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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, Gidyez, & 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.