

Psychological Profile of a Gerontophilic-Exhibitionist and Fetishist-Misophilic Serial Sex Offender

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Received date: February 02, 2022; **Accepted date:** February 22, 2022; **Published date:** March 15, 2022

Citation: Bernat-N. Tiffon, Jorge González Fernández, (2022). Psychological Profile of a Gerontophilic-Exhibitionist and Fetishist-Misophilic Serial Sex Offender. *J. Addiction Research and Adolescent Behaviour*. 5(2); DOI: [10.31579/2688-7517/040](https://doi.org/10.31579/2688-7517/040)

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Abstract

Zgourides (2020) already appreciates the existence of a general scarcity of research data on paraphilias, both controlled (in the laboratory for research purposes) and anecdotal (field work), which limits the generalization of this type of sexual behaviour. For that author, little scientific information has been published on alternative sexual behaviours, this being due to differences in cultural understandings, religious and/or legal prohibitions

Key Words: paraphilia; gerontophilia; mysophilia; scopophilia; exhibitionism; excessive sexual drive disorder; serial sexual assault; sexual sadism

Introduction:

With the publication of the latest version of the DSM-5 (2014), the distinction is established with respect to the diagnosis and treatment of paraphilias, establishing between so-called atypical sexual interests and real mental disorders.

Zgourides (2020) already appreciates the existence of a general scarcity of research data on paraphilias, both controlled (in the laboratory for research purposes) and anecdotal (field work), which limits the generalization of this type of sexual behaviour. For that author, little scientific information has been published on alternative sexual behaviours, this being due to differences in cultural understandings, religious and/or legal prohibitions, and the reluctance to report sexual deviations, (depending on the culture of origin from the anthropological and social point of view).

Very little is known about why a subject develops sexual preferences different from those of the majority, or even why they develop their sexual preferences (Tiffon, 2019).

According to Cáceres (2001), he establishes a series of general theories that could explain the aetiology of paraphilias:

- a) The Paraphilias as a result of cognitive disorders, in which there would be a dysfunction in the content of thoughts and in the origin and development of cognitive distortions that would imbue the behavioural sense of the subject. In this area could be contemplated for example: The sense of attribution of guilt (the Locus of Control of the self or hetero-blame ("She, with her way of dressing, was asking

for it..."); denial or minimization of sexual intent ("I wanted to find out the cause of that itch she claimed to have..."); the minimization of the consequences of illicit and/or unlawful behaviour ("I didn't even touch her. She smiled at me, so she must have liked me..."); not giving, or downplaying the facts ("This is old news..."); or self-justification ("If my wife gave me what I need, I wouldn't have to look for anything elsewhere...").

- b) Paraphilias as addictive behaviours for which they present conditions that facilitate their development and maintenance. Behaviour controlled by positive reinforcers would be contemplated in this area; the behaviour by which the paraphiliac attempts to control negative reinforcers; paraphilic addiction implies a loss of behavioural control and an important social degradation of the same; some of these paraphiliacs have to increase the intensity of the frequency of their behaviour so that it continues to have the desired effect (tolerance mechanisms); and the compulsive dependence to be able to regulate their internal psycho-emotional state and control the anxiety caused by the absence of said target behaviour.

The Case.

The subject is a 19-year-old serial sexual aggressor and abuser (hypersexual) who, at night, stalked and approached about 4 female victims - older than him (gerontophilia). With the display of his sexual organs in full view of the victims (exhibitionism), the respondent

strongly desired to remove their underwear (fetishist) and to be able to reach his sexual climax with the excitatory behaviour of sniffing them (misophilia). On occasions, and not achieving his objective with any of his victims, he proceeded to threaten them by using a knife in order to force them against their will to perform fellatio on public roads (sadism).

The total number of victims that he managed to attack was 4 and all of them were much older than the aggressor: that is, they were either twice the age of the aggressor, or were in their fifties or sixties (gerontophilia).

Two of these four victims decided to file a complaint over the events they suffered, setting the judicial machinery in motion; while the other two victims chose to remain silent, feeling inhibited out of fear.

As stated in the judgment, the following were considered as proven facts:

It has been proven that the subject, early one morning in June and in order to satisfy his libidinous desires, approached the first victim, with his face partially covered by a mask that did not prevent most his facial features being seen, and after threatening her by holding a knife to her side, he forced her to perform fellatio on him, then began touching her ass and asked her to give him her panties. When she was reluctant to do so, he lowered her pants and panties and tried to penetrate her anally, and failing to do so, he inserted his fingers into her vagina while he masturbated, leaving traces of semen on her coat. It is proven that, after these reported acts, the perpetrator, with the intention of illicitly enriching himself, wielded the knife at the victim, demanding that she hand over the money she was carrying, thereby seizing 70 Euros that the victim agreed to give him.

It was proven that around dawn, one day in June, and with the same purpose of satisfying his libidinous desires, the perpetrator approached a second victim, asking her to suck his displayed penis, and when she tried to dodge him, the accused grabbed her arm, and after struggling with her, pushed her against a parked car where she continued to resist and tried to get away from him, who finally, after hearing the noise of the shutters of the nearby houses, fled. It is proven that as a result of the facts described above, the victim suffered two bruises of 3 cm in diameter on the left arm and pain in the left shoulder that required medical attention, taking 5 days to heal.

The perpetrator was diagnosed with a mixed anxiety-depressive adjustment disorder and a sexual inclination disorder with tendencies towards fetishism, scopophilia and gerontophilia, as well as a mixed-type personality disorder, which together with the consumption of alcohol and marijuana at the time of the commission of the acts in amounts that have not been determined, there was a slight decrease in his intellectual and volitional capacities."

According to the sentence, the perpetrator was convicted as the criminally responsible author:

"...of a consummated crime of sexual assault with carnal access, previously defined, concurring the analogical attenuation of psychic alteration, to the penalty of 12 years in prison with the accessory of absolute disqualification for the time of the sentence, and to the accessory penalty of prohibition of approaching the first victim, her home or workplace, at a distance of less than 1,000 metres, for a

period of 17 years. Likewise, the measure of probation is imposed for a period of 5 years;

- *...of a crime of robbery with intimidation, already defined, concurring the analogical attenuation of psychic alteration, to the penalty of 3 years, 6 months and one day in prison;*
- *...of an attempted crime of sexual assault, already defined, concurring the analogical attenuation of psychic alteration and the attenuation of repair of the damage, to the penalty of 1 year and 6 months in prison and the accessory penalty of prohibition of approaching the second victim, her home or workplace, at a distance of less than 1,000 metres, for a period of 6 years and 6 months. Likewise, the measure of probation is imposed for a period of 5 years."*

According to what has been described, the subject's *iter criminis* and/or *modus vivendi* presents a multiple disorder of sexual inclination compatible with the following behaviours:

- Hypersexuality: Psychological disorder exclusively characterized by a very active libido and an obsession with sex.
- Exhibitionism: recurrent or persistent inclination to expose one's genitals by surprise to strangers (usually of the opposite sex), almost always accompanied by sexual desire and masturbation. In principle, there is no intention of sexual contact with the "witness" and not even incitement.
- Gerontophilia: The subject is sexually attracted to female victims who are older than him (in this case, 30-40 years older).
- Fetishism: The subject is sexually attracted to objects belonging to the female victims (in this case, female underwear).
- Misophilia: Sexual attraction to dirty, unhygienic or unwashed clothes.
- Sadism: Experiencing erotic pleasure by causing physical pain or humiliation to the partner.

Results

In order to objectify his psychological status, the following objective personality and psychopathology tests were administered: Millon's MCMI-III, Morey's PAI, Cattell's 16PF.

The validity, sincerity and social desirability scales of the tests administered concerning the MCMI-III and the 16PF-5 are within statistical normality and do not present or show any real significance. From this, it follows that the interpretation of the clinical scales of the different evaluation instruments administered can fit, or be compatible with, the genuine basic personality traits of the subject. However, the PAI test yields significant scores on these scales and may be compatible with the fact that the subject may have an interest in offering a more negative self-image.

In the MCMI-III test, the respondent presents clinically significant scores (although at the threshold of significance) concerning the Dependence (PREV=75), Anxiety (PREV=78) and substance use and/or dependence scales. (PREV=79).

The clinical personality patterns of the same MCMI-III test presented subclinical range scores in the scales concerning: Antisocial (PREV= 73), Depressive (PREV= 65), Histrionic (PREV= 64), Aggressive-Sadistic (PREV= 64), Histrionic Self-destructive (PREV= 63) and Histrionic Passive-Aggressive Negativist (PREV= 60).

INVENTARIO CLÍNICO MULTIAXIAL DE MILLON-III

VALIDEZ = 0 INCONSISTENCIA = 6
 CÓDIGO DE PERSONALIDAD: - ** 3 * 6A 4 2B 6B 8B 8A + 2A 5 7 * 1 // - ** - * //
 CÓDIGO DE SÍNDROME: - ** T A * // - ** - * //

CATEGORÍA		PUNTUACIÓN		PERFIL DE PUNTUACIONES DE PREVALENCIA					ESCALAS DIAGNÓSTICAS
		PD	PREV	0	60	75	85	115	
ESCALAS DE VALIDEZ	X	128	74						SINCERIDAD
	Y	15	71						DESEABILIDAD SOCIAL
	Z	13	63						DEVALUACIÓN
PATRONES CLÍNICOS DE LA PERSONALIDAD	1	3	21						ESQUIZOIDE
	2A	8	59						EVITATIVO
	2B	10	65						DEPRESIVO
	3	17	75						DEPENDIENTE
	4	21	66						HISTRIONICO
	5	10	58						NARCISISTA
	6A	16	73						ANTISOCIAL
	6B	12	64						AGRESIVO (SÁDICO)
	7	14	42						COMPULSIVO
	8A	10	60						NEGATIVISTA (PASIVO-AGRESIVO)
PATOLOGÍA GRAVE DE LA PERSONALIDAD	8B	10	63						AUTODESTRUCTIVO
	S	14	67						ESQUIZOTÍPICO
	C	12	65						LÍMITE
SÍNDROMES CLÍNICOS	P	7	60						PARANOIDE
	A	8	78						ANSIEDAD
	H	2	29						SOMATOFORMO
	N	11	73						BIPOLAR
	D	7	60						DISTÍMICO
	B	6	66						DEPENDENCIA DEL ALCOHOL
	T	13	79						DEPENDENCIA DE SUSTANCIAS
SÍNDROMES CLÍNICOS GRAVES	R	9	64						ESTRÉS POST-TRAUMÁTICO
	SS	8	62						TRASTORNO DEL PENSAMIENTO
	CC	4	46						DEPRESIÓN MAYOR
	PP	1	58						TRASTORNO DELIRANTE

Figure 1: Results and the psychological and psychopathological profile of the respondent obtained from the Million Multiaxial Clinical Inventory (MCMI-III, version 3 of the year 2005).

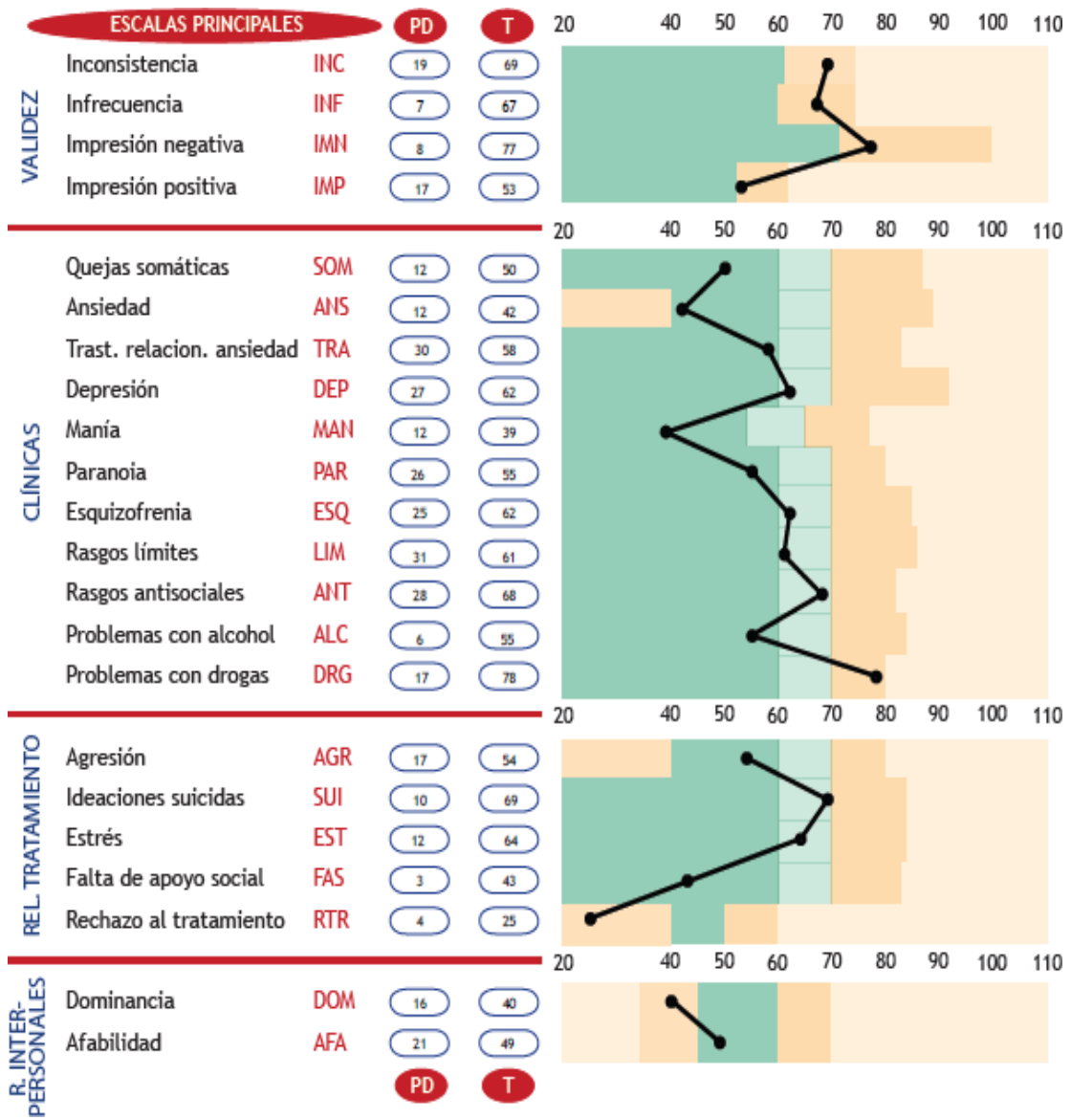


Figure 2a: Results and the psychological and psychopathological profile of the respondent obtained from Morey's Personality Assessment Inventory (PAI) (2011).

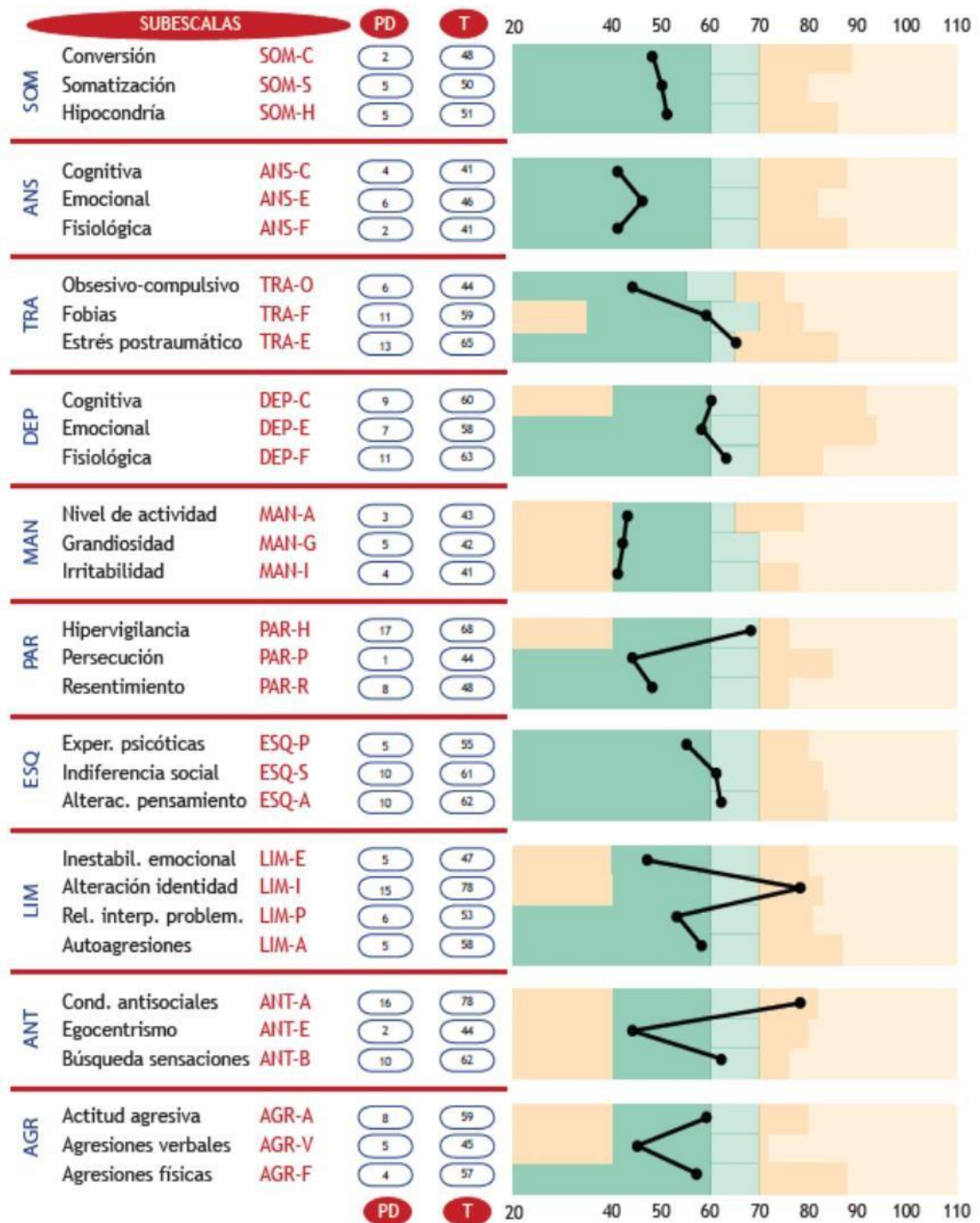


Figure 2b: Results and the psychological and psychopathological profile of the respondent obtained from Morey's Personality Assessment Inventory (PAI) (2011).

Although the PAI test would highlight the subscale of antisocial behaviours (score T=78) and that of Hypervigilance (score T=68) in the subscale of Paranoia, it is necessary to point out the responses to certain items that the computer application itself highlights, such as the following: Substance abuse: 334. Never has a problem drinking (answers False). Traumatic stressors: 34. I keep reliving something

horrible that happened to me (answers Fairly True); 194. I have had some terrible experiences that make me feel guilty (Completely True answers); 274. I have had a very bad experience that has made me lose interest in some things that I used to enjoy (answers Fairly True). Malingering risk: 329. I think there are 3 or 4 completely different personalities inside of me (answers Completely True).

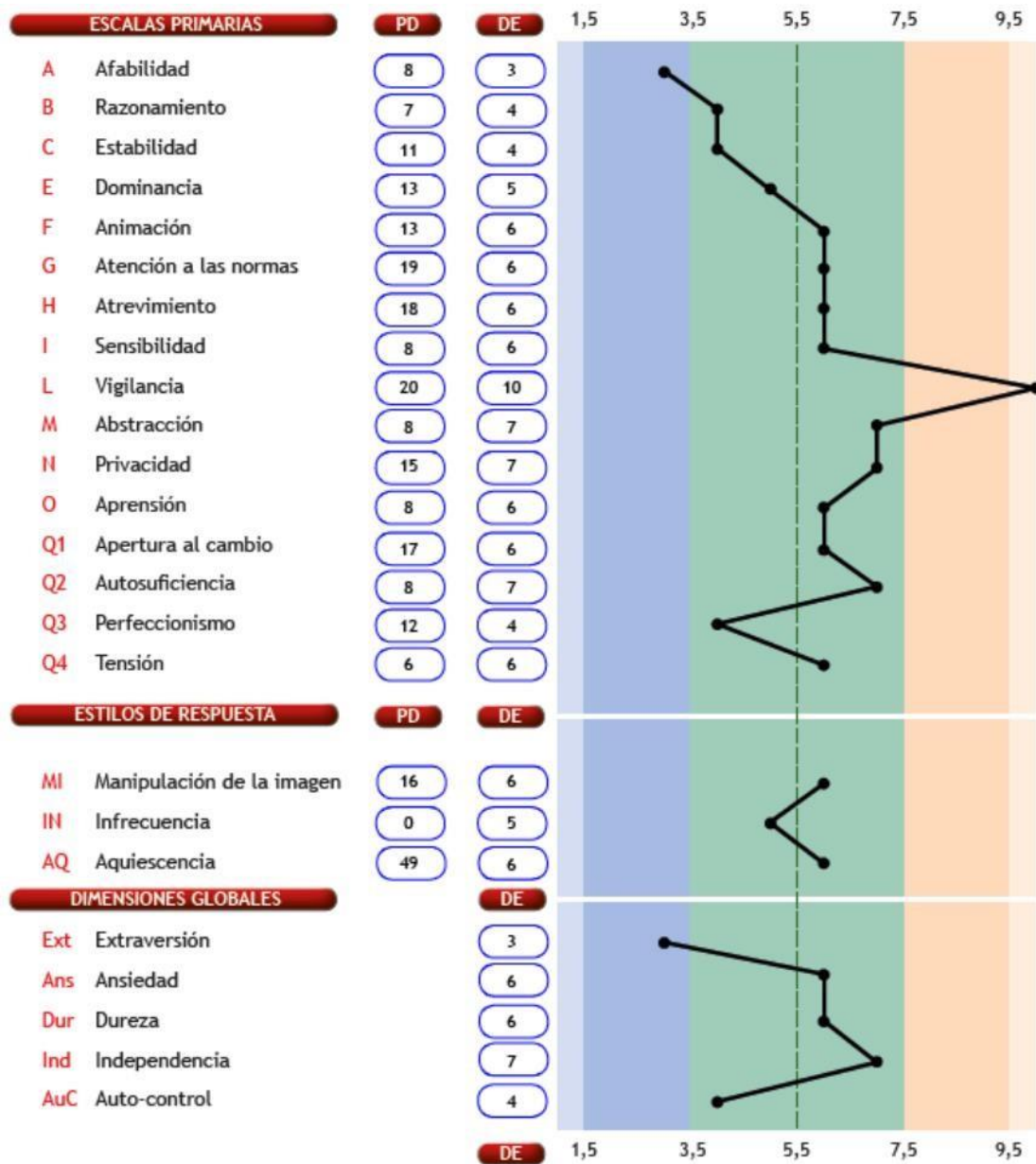


Figure 3: Results and psychological profile of the respondent obtained from the 16 Personality Factors (16PF) test by Cattell (1995).

From the interpretive point of view of the psychological profile obtained from the 16PF-5, the scores concerning the response style suggest reliability, so the rest of the scores obtained are genuine for the personality of the respondent. So the perpetrator is not usually very affable in his personal relationships (score DE=3). The SD=10 score on the “Vigilance” scale is already compared with the “Hypervigilance” (“Paranoid”) subscale obtained in the PAI (T score=68) and the subclinical “Paranoid” score (PREV=60) in the MCMI-III.

Discussion & Conclusion

According to Cáceres (2001), and regarding the aetiology or cause of paraphilias, the following can be considered (in Tiffon, 2019):

1. On many occasions, its origin is unknown.
2. Many paraphilias are due to social/vicarious learning or to the subject's own experience (for example, in cases of pederasty, gerontophilia...).

3. Due to aggressive experiences in childhood-adolescence (sadistic-masochistic behaviour).
4. Due to the existence of hormonal and/or biological factors that justify the origin of this type of behaviour (being more frequent in the male figure).

In the present case, which has been the object of study and analysis, it is pointed out that the tests administered do not show a psychometric score (with any objective character) for which it could be taken as indicative or that could suggest the existence of a mental disorder or psychopathological alteration that enters the range of a serious nature to annul both cognitive capacity and volitional-motivational capacity. From the exploration, it appears that it is compatible that he had knowledge and a clear motivation at the time of the acts, which means that he was fully attributable to the facts and, therefore, in the Spanish judicial system, legally responsible (Tiffon and González-Fernández, 2021). The volitional-motivational factor becomes pathologically evident given the toxic and obsessive content of addictive thoughts of

paraphilic or sexual behaviours, to the point of permeating and harmfully and obsessively attacking the cognitive area of the subject. Sexual abuse, sexual assault, sexual homicide, and the paraphilias associated with each of these have been observed throughout human history (Safarik, 2020). The establishment of the profile of the sexual aggressor is one of the most frequently asked questions in Forensic Psychopathology and, without a doubt, one of the most difficult to answer, although it can be said that there is no specific typology or a specific pathology that conditions or generates this type of criminal behaviour (González-Fernández, 2020).

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DOI: [10.31579/2688-7517/040](https://doi.org/10.31579/2688-7517/040)

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