Learning Session 2:

An Introduction to Theories of Sexual Assault

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Learning Session 2: An Introduction to Theories of Sexual Assault

Welcome, Introductions & Overview

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Interactive Discussion on Implementation Challenges
Learning Session 2: An Introduction to Theories of Sexual Assault

PRE-TEST
Sex Offenders: Why Do They Do That?

An Introduction to Theories of Sexual Assault

By

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Types of Theories

- A variety of disciplines have advanced theories of why humans sexually assault one another.
- These include:
  - Ethnology theories
  - Sociological theories
  - Criminology theories
  - Anthropological theories
  - Theological theories
Psychological Theories

- This presentation is limited to psychological/clinical theories.
- Theory drives treatment
- It is important to understand the theory behind the approach you use.
- However, there is no universal approach as to which theory leads to the most effective treatment as there has never been a controlled study comparing different approaches.
Single Factor Theories
Biological Theories

- This was probably the earliest theory other than attributing sexual assault to sin or to demonic possession.
- Caesare Lombroso in 1911 maintained that sex offenders were “atavists”---biological throw backs who could be identified by various physical characteristics.
- Later theories have studied levels of testosterone and this can be a useful adjunct to treating sex offenders who have uncontrollable intrusive deviant fantasies.
- This is also the most current and provocative area of research. This will be discussed later.
Evolutionary or Ethnology Theories

- This is considered to be a sociobiological theory and was first proposed by Thornhill and Thornhill (1983).
- The basic tenet is that rape is an adaptive strategy used by certain males to fulfill an evolutionary urge to pass on their genes.
- Freund (1990) proposed the concept of “courtship disorder” Just as animals have courtship rituals so humans are instinctively patterned to first locate a prospective mate, then interact socially and then initiate sex contact through a variety of touches. In sex offender this pattern has gone awry.
Psychoanalytic Theories

- Freud was the first to propose the critical role of sexuality in human development.
- Psychoanalytic treatment is still very much alive.
- Psychoanalysis proposes the following dynamics:
  - Castration anxiety
  - Reaction to a seductive mother
  - Inadequate ego/superego
  - Reenactment of sexual trauma
  - Confusion of aggressive and libidinal drives
  - Narcissistic representation of self as a child
Relational Theories

- Bowlby in 1958 proposed the concept of attachment disorder which focused on the critical relationship between the child and the caregiver.
- This has become a prominent current theory as many sex offenders have been found to have a variety of dysfunctional attachment patterns.
  - Preoccupied attachment—attempt to satisfy excessive need for attachment through sexual conduct.
  - Fearful attachment---wants sexual contact but is afraid of interpersonal relations so seeks impersonal sexual conduct.
  - Dismissive attachment---hostile, narcissistic personality who seek to fulfill sexual needs with little concern for partner.
Behavioral Theories

- Sexual deviance is a learned behavior.
- It can result from CLASSICAL CONDITIONING in which there may have been traumatic pairing of sexuality and negative experiences which distorts pattern of sexual gratification.
- It can result from OPERANT CONDITIONING in which deviant sexual contact is reinforced by the pleasure of the orgasm.
- MODELING may cause an individual to mold his behavior after his own victimization or that which he/she has observed.
- Behavioral theories have led to the development of behavioral techniques which can remold deviant arousal including:
  - Covert sensitization
  - Masturbatory satiation
  - Assisted covert
Cognitive-Behavioral Theories

- The most widely accepted theory
- Beck (1979) postulated that thoughts determine emotions and in turn actions.
- Sex offenders may have COGNITIVE DISTORTIONS which may lead to distorted core beliefs which may produce inappropriate behaviors and then result in justification and rationalization of that behavior.
- Much current treatment addresses these “thinking errors” and the recognition of these play a vital role in Relapse Prevention.
- Yochelson and Samenow (1984) hypothesized that offenders have certain thought patterns which comprise “the criminal mind.”
- Programs such as “Thinking for a Change” have been developed to address criminogenic thinking.
Addictions Theory

- Viewed as a challenge to the established cognitive-behavioral model.
- Relates inappropriate sexual conduct to other addictive behaviors such as gambling, eating disorders as well as substance abuse.
- Acknowledges the role that early trauma plays in sexual offending.
- Utilizes a 12-Step Model Approach to treatment and has spawned Sex Addicts Anonymous and Sex and Love Addict self help groups.
Family Theories

- Some family theories focus on the current family dynamics, particularly with incest family patterns.
- Some family theories focus on family of origin issues including early traumas.
- Family theories differ in whether they emphasize the dynamics of the individual within the family (e.g., Adult Children of Alcoholics) or the pathology of the family system (Family Systems Theory).
- Attention to early abuse within the family has now been combined with evolving knowledge of neurology to enlighten us as to how the brain and the environment interact.
INTEGRATIVE THEORIES
Integrative Theory of Child Sexual Abuse

- Finkelhor (1993)
- Motivation + Disinhibitors + Environment + Environment + Victim Characteristics = Sexual Abuse.
- Motivation can result from the sexual victimization of the offender or any kind of experience that would make a sexual experience stand out and thus can become an object of fixation which is then reinforced through fantasy.
- Disinhibitors which allow fantasies to become behaviors can include mental illness, developmental disabilities, intoxication or simple lack of self-control.
INTEGRATED THEORY OF SEXUAL DEVIANCY

- Biological inheritance + hormonal functioning + poor parenting + sociocultural attitudes = sexual deviancy
- For example, biology confers upon males a ready capacity to sexually aggress. A male with high levels of testosterone who has inadequate parenting may readily accept cultural attitudes about masculinity and sexuality and, if he is aroused, may sexually offend.
1990

Caretaker Instability + developmental history of abuse + hypothetical biological factors = individuals with the following problems

- Impaired relationships with adults
- Global or misogynistic anger
- Cognitive distortions
- Lifestyle impulsivity
- These determine the degree of empathy, anger, sexual deviancy and compulsivity of assaultive behavior.
Hall & Hirschman’s Quadripartite Model

- 1991
- Physiological sexual arousal + cognitive appraisal + affective dyscontrol + personality problems or disorders =
- Type 1 rapist = deviant arousal + impulsivity
- Type 2 rapist = cognitive distortions about women
- Type 3 = angry + impulsive
- Type 4 = history of abuse + variety of chronic personality problems
Multimodal Self-Regulation Quadripartite Model

- Stinson & Robbins (2008)
- Biological characteristics (inherited predispositions, temperament, cognitive and neurological characteristics) + dysfunctional family dynamics + impaired peer relations + impaired self-regulation=
  - Emotional dysregulation
  - Cognitive dysregulation
  - Behavioral dysregulation
  - Interpersonal dysregulation
Interactive Model of Sexual Assault

- Malamuth, Heavey & Linz (1993)
- Hostile masculinity derived from early parental violence and child abuse + sexual promiscuity = sexual abuse
- When these two paths converge, sexual abuse occurs.
- Validated on a normal male population
THEORIES WHICH COMBINE ADDICTION AND CBT MODELS
SCHWARTZ & MASTER’S THEORY

- 1993
- Early childhood trauma + impaired ability to experience intimacy, form boundaries, develop self-esteem, trust and produces neurological damages + depersonalization + cognitive distortion = sexual dysfunction.
- Uses Relapse Prevention to identify cognitive distortions and behavioral reinforcement.
- Deviant sexual arousal and behavior are the logical adaptations to overwhelming stressors and become part of the dissociative survival-oriented symptoms to help the individual find some solution to the need to depend on other people whom they fear can injure or destroy them.
- Becomes self-perpetuating through pleasurable reinforcement.
BIOSOCIAL (SYNTHESIZED THEORY OF RAPE)

- Ellis (1993)
- Combines feminist, social learning and evolutionary theories.
- Premises
  - There are two basic, unrelated drives related to rape (the sex drive) and the drive to possess and control
  - Due to natural selection males have a stronger sex drive than women.
  - The behavior of rapists has been reinforced because it has been successful in the past.
Schwartz’s Integrative Theory

- Reservoir of Motivation
  - Physical
  - Affective
  - Cognitive
  - Familial
  - Interpersonal
  - Societal
  - Spiritual
Floodgates--Disinhibitors

- Stress
- Substance Abuse
- Mental Illness
- Cognitive Disabilities
- Psychosis
- Brain Damage
- Cognitive Distortions
- Lack of Empathy
- Pornography
- Peer Pressure
Environmental Opportunities

- Can be extremely general-anywhere
- (Eg. The middle of a mall at 11am on a Saturday morning)
- Can be extremely specific (Eg. A public swimming pool)
Attributes of Victim

- May be very general as to age, gender, relationship or characteristics.
  (Offender assaults males and females, adults and children, relatives and strangers)
- May be very specific (14 year old boys fixing a bike by the side of the road.)
• Sexual Assault
Recent Research
Recent research suggests that genetics accounts for 50% of the variance in aggression.

The MAOA gene controls an enzyme, monoamine oxidase, which metabolizes neurotransmitters that control impulse control, attention and many cognitive functions.

Disruption of this gene is associated with ADHD, substance abuse, impulsivity and risk-taking.

- Especially in those with a history of abuse
- The short version of the serotonin transporter gene can make people over-respond to emotions
- The dopamine transporter gene is associated with violence and number of sexual partners.
Brain Function

- Impairment of prefrontal cortex.
  - Generates anger and rage
  - Risk-taking, irresponsibility, rule-breaking
  - Impulsivity, loss of self-control, inability to modify behavior
  - Lack of tact, poor social judgment
  - Inflexibility, poor problem-solving
• Damage of orbitofrontal cortex results in disinhibited, impulsive behavior, poor decision-making and lack of emotional control.
• Hippocampus modulates aggression
• Amygdala fires up emotions and stimulates violent attacks
• Thalamus relays information between the emotional areas and the forebrain.
• Ventral prefrontal cortex, the polar/medial prefrontal area, amygdala, angular gyrus and the posterior superior temporal gyrus are involved in moral decisions and are involved in psychopathic/antisocial behaviors.
Trauma and Brain Function

- Maltreatment at an early age negatively affects brain development.
- Exposure to high levels of cortisol kills neurons in the hippocampus and other limbic structures which produces an overexcitement of the structures responsible for emotions, aggression and sexuality.
- Less integration of hemispheres and smaller corpus callosum which creates dysregulation of thoughts and emotions and effects interpersonal relations.
- Minimal Brain Damage—at least 45% of sex offenders have suffered from MBD—more impulsive, impaired executive functions.
- ADHD—only factor distinguishing those with paraphilias from those with less severe paraphilia-related disorder.
Biochemical Factors

- Heightened testosterone levels related to sexuality and aggression.
- Lowered levels of dopamine, norepinephrene and serotonin levels related to aggression.
- Glucose levels related to aggression/violence and irritability
- Lead levels directly associated with criminal behavior as it affects the anterior cingulate and the prefrontal cortex which are associated with aggression, impulsivity and psychopathy.
Resting Heart Rate: A Critical Variable

- Given that there is a significant heritability of childhood aggression and adult antisocial behavior and that there is transmission of antisocial behavior from parent to child, low heart rate may be one of the heritable mechanisms that account for the transmission of antisocial behavior from one generation to another.

- Heart rate at age 3 predicts delinquent, criminal and violent behavior.

- Why?
  - The fearlessness theory—trouble conditioning to fear
    - Lack of empathy theory—”cold hearted”
    - Stimulation-seeking theory—crave excitement
What are the repercussions of recent research??
If we can identify biological correlates to violence and criminality, then what?

- If a criminal has a demonstrable brain impairment, a biochemical disorder and a genetic condition, is he or she responsible for his or her behavior?
- If we can identify a defective gene or biochemical disorder, will we be able to treat these conditions?
- Could we identify those who will become violent?
- If we could, what would we do about it?
CONCLUSION

- There are numerous explanations for sexual assault.
  - Rather than only one being “right,” perhaps some explain one person’s conduct and another explains another.
  - Treatment must seek to find the relevant factors and be flexible enough to respond accordingly.
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QUESTIONS
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POST-TEST
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INTERACTIVE DISCUSSION ON IMPLEMENTATION CHALLENGES
Discussion Topics

1. Since Learning Session #1 (in December), what steps has your agency taken toward implementing assessment and treatment services for sex offenders?

2. Describe one clinical challenge you experience when working with clients who have a sex offense history.

3. Describe one organizational barrier to assessing and treating sex offenders in your setting.
Schedule of Upcoming Learning Sessions

LEARNING SESSION 3:
Treatment Methods for Adult Sex Offenders

Dr. Carol Ball
April 10, 2014, Thursday, 9:00 AM – 11:00 AM

LEARNING SESSION 4:
Clinical Issues in the Treatment of Adolescents Who Have Engaged in Sexually Abusive Behavior

Dr. Heather Bowlds
May 8, 2014, Thursday, 9:00 AM – 11:00 AM
Thank you