically, Black offenders were more often classified as socially incompetent and sexually attracted to adults compared with White and Latino offenders. Whereas White offenders were more often classified as socially incompetent and sexually fixated on children when compared with

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Black offenders, Latino offenders were more often classified as high in social competence and sexually attracted to adults than Black offenders. On Axis II, the majority of all three subsamples were classified as not having sexual contact with children beyond the offense, unlikely to inflict physical harm on victims, and as not having sadistic interests. Addressing these typological characteristics in the development and implementation of prevention and treatment efforts might increase the responsiveness of specific sex offender populations.

Keywords

child molester, ethno-racial, differences, characteristics, MTC:CM3

In 2012, 62,936 cases of child sexual abuse were officially registered in the United States (U.S. Department of Health and Human Services [HHS], 2012). However, due to low reporting rates of child sexual abuse, the actual number of child sexual abuse victims is thought to be much higher (Kaylor et al., 2015, p. 3). Given the detrimental long-term consequences associated with child sexual offenses, the establishment of effective sex offender prevention and intervention efforts contributing to the management of known sex offenders is imperative (Maniglio, 2009; Robertiello & Terry, 2007; Van Leeuwen et al., 2013).

When completed, sex offender treatment appears to be most promising in reducing recidivism when implemented according to the principles of the Risk-Needs-Responsivity (RNR) Model established by Andrews and Bonta (2007; Hanson, Bourgon, Helmus, & Hodgson, 2009; Hanson et al., 2002; Lösel & Schmucker, 2005; Schmucker & Lösel, 2015). Specifically, these principles stipulate that sex offender treatment should be proportional to the offender's risk to reoffend (the Risk Principle), focus on the offender's dynamic criminogenic needs (the Needs Principle), and be tailored to the offender's personal characteristics, strengths, and learning style to facilitate treatment responsiveness and the learning process (the Responsivity Principle; Andrews & Bonta, 2006, 2007; Hanson et al., 2009; Hanson & Yates, 2013; Robertiello & Terry, 2007).

Although the establishment and implementation of RNR-inspired offender interventions appears to be relatively straightforward from a theoretical perspective, the practical implementation of sex offender specific RNR interventions proves more difficult as the heterogeneity of the sex offender population renders the identification of specific needs and characteristics of different types of sex offenders difficult (Looman, Gauthier, & Boer, 2001; Robertiello

& Terry, 2007). Compared with other offender groups, sex offenders are not only much more diverse in terms of demographic characteristics like age, education, and criminal background, but also in terms of their underlying offense-related motivations and criminogenic needs (Chaffin, Letourneau, & Silovsky, 2002; Hollin & Howells, 1991; Marshall, 1997; Prentky, 1999).

In an effort to better understand the heterogeneity of sex offenders and manage their risk for recidivism, researchers have developed various typologies based upon motivation and characteristics of the offender, the nature of the crime, and victim characteristics (Robertiello & Terry, 2007). To date, the most well-known and validated child molester (CM) typology is the Massachusetts Treatment Center: Child Molester Typology–Version 3 (MTC:CM3; Knight & Prentky, 1990; Robertiello & Terry, 2007). In an effort to establish a reliable and valid taxonomic CM classification system, Knight and Prentky (1990) systematically integrated a deductive (i.e., modification of an existing theory) and inductive (i.e., data-driven cluster analysis) typology development strategy, similar to those used for the generation and evaluation of typologies for psychopathological populations (Knight, 1992). According to this typology, CMs are classified along two separate multidimensional axes: on Axis I, CMs are classified according to their level of pedophilic fixation and social competence. On Axis II, CMs are classified according to the degree and context of contact with children, the amount of physical injury they caused within the context of their offenses, and the level of sadistic interest. Consequently, CMs are assigned to one of 24 different CM typologies based upon their unique individual and situational characteristics (Knight, Carter, & Prentky, 1989; Knight & Prentky, 1990). By applying the MTC:CM3 classification system to a sample of 177 civilly committed CMs treated at the Massachusetts Treatment Center between 1959 and 1981, Knight and colleagues found all major classifications of their typology to have exhibited a reasonable degree of reliability (Knight et al., 1989) and validity (Knight, 1989; Prentky, Knight, Rosenberg, & Lee, 1989). Barbaree, Seto, Serin, Amos, and Preston (1994), and Looman et al. (2001) replicated these findings.

Although these findings seem to be promising for the utility of the MTC:CM3, it has to be considered that the MTC:CM3 as well as its validation studies are based on samples composed primarily of White CMs or samples where the ethnicity and race of the CMs is not specified (Barbaree et al., 1994; Knight et al., 1989; Looman et al., 2001). Given the ethno-racial diversity of the sex offender population and the dearth of research available regarding ethnicity, race, and sexual offending, it is imperative to assess whether such typologies would be applicable to ethno-racially diverse sex offenders.

In the United States, 27.3% of individuals arrested for sexual offenses and 35% of those arrested for forcible rape in 2012 were non-White and these proportions are steadily increasing (Federal Bureau of Investigation [FBI], 2012). Yet, little research has examined ethnicity- and race-related characteristics among sex offenders (Burton & Ginsberg, 2012; Leguizamo, Peltzman, Carrasco, Nosal, & Woods, 2010; Wiederman, Manyard, & Fretz, 1996). For example, Kirk (1975) and Leguizamo and colleagues (2010) found that White sex offenders tend to engage in more sexually deviant behavior as compared with their non-White counterparts. More specifically, Kirk (1975) found that White rapists are more likely to choose younger victims as compared with Black rapists. Leguizamo and colleagues (2010) also found that White sex offenders are more likely to engage in non-contact and porn-related offenses than Black and Latino offenders. Heilbrun and Cross (1979) compared White and Black rapists and found that White sex offenders tend to have a closer relationship to their victim and to use more force with victims as the familiarity to the victim increases. Furthermore, Leguizamo and colleagues (2010), as well as Calkins, Jeglic, and Leguizamo (2013) found that White sex offenders tend to be older and to have higher rates of sexual victimization themselves, as compared with Black and Latino offenders. Moreover, it has been found that Black sex offenders likely engage in more conventional but aggressive sexual behavior (Calkins et al., 2013; Heilbrun & Cross, 1979; Leguizamo et al., 2010). Specifically, Black sex offenders are more likely to have adult female victims and to engage in vaginal penetration (Calkins et al., 2013; Kirk, 1975). They tend to primarily offend against adult strangers and acquaintances (Burton & Ginsberg, 2012; Calkins et al., 2013; Heilbrun & Cross, 1979; Leguizamo et al., 2010), and are more likely to be raised by non-biological parents (Calkins et al., 2013).

Compared with the White and Black sex offender population, research on Latino sex offenders is even more sparse (Leguizamo et al., 2010). To date, only three studies have examined Latino sex offenders in their sample (Calkins et al., 2013; Carrasco & Garza-Louis, 2011; Leguizamo et al., 2010). Two studies found that Latino sex offenders tend to primarily offend against extended family members, especially against stepdaughters and children under the age of 12 (Calkins et al., 2013; Carrasco & Garza-Louis, 2011). Another study revealed that Latino sex offenders are significantly less educated and more likely to be raised in low-income homes as compared with White and Black sex offenders (Leguizamo et al., 2010). Given the fact that this preliminary research already hints at significant differences among ethnically diverse sex offenders, a thorough analysis of potential ethnicity- and race-related factors involved in sexual offending is necessary.

Understanding the etiology of offending for different ethno-racial groups may shed light on cultural and macro-level factors that set the stage for offending to occur and can be of high relevance in the primary prevention of such crimes. Furthermore, as the Responsivity Principle argues for consideration of individual strengths, characteristics, and social-biological factors in sex offender treatment, the neglect of possible race- and ethnicity-specific sex offender characteristics can present an actual hindrance to providing effective treatment.

Thus, the goal of the present research is twofold. First, we seek to explore whether the MTC:CM3 can be applied to an ethno-racially diverse sample of incarcerated White, Black, and Latino CMs. Next, if this typology can be successfully applied to our sample, then we will seek to assess whether there are significant differences between White, Black, and Latino CM classifications.

Based upon the limited research to date, it is hypothesized that ethno-racially diverse CMs may differ in offense-related personal, behavioral, and motivational characteristics and needs. Specifically, it is expected that there will be different MTC:CM3 typologies that characterize offenders of different ethno-racial groups.

Method

Participants

This study utilized data from an archival sample of 3194 ethno-racially diverse incarcerated male sex offenders who were released from a U.S. state correctional system between 1997 and 2007. Data collected included demographic characteristics, offense history, institutional behavior, treatment level and completion, victim characteristics, static risk factors, and recidivism data on the number and nature of sexual and non-sexual offenses.

Offenders with a child molestation charge as the index offense were included in the study ($n = 2,222$). However, offenders with insufficient data for coding the MTC:CM3 were excluded ($n = 1,439$). Pursuant to Knight and colleague's (1989) original methodology, all offenders with a history of incest offenses were also excluded ($n = 277$), leaving 506 cases eligible for coding.

We chose only to look at White, Black, and Latino offenders, as the representation of offenders of other races and ethnicities, including mixed ethnicities, was too small in our data set ($n = 7$). We defined offender race and ethnicity according to classifications made by the correctional staff. The final sample comprised 499 sex offenders of which 49.3% were White ($n = 246$), 34.9% Black ($n = 174$), and 15.8% Latino ($n = 79$). The mean age of the sample was 49.52 ($SD = 12.37$), ranging from 28 to 86 years of age at the

time of coding. There were no significant differences in IQ and prior employment between groups.

Materials and Procedure

Based on the MTC:CM3 criteria described by Knight and colleagues (1989), a coding manual was developed depicting the variables of relevance for each of the specific CM types. According to the original criteria, CMs are classified among two separate multidimensional axes (see Figure 1; Knight et al., 1989). On Axis I, CMs are classified according to their level of primary sexual fixation on children and social competence (their ability to successfully maintain employment, establish age-appropriate adult relationships, and to take over social responsibilities; Knight et al., 1989). Consequently, CMs are assigned to one of four Axis I types—the high fixation, low social competence type (Type 0); the high fixation, high social competence type (Type 1); the low fixation, low social competence type (Type 2); or the low fixation, high social competence type (Type 3). Axis II is comprised of three hierarchical decisions. First, CMs are classified according to their degree of sexual and non-sexual contact with children (Decision 1). In a second step, high-contact offenders are differentiated according to the context of this contact. That is, CMs presenting a genuine interest in children as appropriate partners in a mutually satisfying relationship are categorized as “interpersonal” in contact (Knight et al., 1989). Offenders presenting a self-centered interest primarily centered on personal sexual gratification without consideration of the child’s wellbeing are categorized as “narcissistic” in contact (Knight et al., 1989). Offenders categorized as low in contact are further differentiated according to the amount of physical injury they caused during their offenses (Decision 2) and subsequently according to their level of sadistic interest (Decision 3), resulting into four additional CM types (Knight et al., 1989). Hence, offenders are either categorized as high contact–interpersonal (Type 1), high contact–narcissistic (Type 2), low contact–low physical injury–low sadism (Type 3), low contact–low physical injury–high sadism (Type 4), low contact–high physical injury–low sadism (Type 5), or low contact–high physical injury–high sadism (Type 6). Consequently, each CM is assigned to a separate MTC:CM3 Axis I and Axis II typology based on his unique individual and situational characteristics (Knight et al., 1989; Knight & Prentky, 1990).

In a second step, the existent data set was re-coded and narrowed to the variables of interest. Subsequently, the first author assigned each participant to a separate MTC:CM3 Axis I and Axis II type on the basis of the coding manual.

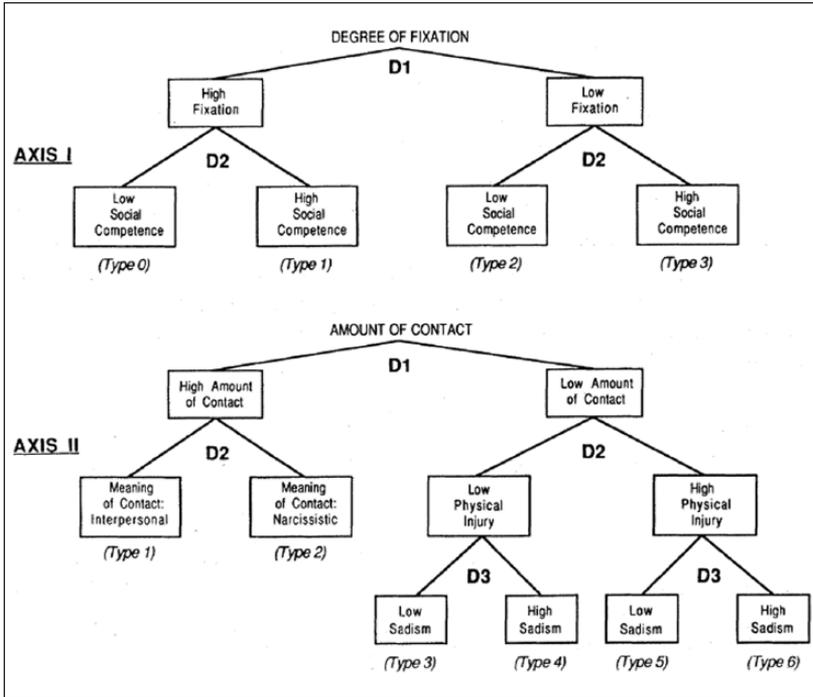


Figure 1. Decision process for classifying CMs on Axis I and Axis II of the MTC:CM3 typology.

Source. Adapted from Knight, Carter, and Prentky (1989).

Note. CMs are classified among Axis I and Axis II on the basis of their individual characteristics. On Axis I, CMs are first classified according to their level of pedophilic fixation (D1). Next, they are classified according to their degree of social competence (D2) resulting in one of four Axis I types. On Axis II, CMs are firstly categorized according to their amount of contact with children (D1). Depending on this categorization, further decisions are made either according to the meaning of child contact or amount of physical injury inflicted during offenses (D2). Offenders categorized as low in the amount of child contact are further differentiated according to their sadistic interest (D3). CMs = child molesters; MTC:CM3 = Massachusetts Treatment Center: Child Molester Typology–Version 3.

Data Analyses

Guided by Looman and colleagues’ (2001) methodology used in the replication of the MTC:CM3 typology in an independent sample, the first author calculated and analyzed percentages of successful MTC:CM3 Axis I and Axis II classifications for each of our three subsamples. In addition, a second independent coder trained in the use of the coding manual by the first author coded

Table 1. MTC:CM3 Axis I and Axis II Classifications by Ethno-Racial Group.

Classification	White	Black	Latino
Axis I			
Type 0	75 (30.5%)	27 (15.5%)	14 (17.7%)
Type 1	20 (8.1%)	10 (5.7%)	7 (8.9%)
Type 2	98 (39.8%)	106 (60.9%)	31 (39.2%)
Type 3	53 (21.5%)	31 (17.8%)	27 (34.2%)
Axis II			
Type 1	4 (1.6%)	5 (2.9%)	1 (1.3%)
Type 2	4 (1.6%)	5 (2.9%)	0 (0%)
Type 3	215 (87.4%)	139 (79.9%)	72 (91.1%)
Type 4	2 (0.8%)	1 (0.6%)	1 (1.3%)
Type 5	18 (7.3%)	23 (13.2%)	5 (6.3%)
Type 6	3 (1.2%)	1 (0.6%)	0 (0%)

Note. MTC:CM3 = Massachusetts Treatment Center: Child Molester Typology–Version 3.

a randomly selected subsample of 49 offenders (10% of the whole sample), comprising 24 White, 15 Black, and 10 Latino offenders. Classifications of the first and second coder were compared and an interrater reliability analysis using the Kappa statistic was calculated to determine the consistency among both coders. Subsequently, interrater reliability obtained for the classifications of each subsample were compared to assess the MTC:CM3's cross-cultural consistency.

In a second step, we examined the relationship between MTC:CM3 CM types and ethno-racial group membership by conducting dimensional chi-square tests of independence for each of the MTC:CM3 Axes. Subsequently, we analyzed the frequency of MTC:CM3 Axis I and Axis II CM classifications among each of the three ethno-racial groups.

Results

Applicability of the MTC:CM3 for Non-White Samples

MTC:CM3 classifications. It was possible to classify our entire ethno-racially diverse sample using the MTC:CM3 typology. As can be seen in Table 1, the majority of our sample was categorized as Type 2 on Axis I, whereas categorizations of Type 1 were least likely. White CMs were nearly evenly split between Type 0 and 2, whereas Black CMs were almost evenly split between Type 0 and 3. Latino CMs were almost evenly categorized as Type 2 and 3. On Axis II, the majority of the sample was categorized as Type 3. The

Table 2. Interrater Reliability for MTC:CM3 Classifications Per Ethno-Racial Group.

Classification	White	Black	Latino
Axis I	0.99	1.00	1.00
Fixation	1.00	1.00	1.00
Social competence	0.95	1.00	1.00
Axis II	1.00	1.00	1.00
Amount of contact	1.00	1.00	1.00
Meaning of contact	1.00	1.00	1.00
Physical injury	1.00	1.00	1.00
Sadism	1.00	1.00	1.00

Note. Interrater agreement represented as Cohen's Kappa coefficients with confidence intervals set at 95%. MTC:CM3 = Massachusetts Treatment Center: Child Molester Typology-Version 3.

representation of Type 1, 2, 4, and 6 was low among all CM subsamples with none of the Latino CMs being categorized as Type 2 or 6. Overall, Type 6 categorizations were least likely.

Interrater reliability analyses. The interrater reliability for decisions on MTC:CM3 Axis I was almost perfect when computed for the sample as a whole. We calculated an interrater agreement of Kappa = .971; ($p < .001$), 95% confidence interval (CI) [0.914, 1.028]. For MTC:CM3 Axis II classifications, agreement was perfect, with Kappa = 1, $p < .001$, 95% CI [1, 1]. As shown in Table 2, interrater reliability analyses conducted for decisions in each of the three subsamples separately revealed almost perfect interrater agreements. On Axis I and Axis II, classifications of the Black offender subsample ($n = 15$) were perfect, Kappa = 1, ($p < .001$), 95% CI [1, 1]. We found similar results for the Latino subsample ($n = 10$) with Kappa = 1, $p < .001$, 95% CI [1, 1] for Axis I and Kappa = 1, ($p < .001$), 95% CI [1, 1] for Axis II classifications. The interrater reliability for Axis I classification of the White subsample ($n = 25$) was very high, with Kappa = .931, ($p < .001$), 95% CI [.78, 1.06]. For Axis II classifications, interrater reliability was Kappa = 1, ($p < .001$), 95% CI [1, 1], thus denoting perfect interrater agreement for the White subsample.

Relationship Between Ethnicity and MTC:CM3 Types

MTC:CM3 Axis I types. To assess the relationship between MTC:CM3 CM types and ethno-racial groups, a Pearson's chi-square test of independence

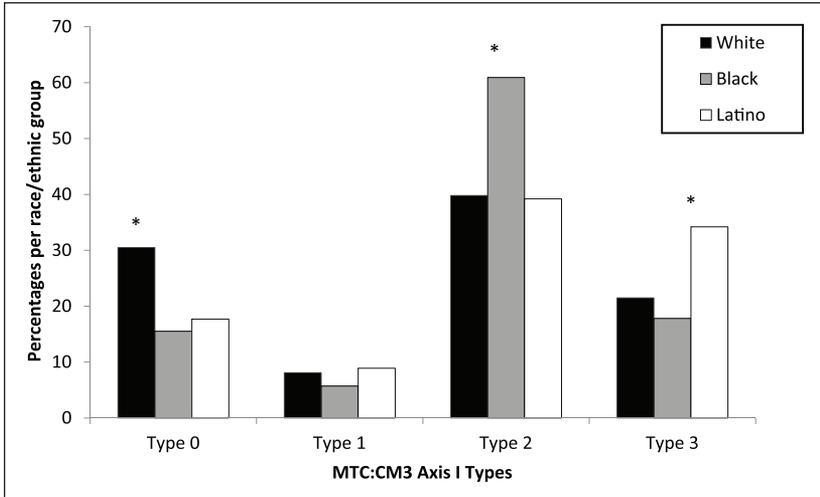


Figure 2. Frequencies of MTC:CM3 Axis I classifications per ethno-racial group. Note. MTC:CM3 = Massachusetts Treatment Center: Child Molester Typology—Version 3. *Ethno-racial groups were significantly different from one another in their proportion of Axis I type classifications at the $p < .05$ level.

was conducted. Overall, we found that the presence of MTC:CM3 Axis I Types was associated with ethno-racial group, $\chi^2(6, N = 499) = 29.60, p < .001$, Cramér's $V = .17$. As illustrated in Figure 2, we found that White CMs (30.5%) were significantly more often categorized as Axis I Type 0 (high fixation—low social competence) CMs when compared with Black CMs (15.5%), $p < .05$, but not when compared with Latino offenders. By contrast, we categorized Black CMs significantly more often as Axis I Type 2 (low fixation—low social competence) (60.9%) than their White (39.8%) and Latino (39.2%) counterparts, $p < .05$. On the other hand, we classified Latino CMs (34.2 %) significantly more often as Axis I Type 3 (low fixation—high social competence) CMs when compared with the Black subsample (17.8%), $p < .05$, although we found no significant difference between Latino and White molesters for this MTC:CM3 Axis I type. Overall, we found no significant differences for the proportion of MTC:CM3 Axis I Type 1 (high fixation—high social competence) classifications among the White, Black, and Latino subsamples. With rates of 98 (39.8%) White, 106 (60.9%) Black, and 31 (39.2%) Latino offenders, MTC:CM3 Axis I Type 2 (low fixation—low social competence) classifications were most frequently represented among all ethno-racial groups.

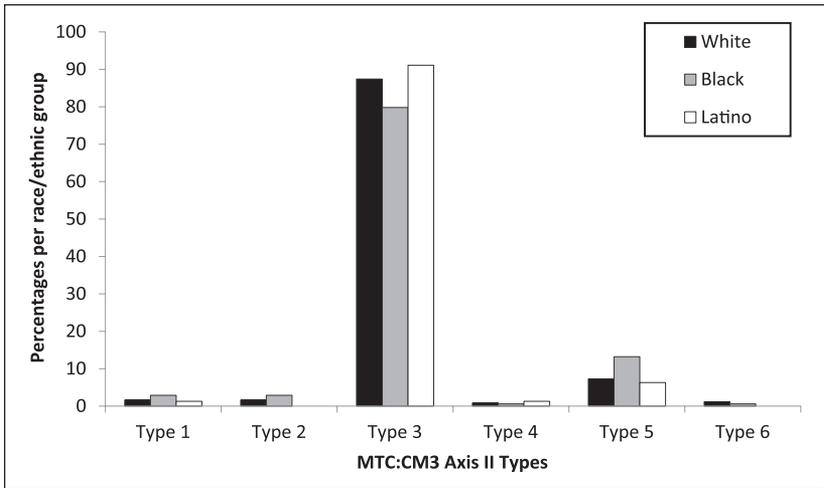


Figure 3. Frequencies of MTC:CM3 Axis II classifications per ethno-racial group. Note. MTC:CM3 = Massachusetts Treatment Center: Child Molester Typology–Version 3. *Ethno-racial groups statistically, $p < .05$, differing in their proportion of Axis I type classifications.

MTC:CM3 Axis II types. To assess the relationship between MTC:CM3 CM types and ethno-racial groups, a Pearson’s chi-square test of independence was conducted using the Likelihood Ratio as critical value due to insufficient cell counts. Overall, we found that MTC:CM3 Axis II Types and ethno-racial were not significantly related, $\chi^2(10, N = 499) = 12.55, p = .07$, Cramér’s $V = .11$. With proportions of 87.4% White, 79.9% Black, and 91.1% Latino offenders, MTC:CM3 Axis II Type 3 (low contact–low physical injury–non sadistic) classifications were represented most frequently among all ethno-racial groups whereas Axis II Type 4 (low contact–low physical injury–sadistic) and Type 6 (low contact–high physical injury–sadistic) classifications being nearly absent (0.8% White, 0.6% Black, 1.3% Latino and 1.2% White, 0.6% Black, 0% Latino, respectively), as depicted in Figure 3.

Discussion

The current study aimed to replicate the MTC:CM3 typology in an ethno-racially diverse sample of incarcerated White, Black, and Latino child molesters ($N = 499$). Overall, preliminary evidence for the applicability of the MTC:CM3 typology with an ethno-racially diverse sex offender sample was found. We were able to classify all offenders in our ethno-racially diverse

sample into all MTC:CM3 Axis I and Axis II typologies with almost perfect levels of inter-reliability. Given that we could not identify significant deviations in interrater reliability between our three ethno-racial offender groups, we suggest the MTC:CM3 classification system to be sufficiently reliable for application to ethno-racially diverse CMs.

Moreover, we found several ethno-racially related differences on MTC:CM3 Axis I, but not Axis II, classifications. A comparison of the proportions of MTC:CM3 Axis I type classifications across groups showed that White CMs were more frequently classified as primarily sexually fixated on children and socially incompetent (Axis I Type 0) as compared with their Black counterparts. Black offenders were more often categorized as socially incompetent but as being primarily sexually attracted to adults (Axis I Type 2) when compared with both White and Latino offenders. This finding is in line with previous research suggesting that White sex offenders tend to engage in more sexually deviant behavior compared with their Black counterparts (Burton & Ginsberg, 2012; Kirk, 1975; Leguizamo et al., 2010). For example, Kirk (1975) found that the White sex offenders in his sample were more likely to behave in less sexually conventional ways in that they chose younger and male victims as compared with his Black subsample. Leguizamo and colleagues (2010) and Calkins and colleagues (2013) revealed similar results when they compared White sex offenders with Black and Latino offenders. Whereas, they found White offenders to be more likely to offend against minor, male family members, and to engage in several types of behaviors during the offense, Black offenders were more likely to offend against stranger adult victims and to engage in vaginal or anal rape, and Latino offenders did not follow any of these patterns (Calkins et al., 2013; Leguizamo et al., 2010). In addition, studies investigating sexual arousal patterns in Black and White adolescent sex offenders revealed that adolescent White sex offenders exhibited more deviant sexual arousal involving children as compared with their Black counterparts (Burton & Ginsberg, 2012; Murphy, DiLillo, Haynes, & Steere, 2001). Considering these findings together with those of the current study, it may be that White CMs are more likely to have an early onset of sexual interest in children that develops into a pedophilic fixation than non-White CMs.

In this study, Latino CMs were more frequently classified as high in social competence without being sexually fixated on children (Axis I Type 3), suggesting that a large proportion of Latino offenders in our sample were neither motivated by recurrent deviant sexual urges involving children, nor by the inability to establish adequate relationships with adults. This finding is supported by previous research suggesting that large proportions of Latino sex offenders seem to be relatively normally functioning young adults in their

early 20s, who are neither sexually deviant nor socially inadequate, but who appear to be engaging in “consensual” sexual relationships with post-pubertal teenagers (De Apodaca, Schultz, Anderson, & McLennan, 2005). This phenomenon may be culturally based as sexual relationships between young adult men and post-pubescent teenage girls may be more likely to be socially accepted in Latin American countries, particularly in rural areas (De Apodaca et al., 2005). For example, because the legal age of sexual consent in Mexico can be as low as 12 (United Nations Children’s Fund [UNICEF], 2010), these so-called “Romeo and Juliet” relationships are not deemed unlawful as long as mutual consent is given and there is an expectation that those involved are going to get married; otherwise, the age of legal consent is 18. In the United States, however, sexual encounters with individuals under the age of 14 are generally defined as illegal and punishable (e.g. §288 California PC). Depending on a Latino immigrant’s level of acculturation, and thus the awareness of cultural and legal variations, an individual may engage in sexual activities morally and legally tolerated in their home country, but deemed unlawful by the country into which they have immigrated (De Apodaca et al., 2005). Considering these findings within the context of our results, it could be that some of the Latino sex offenders categorized as Axis I Type 3 in our study might be considered Young Unassimilated Hispanic Offenders (YUHOs; De Apodaca et al., 2005) who engaged in “consensual” sexual intercourse with their under-aged, post-pubertal girlfriends and as such do not fit into the pattern of the “typical” CM who commits sex crimes as a result of sexual or psychological deviations. This theory, however, requires further examination. In addition, it has to be considered that “Romeo and Juliet” relationships are not necessarily unique to the Latino culture. Especially with regard to the varying age of sexual consent across countries, sexual relationships of that kind are likely to be present in other cultures as well (UNICEF, 2010). Therefore, researchers should seek to understand why such differences may exist and evaluate them within the context of an offender’s cultural background and level of acculturation.

We identified no particular differences between ethno-racial groups with respect to Axis II classifications. Independent of their ethno-racial origin, we classified the majority of the CMs in our sample as not having sexual contact with children beyond their offenses, as unlikely to inflict substantial physical harm on their victims, and as not having sadistic interests (Axis II Type 3). Axis II typologies demonstrating high sadistic interest (Axis II Type 4 and Axis II Type 6) were infrequent in our sample in general ($n = 8$), indicating that independent of race or ethnicity, CMs high in sadistic interest may be rare. Similarly, Looman and colleagues (2001) were able to classify the majority of their Canadian sample using the MTC:CM3 typology with

acceptable levels of reliability, but faced difficulties with reliably classifying Axis II sadistic type offenders. Similar issues were encountered by the developers of the MTC:CM3 while evaluating their typology (Knight et al., 1989; Prentky et al., 1989). A possible explanation for this phenomenon might be the fact that, in general, sadistic CMs appear to be rather rare and hard to differentiate from sex offenders who inflict physical harm without being explicitly sexually aroused by violence (Knight et al., 1989; Looman et al., 2001; Quinsey, Chaplin, & Varney, 1981). As the underrepresentation of sadism-related Axis II type classifications in the current study was consistent across all three ethno-racial groups examined, it can be inferred that it is likely not related to the ethnicity or race of the sex offenders. Future research will have to address this concern by specifically focusing on the examination and differentiation of sadistic CMs and determining whether such a category can be reliably identified.

Considering that previous research conducted on the general sex offender population found that Black sex offenders on average were more likely to engage in aggressive behavior during their offenses as compared with White (Calkins et al., 2013; Kirk, 1975; Leguizamo et al., 2010) and Latino offenders (Calkins et al., 2013; Leguizamo et al., 2010), it is notable that we did not identify such a tendency in the present study. None of the two Axis II typologies relying on the infliction of physical harm as a criterion (Axis II Type 5 and Type 6) were found to be significantly more prevalent among Black CMs as compared with White and Latino CMs. An explanation for this discrepancy may be that research conducted thus far examining ethno-racial differences among sex offenders rarely differentiated between sex offender types (e.g. rapists and CMs). It is therefore possible that studies showing that Black sex offenders displayed more aggression during the commission of the sexual offenses refer to crimes against adult women, who are more difficult to subdue, and do not apply to those who offend against children.

Limitations

There are several limitations of the current study. First of all, it has to be considered that the archival data used for this study were not primarily collected for the purpose of the application of the MTC:CM3. Therefore, we had to make compromises regarding MTC:CM3 classification criteria primarily pertaining to the evaluation of social competence, nature of contact, and presence of sadism due to a lack of information. Overall, these compromises led to more strict rather than lenient classification criteria compared to the original typology and thus may have resulted in the exclusion of certain offenders who according to Knight and Prentky (1990) would have been successfully

classified. Second, we had to exclude a large proportion of our initial CM sample. Whereas we had to exclude 65% of the CMs due to missing data, we excluded another 12% due to having a history of incest offenses. Although this exclusion rate is high, the actual size of the final sample used in the current study was still notably large, considering that the sample sizes used in other studies relating to MTC:CM3 classifications were much smaller ($n = 177$, Knight, 1989; Knight et al., 1989; $n = 109$, Looman et al., 2001). Furthermore, a former missing data analysis conducted by Mercado, Jeglic, Markus, Hanson, and Levenson (2011) showed that data were randomly missing, most likely due to random variation in information contained in police reports, pre-sentence investigations, treatment records, and other archival data of this type. Nevertheless, it has to be considered that the high exclusion rate constrains the generalizability of our findings. Third, we did not control for potentially confounding variables like socioeconomic status and education as these were not systematically available in the database. While we found no differences in prior employment history and IQ by group as a proxy for education and socioeconomic status, without taking into account the actual impact of these variables, interpreting the current findings as being solely the result of ethnic differences might be premature. Fourth, as the MTC:CM3 excludes incest offenders, we were not able to examine typological differences in our incest offenders. As incest offenders present a significant proportion of the CM population (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011), the utility of our findings for this offender population is restricted. Finally, and probably most importantly, it might be the case that certain offense-related characteristics and needs specific to particular ethno-racial groups might not be covered by the MTC:CM3, thereby leaving relevant differences undetected.

Future Implications

This study has several implications for sex offender management before and after the occurrence of an offense. First, in the prevention of sexual offenses, it may be valuable to consider potential cultural factors that may contribute to the etiology of sexual offending in diverse populations. As Nation and colleagues (2003) point out, prevention efforts sensitive and reflective of socio-cultural norms, beliefs, and characteristics might be more successful than those inattentive of these particular factors. Our study suggests that there may be certain sex offender typologies that are more prevalent among certain ethno-racial groups. Addressing these diverse typological characteristics in the development and implementation of prevention efforts might increase the relevance and responsiveness of specific target groups before engagement in

an offense (Nation et al., 2003). In addition, it is important to address responsivity issues in treatment. Whereas researchers in the United Kingdom found treatment to be, in general, equally effective for White and Black sex offenders (Webster et al., 2004), the samples studied were small (54 men per group) and no studies of this type have been undertaken in the United States. Given that treatment adhering to the RNR model stipulates that treatment should target criminogenic needs and be tailored to an offender's personal characteristics, strengths, and learning style (Andrews & Bonta, 2007), it is imperative that possible ethno-racial differences that could facilitate or hinder treatment be identified and addressed in treatment. Furthermore, awareness of ethno-racial differences among sex offenders might not only facilitate clinical decision making in terms of what aspects to target in the therapeutic context, but might also give valuable indications on how to approach a certain type of offender to establish a trustful and positive therapeutic rapport. In other words, increased knowledge of issues unique to diverse sex offenders would serve to increase the multicultural competence of sex offender treatment providers.

The use of the MTC:CM3 classification system as screening tool might serve as a first point of reference for the establishment of effective ethno-racially sensitive RNR-based CM treatment approaches and guidelines. What has to be considered however is that although the MTC:CM3 typology outpaces competing typologies in accounting offender individuality (Robertiello & Terry, 2007), offender characteristics, motivations, and needs evaluated within the context of the MTC:CM3 typology are still limited. It is therefore crucial to consider each offender as an individual and be attentive for characteristics beyond the scope of the MTC:CM3 typology. It should be noted that this study is, to our knowledge, the first one attempting to replicate the MTC:CM3 typology in an ethno-racially diverse sample and thus further research with diverse samples from different regions needs to be conducted. What we do not know at this point is whether ethno-racially diverse CMs classified into the same MTC:CM3 typologies may differ in terms of other clinically relevant characteristics that are not covered by the MTC:CM3's classification criteria, like for example victim choice or the presence of offense-related cognitive distortions. Consequently, future research should address this issue by investigating differences between ethno-racially diverse offenders beyond the scope of the MTC:CM3 typology—for example, by conducting interviews or administering self-report measures to ethno-racially diverse CM samples and looking at the information untainted by the use of typologies. Furthermore, it could be interesting to examine offender characteristics of ethno-racially diverse samples from the perspective of current sexual offending models like the self-regulation model of sexual offending

(Ward & Hudson, 1998). Next to that, a crucial next step would be to examine whether the different offender types show variations in levels of reoffense risk, educational level, and socioeconomic status and whether those variations are also present between different ethno-racial offender groups.

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