

William R. Holcomb

# Sexual Violence



Advances in  
Psychotherapy

Evidence-Based Practice

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## Sexual Violence

## About the Author

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# Sexual Violence

**William R. Holcomb**

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## **Dedication**

To my daughter, Megan, who is very wise and always a joy for her father. This book is also dedicated to all my friends and supportive colleagues at Alliant University.



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# 1

## Description of the Problem

Sexual violence remains a significant problem in our society. Mental health professionals too often confront the immediate consequences of sexual assault in emergency rooms, victim support centers, correctional institutions, mental hospitals, and outpatient clinics. Law enforcement personnel and child protective agencies are persistently faced with child sexual molestation, incest, intimate partner sexual violence, and rape. The good news in this horrific story is that the prevalence of sexual assault seems to have been going down in the United States since the mid-1970s, according to the National Victimization Survey (Catalano, 2005), but the incidence remains high and a significant presenting problem for mental health professionals.

This book will present an overview of sexual violence as seen in many clinical settings, review key diagnostic guidelines, and assessment strategies, outline some of the current theories for understanding sexual violence, and then focus on effective treatment processes, and strategies. I will focus primarily on adult male perpetrators of sexual violence with both child and adult victims. Although there is growing awareness of female perpetrators (Schwartz & Cellini, 1995), the focus will primarily be on male perpetrators since males commit the vast majority of sexual violence incidents. Most important, I will use a broad definition of sexual violence to include not only the use of physical force, but sexual coercion utilizing position authority and verbal aggression. An important goal of this work will be to provide tools that mental health professionals can use in different institutional and community treatment settings to be more effective when working with perpetrators of sexual violence.

Another goal of this book will be to inform clinicians and the public with the most recent science on sexual violence. Unfortunately, there are many myths about sexual violence, and in particular sexual crimes, which are promoted by the monster archetype in our culture's unconscious. This book will review research that challenges some of these myths. Among these myths are that sex offenders cannot be treated, that most sex offenders are arrested and not in the community, that sex offenders are almost sure to commit other sex offenses if released, that pornography causes sexual violence, and that all sex offenders are psychopathic and narcissistic. I strongly believe informed clinicians can make better decisions about prevention and effective intervention with sexually violent individuals.

## 1.1 Definition

Sexual violence can be defined in several ways. We will use the definition of Lalumiere, Harris, Quinsey, and Rice (2005) who provide definitions of rape and of sexual coercion. Rape is defined as, “The forceful act of sexual intercourse against a person’s will and/or any physical sexual contact performed with the use of threat or physical force” (p. 10). Sexual coercion is defined as, “Any physical sexual contact performed without a person’s consent using any coercive methods (e.g., using a position of authority or verbal pressure” (p. 10).

There have been some notable trends in official reports of rape crimes over the last few years that are supported by results from self-reported national survey data of victimization. Between 1982 and 1992, the prevalence of rape increased dramatically from 24 per 100,000 to 43 per 100,000. However, the rate of forcible rape then precipitously declined by 26% from 1992 to 2001 to a rate of 31 per 100,000. There was a more dramatic decrease of approximately 68% in victim-reported rapes in the National Crime Victimization Survey. The rate of rapes that were self-reported but that did not lead to arrest dropped from 250 per 100,000 in 1983 to approximately 54 per 100,000 in 2001 (Catalano, 2005). Confidence in this decrease in reported rapes is bolstered by the fact that during this same time there was a parallel drop in most criminal activities (Lalumiere et al., 2005).

**The rate of reported rapes has decreased in the past decade to 31 per 100,000, but remains unacceptably high.**

The number of sex crimes and self-reported victimizations not leading to arrest remains unacceptably high. Approximately 95,000 forcible rape crimes occurred in 2004 (US Department of Justice, 2006). The National Crime Victimization Survey reported that approximately 200,000 rapes were self-reported during this period (Catalano, 2005). The majority of sexual assault victims are minors and female (La Ford, 2005). In addition, the number of sex offenders in prisons has dramatically increased in recent years at a much faster rate than other kinds of offenders. Departments of correction are supervising over 240,000 sex offenders, with approximately half being supervised in the community at any one time (Greenfield, 1997; La Ford, 2005). These prevalence and incarceration rates clearly illustrate the tremendous costs to society in both human suffering and the expense associated with criminal justice intervention.

One of the assumptions of this book is that sexual violence occurs both in the commission of sex crimes that lead to arrests and in cases of violent and coercive behavior in the community in which arrests do not occur. Some of the settings in which arrests may not occur are date rape, intimate partner violence, and child sexual abuse. In 2005, seven out of ten female rape or sexual assault victims stated that the offender was an intimate, rather than a relative, friend, or acquaintance (Catalano, 2005). The prevalence of intimate partner sexual violence underscores the importance of understanding noncriminal or nonarrest sexual violence (Bennice & Resick, 2003). One national self-report survey found that 7.7% of women report being raped by their intimate partner (Tjaden & Thoennes, 1998, 2000). Another researcher estimated that between 10% and 14% of married women are raped by their partner (Russel, 1990). When questioned about why their intimate partners rape them, 78% of victims reported that their husbands needed to prove their manhood (Frieze, 1983). Others have reported that their partners felt they had an entitlement of sex or

that their partners used sex to control them (Bergen & Bukovec, 2006). The perpetrators in this later study were in a court-ordered domestic violence treatment program. Of these individuals, 33% had white-collar jobs, 56% were married to or currently living with their partners, 84% admitted to physical acts of violence against their partners, and 40% indicated that their use of physical violence had been increasing.

It cannot be assumed that perpetrators of intimate partner violence are different from those arrested for sex crimes. Groth and Gary (1981) reported that marital rapists share a number of characteristics with incarcerated rapists, including prior histories of sexual violence, deficient communication skills, problems with emotional intimacy, and the view that refusal of sexual intimacy by their partners is intolerable. Intimate partner sexual violence is a prime example of a situation in which victimization occurs, but there is no arrest or criminal conviction.

A common setting in which sexual violence and its effects are all too often seen is in health clinics. In one study of 1401 adult women who attended a family practice clinic, 20% experienced intimate partner violence in current or recent relationships (Coker, Smith, McKeown, & King, 2000). Women who experienced both sexual and physical abuse had higher scores on a battering scale and a spousal abuse scale, which led the authors to suggest that sexual abuse could be a marker for severe violence and even violence escalation. Both the victims and the perpetrators in this study tended to be unemployed, suggesting to the authors that unemployment of the victim could be a sign of the extreme control exercised by the perpetrator of violence. Family violence often brings both partners and the children into contact with mental health professionals.

**7 out of 10 rape/sexual assault victims are intimate partners of the offender.**

**20% of women seen in health clinics report being victims of recent sexual violence.**

## 1.2 Epidemiology

Establishing the true incidence and prevalence of sexual violence is difficult to determine because of the variations in definitions used in epidemiological surveys. Also, the under-reporting of victimization further contributes to inaccuracy of prevalence estimates of sexual violence. In one random selection survey in San Francisco, only 2% of incest offenses and 6% of child sexual victimization by nonfamily offenders were reported (Russel, 1990). Henry and McMahon (2000) estimate that 91% of cases of child sex abuse are unreported. Kilpatrick (1996) estimated that 56% of women who are sexually assaulted do not report the crime.

The prevalence of self-reported sexual violence in community samples is high. A quarter of college women report either being raped (15%) or resisting an attempted rape (12%) (Koss, Gidycz, & Wisniewski, 1987). Of a random sample of women in San Francisco, 44% indicated that they had been raped (Russel, 1990). Self-reported sex abuse as children also is high. Peters, Wyatt, and Finkelhor (1986) reviewed the literature and estimated rates of sex abuse for children at 34% for females and 17% for males.

There is a continuum of sexual violence that can extend from sexual exploitation to sadistic sexual murder. Sexual exploitation can be expressed

**Approximately 9 out of 10 child sexual abuse incidents are not reported.**

**56% of women who are sexually assaulted do not report the crime.**

in many ways, but a frequent form is that of exhibitionism (Rabinowitz, Firestone, Bradford, & Greenberg, 2002). In one survey, 30% of women reported experiences with men who had exposed their genitalia (Divasto et. al, 1984). On the other end of the continuum of sexual violence are rape and child sex abuse, which remain two of the most devastating and common types of sexual violence.

An important method for collecting information about the prevalence of sexual violence comes from self-report community and college surveys where recipients are asked if they have committed violent sexual acts. Confidentiality is typically granted to the survey participant to help reduce response bias. Laumann, Gagnon, Michael, and Michaels (1994) found that 2.8% of adult males and 1.5% of adult females report that they had forced someone to have sex. Herman (1990) reported the astounding finding that between 4% and 17% of adult males self-report having molested a child. Malamuth (1989) reported that 15% of college males indicate that they have had some type of sexual contact with a child. Malamuth (1981) also found that 35% of college males indicated that they would commit rape if they were sure they would not be caught. These survey findings are surprisingly high given the assumption that because of positive response bias, recipients would be expected not to report sexually violent actions, even with confidentiality guaranteed.

**35% of college males indicate that they would commit rape if they were sure they would not be caught.**

The prevalence of sexual violence in the community is dramatized even more by the fact that perpetrators often have multiple victims. A remarkable study by Abel et al. (1987) granted immunity to incarcerated offenders and then asked them about the number of people they had victimized. Child molesting offenders ( $n=252$ ), when granted confidentiality, admitted to 55,250 attempts at child molestation with 38,727 being successful. Rapists ( $n=126$ ) reported having 882 victims and 142 exhibitionists exposed themselves on 71,696 occasions. Data from community samples of sexually coercive males who have never been arrested parallel these results (Lisak & Miller, 2002).

### 1.3 Effects of Sexual Violence on Victims

Effectively addressing sexual violence remains a priority because of the devastating short-term and long-term effects on victims. Conte and Schuerman (1987) have described the effects of child sexual abuse on victims. Among the short-term effects are loss of self-worth, emotional distress, nightmares or deep sleep problems, aggression, and problems concentrating. Among the long-term consequences are eating disorders, loss of sexual responsiveness, problematic sexual behaviors, personality disorders, and problems with emotional development. Burgess and Holmstrom (1974) have written about the devastating effects of rape that parallel posttraumatic stress symptoms. These effects include fear that can develop into full phobia, panic disorder, or generalized anxiety. Other symptoms include mood swings, social withdrawal, deteriorating work or school performance, substance use, and rejection of friends.

## 1.4 Sexual Coercion in the Community

Some have argued that descriptive data on community and college samples do not generalize to our understanding of criminal offenders (Stinson, Sales, & Becker, 2008). However, an arrest can be happenstance, and the circumstances contributing to sexual violence that leads to an arrest and to sexual violence that does not lead to an arrest may be similar. There would be more danger of missing important information if data from both community and incarcerated populations are not examined.

There are a number of similarities among different kinds of sexual coercive men. Lalumiere et al. (2005) describe similarities between incarcerated rapists and college students and community samples as “striking” (p. 78). Compared to nonincarcerated coercive males, rapists from prison and psychiatric hospitals tend to be more antisocial, more hostile, less empathic, have more favorable attitudes toward rape, and have more conservative attitudes toward women and sexuality.

There have been some follow-up studies of college males who have self-reported sexual violence. Gidycz, Warkentin, and Orchowski (2007) surveyed a convenience sample of 425 college undergraduates and surveyed the same group three months later. The Sexual Experiences Survey (Koss & Oros, 1982; Koss & Gidycz, 1985) was used to assess sexual aggression. Overall, 10.2% reported sexual aggression during the three-month follow-up with 4.4% reporting an actual contact that was sexually aggressive and 2.6% reporting rape or attempted rape. Of those reporting sexual aggression, 63% of the incidents involved alcohol use by the perpetrator, 57.1% of the incidents involved alcohol use by the victim, 54.3% of the incidents were in a dating relationship or on a causal date, and 42.8% of the incidents involved victims who were acquaintances. There was only one stranger victim. Those who had a history of sexual aggression were three times more likely to exhibit sexual aggression during the follow-up, and those with a history of verbal aggression toward partners had increased risk of sexual aggression. This close connection between sexual aggression and verbal aggression is important to note.

In a groundbreaking study of a national sample of college students ( $n=2,972$ ), Koss et al. (1987) found that 15% of college students reported that, since the age of 14, they had raped or attempted rape. When comparing sexually coercive college males to noncoercive males who were sexually active, it was found that the coercive males tended to have stronger pro-rape attitudes, stronger adversarial sexual beliefs, more pronounced sex-role stereotypes, more acceptance of interpersonal violence, and more hostile beliefs toward women. This study also reported a three-month rape incidence rate of 3.7% and a one-year incidence rate of 4.5% by college males, when the definition of rape was limited to the legal definition of rape.

White and Smith (2004) performed a five-year follow-up study of college male freshmen. At one university, 65% of all college freshmen males participated in the study. Unfortunately, only 22% completed all follow-up data collection across the five-year follow-up, so these results need to be replicated. The authors were attempting to evaluate earlier findings (Malamuth, Linz, Heavy, Barnes, & Acker, 1995) that experiencing family violence, including sexual abuse, contributed to victims later being sexually coercive toward

**There are important similarities between incarcerated sex offenders and sexually coercive males in the community.**

**Approximately 15% of college males report committing rape or attempting rape.**

women, along with delinquency and sexual promiscuity. Other data had revealed that approximately 24.4% of college males admit sexual aggression against women with 7.8% admitting to behavior that would meet the legal definition of rape (Koss, 1992). Overall, White and Smith (2004) found that 9.5% of the men were victims of sexual abuse and 30.7% had experienced either parental physical punishment or domestic violence. Around one-third (34.5%) reported perpetrating some type of sexual assault in the five-year follow-up period.

The White and Smith (2004) research is important because it identified factors that contributed to sexually coercive behavior during the five-year follow-up. There was a two-fold increase in perpetrating sexual assault given any kind of childhood victimization. A risk percentage was assigned based on type of childhood victimization experienced. Using survival analysis, it was found that the risk of sexual violence attributed to experiencing childhood sexual abuse was 5.7%, to witnessing domestic violence was 8.7%, and to experiencing parental physical punishment was 19.9%. The risk was 23% if all types of victimizations were included. If the perpetrated sexual violence of these college males was limited to just rape or attempted rape, then this risk increased to 37%. There appeared to be a group of males for whom the number of assaults increased into college. Adolescent perpetration of sexual violence did increase the likelihood that sexual victimization would occur in college, even though the number of perpetrators decreased across time, the number of assaults per perpetrator increased (White & Smith, 2004). This effort at completing research that specifically assigns risk probabilities to different types of early childhood victimization is important and instructive.

Malamuth et al. (1995) completed another important 10-year follow-up study of college students. Data were collected for 132 of 423 original subjects. Interviews and videotapes were collected of the original subjects and their partners doing a problem-solving exercise 10 years after initial data collection. Remarkably, sexual coercion in the present, as reported in interviews with partners/spouses, correlated .41 with original sexual coerciveness data (using the Sexual Experiences Survey) collected 10 years earlier. In addition, nonsexual aggression directed to the partner during present problem-solving exercises correlated with earlier self-reported sexual coercion (.51) and current difficulties with marital distress and sexual problems (.38). Sexual coercion in the couple relationships was predicted by the number of early sex experiences and measured general hostility to women in the present.

Other studies have examined correlates of sexual coercion in community samples. Walker, Rowe, and Quinsey (1993) reported a high correlation between the Right Wing Authoritarianism Scale and measures of hostility to women, acceptance of interpersonal violence, adversarial sexual beliefs, rape myth acceptance scales, and a measure of past sexually coercive behavior and likelihood of future sexual coercion. In another correlation study, Carr and VanDeusen (2004) used the Sexual Experience Survey to determine levels of sexual coercion and then correlated those levels with a number of scales with 99 undergraduate history students. Sexual coercion correlated significantly with acceptance of rape myths (.43), acceptance of interpersonal violence (.46), beliefs about the adversarial nature of sexual behavior (.45), satisfaction with the typical sex roles of men and women (.37), and hostility toward women

**Given any history of childhood victimization, there is a two-fold increase in probability of committing sexual assault as an adult.**

**Sexual violence is strongly correlated with attitudes of authoritarianism, acceptance of interpersonal violence, rape myths, and past sexual coercive behavior.**

(.28). Sexually coercive college men were also found to drink more alcohol, have had more sexual partners, and use more pornography. There was also a significant correlation between being sexually coercive on this survey and having been sexually abused, and/or witnessing family interpersonal violence.

Another study of noncriminal sexually assaultive behavior provides insight into the relationship of diagnoses, early child relationships, and trauma to later sexually coercive behavior (Quimette, 1997; Quimette & Riggs, 1998). College males who self-reported committing rape or attempted rape on the Sexual Experience Survey were compared to a sample of 57 who denied any sexual aggression, but were sexually active. Sexually aggressive behavior was associated with negative childhood experiences with fathers. These reports included the father being emotionally distant, having uncaring fathers, and witnessing their father being violent in the family. A structured diagnostic interview was also used (SCID; Spitzer, Williams, Gibbon, & First, 1987) that helped to determine impulse control problems during adolescence. It was found that having impulse control problems in adolescence also had an effect on later sexual aggression. Having delinquent peers, hostile attitudes toward women, and rigid sex-role beliefs predicted sexual aggression, but these factors did not mediate the connection between poor fathering and sexual aggression. This work is important in linking inadequate fathering to later sexual aggression. This finding has implications for designing interventions that can address the adult attachment deficiencies that may be present because of these early negative fathering influences (Burk & Burkhart, 2003).

Remarkably, college students in this study who self-reported sexual aggression in the form of either rape or attempted rape were found to have diagnoses quite similar to those found in an incarcerated sample (Quimette, 1997). These sexually aggressive college men met the criteria for conduct disorder ( $p < .025$ ), alcohol abuse/dependence ( $p < .007$ ), and drug abuse/dependence ( $p < .025$ ) when compared to the nonaggressive males. These results underscore long-term difficulties with impulse control problems with these college males. Of the sexually aggressive men, 17% met criteria for conduct disorder compared to only 2% of the nonsexually aggressive men; these men were two to three times more likely to be diagnosed with alcohol or drug disorders. According to the structured diagnostic interview, these sexually aggressive males were also less likely to have social phobia ( $p < .025$ ) and tended to have more Cluster B personality disorder traits (histrionic, narcissistic, borderline, and antisocial). However, the personality disorder differences overall were not significant.

One study of men from a small Canadian city provides some other interesting findings (Senn, Desmarais, Verberg, & Wood, 2000). Of this random sample of men, 19–83 years of age, 73% reported never being sexually coercive. Regression analysis indicated that childhood abuse, adolescent promiscuity, and restrictive emotionality all significantly increased the likelihood of sexually coercive behavior. The survey used the Sexual Experiences Scale (SES) to assess sexually coercive behavior.

In summary, review of community samples and correctional samples yielded many similar correlates and predictors of sexual violence. Sexual violence was often defined on a continuum of sexual exploitation to child sex abuse, rape, and the most violent, sadistic sexual violence. The influence of childhood abuse, including sexual and physical abuse, was found to be a significant

**Sexual aggression is associated with negative childhood experiences with fathers and emotional distancing from the father.**

**17% of sexually aggressive college males meet diagnostic criteria for conduct disorder and substance abuse.**



correlate of sexual violence. In addition, poor fathering, along with emotional distancing from the father, were implicated. Behavior control problems in adolescence, adolescent promiscuity, hostility toward women, rape myths, and hyper-masculinity have also been frequently noted precursors of sexually coercive behavior. Alcohol consumption at the time of coercive behavior and as a regular pattern of use has distinguished sexually coercive males from those who are sexually active, but not coercive. Sexual violence occurs in many contexts and most sexual violence does not lead to arrests.

## 1.5 Course and Prognosis of Sexual Violence

The sexual perpetration careers of both criminal sex offenders and sexually coercive males who have not been arrested have been investigated. Lalumiere et al. (2005) describe a dissertation from Queen's University by W. D. Walker (1997) that examined the careers of rapists. If sexual offenders aggressed against victims less than 16 years of age, male victims, or family victims, then they did tend to specialize in sexual offenses, but those who raped adult women tended to commit other types of crimes. This research also found that if an offender committed two sexual assaults the probability of him committing a third was .50 (and .80 that he would commit another one after his third). The probability of committing another sexual assault steady increased up to .90 that he would assault a seventh victim after six previous assaults. This work on the career trajectory of rapists is important but has not yet been replicated.

Hanson, Morton, and Harris (2003) have reviewed outcome studies and provided some estimates of recidivism for sex offending crimes. The recidivism rates for re-offending range from 10% to 15% after 5 years of living in the community, 20% after 10 years in the community, and 30% to 40% after 20 years. Of course, not all sexual offenses lead to an arrest and so these numbers are probably underestimates. The authors suggest that a more realistic estimate would add 10%–15% to these observed rates. Studies were combined that calculated recidivism rates using re-arrests (5 studies) and convictions (5 studies) of additional sex crimes. These estimates are from both US and Canadian samples and include 4724 released prisoners followed for 20 years.

**Recidivism rates for sexual offenders 5 years after release from incarceration are 10%–15%, and increase to 20% after 10 years in the community.**

### 1.5.1 Differences Between Sexually Violent Persons

Not all sex criminals are the same in terms of course and prognosis. Compared to incarcerated individuals with non-sex-related offenses, rapists tend to be very similar to other offenders when adequate controlled comparisons are used. Thus, rapists tend to be generalists in their antisocial behaviors. For example, Bard et al. (1987) examined the clinical files of 100 rapists and found that 93% had committed a previous victimless nonsexual crime and 45% had committed a nonsexual victim crime, like assault, before their index arrest.

There also appear to be important differences between rapists and child molesters. Rice and Harris (1997) compared the histories of 88 rapists with 142 child molesters. Rapists had a more significant history of criminal behav-

ior, including both sexual and nonsexual offenses. They also had higher scores on a measure of psychopathy (PCL-R; Hare, 2003). When released, the rapists were quicker to commit nonsexual offenses, although the child molesters committed sexual offenses sooner.

Of course, not all sex offenders are of equal risk for re-offending. One of the most important research reports in the sex offender literature was conducted by Hanson and Bussiere (1998). This study examined 61 predictive factors of recidivism in a meta-analysis of many studies with a total sample of 28,972 offenders. The study identified 13 factors that predicted that released offenders would commit another sex crime. These factors, along with their correlations with re-offending were, in descending order:

1. Penile plethysmograph (PPG) ratings of deviant sexual interest in children (.32);
2. Clinical assessment of any deviant sexual interest (.22);
3. Prior sex offenses (.19);
4. Treatment dropout (.17);
5. Any stranger victims (.15);
6. Antisocial personality (.14);
7. Any prior offenses (non-sex-related) (.13);
8. Young age of the offender (.13);
9. Early onset of sexual deviance (.12);
10. Being single (never married) (.11);
11. Any related victims (.11);
12. Any boy victims (.11);
13. Diverse sexual crimes (.10).

Several factors were identified that surprisingly were not helpful in predicting those who would commit future sexual crimes. These included:

1. Victim empathy (.03);
2. Denial of sex offense (.02);
3. Unmotivated for treatment (.01);
4. General psychological problems (.01);
5. Sexually abused as a child (-.01);
6. Degree of sexual contact (-.03).

Hanson et al. (2003) explained that most of the factors that did not predict recidivism were based on judgments made during clinical interviews. Victim empathy and motivation are two examples. We know from research that clinical interviews are not reliable, especially with constructs that are not easily or consistently defined. Thus, because the measures of these concepts most likely are very unreliable, conclusions regarding these factors that did not come out as significant predictors are questionable. However, a variable such as denial by the offender is generally measured by a dichotomous rating and could conceivably be reliably judged. Although denial of the crime would seem to be an important intervention target, the Hanson et al. (2003) research suggests that it is not very predictive of recidivism.

**The top predictors of recidivism include deviant sexual interests, prior sex offenses, being a treatment dropout, any stranger victims, antisocial personality, and boy victims.**

## Theoretical Models to Explain Sexual Violence

It is important to have a theoretical model that explains sexual violence to rationally guide research, prevention, risk-management, and therapeutic intervention. The most comprehensive model explaining sexual coercive behaviors is that proposed by Knight and Sims-Knight (2003). This work uses Structural Equation Modeling and builds on the work of Malamuth (2003). Malamuth's model is built on the assumption that both criminals and noncriminals manifest similar beliefs, attitudes, and emotions that lead to sexual coercion. This model is referred to as the Hierarchical-Mediational Confluence (HMC) Model.

### 2.1 Hierarchical-Mediational Confluence Model (HMC)

The model includes personality and behavioral characteristics associated with psychopathic personalities that are predictive of antisocial behavior in general. More proximal risk factors for sexual coercion are personality and behaviors found to be specifically related to sexual aggression including attitudes condoning sexual aggression, dominance for sexual arousal, and heavy pornography consumption. The model proposes that there are two paths to sexual aggression. The first path starts with an abusive home environment (with parental violence or child abuse) that contributes to early delinquent behavior that in turn leads to either general antisocial behavior or impersonal sexuality, including early and promiscuous sexual experiences. Both of these later behavior patterns can lead to sexual aggression if coupled with low empathy and low nurturance. A second path begins with proneness to general hostility (including impulsiveness, irritability, etc.). The general hostility can lead to either general antisocial behavior or acceptance of violence against women, narcissism, hostility to women, and sexual dominance. Either path can lead to sexual aggression if coupled with low empathy or low nurturance. Knight and Sims-Knight (2003) summarize Malamuth's model by describing the two paths of sexual coercion as *sexual promiscuity*, or sociosexuality, and *negative masculinity*, which involves risk-taking, honor defending, and competitive attitudes and behavior.

**Helpful theoretical models based on research with community and incarcerated samples can guide treatment.**

Malamuth (2003) notes some similarities between the HMC model developed primarily with noncriminals and the psychopathy research that uses primarily criminal populations. Research with both psychopathy and the HMC model has led to the identification of major predictive factors of sexual violence. Both include early and promiscuous sexual behavior as being important

in later sexual aggression. Also, both have found dominance/power as a source of sexual arousal. Research with psychopathy and with the HMC model indicates that the best prediction occurs when the interaction of different variables is considered rather than just adding their individual influences.

## 2.2 A Comprehensive Model of Prediction

A weakness in the development of the HMC model, according to Knight and Sims-Knight (2003), is that the testing of the model did not include good measures of developmental antecedents or delinquency. Knight and Sims-Knight (2003) have used the Multidimensional Assessment of Sex and Aggression (Knight, Prentky, & Cerce, 1994) with different populations of criminals, noncriminals, and juveniles to test Malamuth's model. They propose that prediction of violent sexual behavior by three paths better accounts for sexual aggression compared to the two paths in the HMC model. These three paths could be described as:

1. Sexual drive/preoccupation;
2. Antisocial behavior;
3. Callousness/unemotionality.

The major contribution of this model is the further clarification of early child antecedents of these three paths. In this model, physical /verbal abuse contributes directly to antisocial behavior and to callousness/unemotional responsiveness that indirectly also contributes to antisocial behavior, which then leads to sexual coercion. Sexual abuse in childhood has a separate influence on sexual coercion through sexual fantasies and aggressive sexual fantasies (the sexual drive/preoccupation path). Sexual abuse in childhood becomes more salient as a precursor of sexual preoccupation if certain sexual abuse factors are present in the coercive person's early history. These factors include degree of penetration, amount of coercive force, number of perpetrators, and age of sexual abuse.

**The most helpful explanatory models of sexual violence examine the confluence of biology, early childhood experiences, and current environmental influences.**

## 2.3 An Integrated Theory of Sexual Offending

One more comprehensive theory of sexual coercion is important to mention. Ward and Beech (2008) have described their Integrated Theory of Sexual Offending (ITSO). This theory proposes a network of causal factors including biological, ecological, and basic core neuropsychological systems. The biological influences include genetics and evolutionary mechanisms. The ecological niche factors involve social learning influences from cultural and personal circumstances, and the physical environment. Neuropsychological functioning is a third factor that influences motivation and emotions, behavioral controls, action selection, and perception, and memory. Thus, genetics, social learning, and neuropsychological functioning all interact to lead to sexual offending with accompanying, deviant arousal, offense-related thoughts and fantasies, negative or positive emotional states, and social difficulties.

The social learning experiences of the sexually coercive individual are of special interest. Ward and Beech (2008) refers to this component as the ecological niche. The ecological niche of a person is the set of potentially adverse personal circumstances, cultural influences, and physical environments that the person experiences. The psychological system of the person is set by these biological and social learning experiences. Ward and Beech (2008) describe both distal and proximal influences. Once psychological vulnerabilities are acquired, the person will have the propensity not to cope well with environmental stresses. For example, the effects of childhood sexual abuse can lead to psychological disorders and alcohol and substance abuse. In addition, the long-term effects of sexual victimization can include disturbed adult sexual functioning, poor social adjustment, confusion over sexual identity, and inappropriate attempts to reassert masculinity with the potential for abusing others. Also, the experience of war can contribute to the diminution of behavioral controls (Henry, Ward, & Hirshberg, 2004).

**Neuropsychological functioning is an important area of research that can help guide our understanding of sexual violence and treatment approaches.**

At the heart of this theory is the recognition of the importance of neuropsychological functioning. The neuropsychological functioning of a person has direct influence on motivational/emotional responses, action selection, control systems, and perception and memory. Some of the dynamic variables that have been linked to sexual offending are seen as difficulties of motivation/emotion expression that are controlled by the cortical, limbic, and brainstem structures of the brain. For example, someone brought up in an impoverished environment may have difficulties identifying his emotions and the emotions of others, especially in stressful situations. This may contribute to the development of antisocial or aggressive behavior. This person may also not have developed the social skills necessary to establish strong interpersonal relationships, and as a result may have significant intimacy skills and attachment problems.

Behavioral controls and action selection are associated with the functioning of the frontal cortex, the basal ganglia, and parts of the thalamus. Characteristics seen with sex offenders could be seen as deficits in self-management and self-regulation that are influenced by these brain structures. Some of these deficits include impulsivity, failure to control the expression of negative emotions, not being flexible with adjusting plans based on changing circumstances, and poor problem-solving skills.

Other important areas of perception and memory are influenced by the hippocampal formation and the posterior neocortex. Disturbances in memory and perception can lead to maladaptive cognitions and beliefs and inappropriate interpretation of social interactions. These faulty perceptions and distorted memories can then serve as filters of social information. Some researchers have identified stable dynamic indicators such as cognitive distortions as precursors of sexual offending (Hanson & Harris, 2000; Thornton, 2002).

## **2.4 A Theory of Interacting Proximal and Distal Predictive Factors**

It appears that Ward and Beech's theory (2008) is built on the early theorizing of Marshall and Barbaree (1990). In this modal, sexual abuse of children occurs