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Trauma and Sexual Offending

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In this chapter the links between different kinds of trauma and sexual offending, in men, will be explored. Heffernen and Ward (2020), bemoaning the lack of theoretical literacy in forensic psychology, have argued that it is important to identify theoretically plausible psychological processes driving dynamic risk factors in order to make them clinically meaningful and useful. It is increasingly evident from the literature that men who offend sexually often have a range of different kinds of trauma in their histories. As with other kinds of offending, trauma in the backgrounds of people who offend sexually is often complex and pervasive. Some of these processes will be generic processes and others will be more specific to sexual offending of different kinds. Biological, psychological, and social mechanisms underpinning these links will be outlined and strategies for bringing about change based on these mechanisms will be briefly highlighted.

The processes outlined in this chapter are aimed at helping the practitioner to think about the kinds of resource loss processes (see Chapter 3) that are derived from trauma and adverse experiences that might be linked with sexual offending. Figure 12.1 offers an overview of some of the ways in which these processes contribute to offending processes.

**Evidence of Links Between Trauma and Sexual Offending**

Much of the evidence suggests that a combination of different kinds of abuse, the severity of abuse, and the degree of family dysfunction are associated with sexual offending (e.g., DeLisi & Beauregard, 2018; Leach, Stewart, & Smallbone, 2016; Levenson & Socia, 2016). Jespersen, Lalumière, and Seto (2009) found that sexual abuse was a significant factor in the background of those who offend sexually and that this was also linked with atypical sexual interests.
Trauma and adversity experiences:
- e.g. physical, sexual and emotional abuse; neglect, poverty, racism, sexism, homophobia, ableism,

Macro and micro social/cultural messages about e.g. sexuality, consent, ways of ‘doing masculinity’, gender roles ...

Intrusive feelings, behaviours, thoughts, sexual arousal patterns and states of consciousness (including dissociative states)

Interpretations of trauma derived experiences and memories; metacognition contributing to explanatory model of these experiences and beliefs about what can be done

Application of social/cultural heritage to current experience

Perceived precipitating social/cultural pressures and dynamics

Attachment and social/cultural heritage building prophylactic social capital and anti-offending support

Positive resources and resource cycles offsetting contingencies pointing towards offending

Unconscious and conscious trauma derived processes e.g. feelings of compulsion, intrusive urges, shifts in state, body states, ‘establishing operations’

Triggering, releasing, ‘permission giving’ and disinhibiting processes

Platform of precipitating and enacting processes contributing to sexual offending; negative resource loss cycles and disruption of positive resource cycles

Figure 12.1 Diagrammatic illustration of ways in which trauma-derived processes can contribute to sexual offending processes
Levenson and Grady (2016) found, for male “sex offenders”, factors that significantly predicted sexual deviance included histories of childhood sexual abuse, emotional neglect, and having unmarried parents. Factors that significantly predicted violent sexual offending included childhood physical abuse, substance abuse in the childhood home, mental illness in the home, and having an incarcerated family member. ACE (adverse childhood experience) scores were significantly higher for “generalist offenders” than for those “specialising” in sexual crime, suggesting different developmental pathways for each kind of offending.

Lamade (2020), in a narrative review, indicated that the overall adversity of the childhood environment should be a significant consideration, as well as looking at specifics, in the aetiology of sexual offending of different kinds. She also indicated that offenders against adults had a higher incidence of physical abuse in their backgrounds than those who offended against children (perhaps similar to violent offenders who also have a higher incidence of physical abuse). Lamade highlights that the impact of the abuse for each individual is influenced by the context it happens in and the meaning given to it by the individual.

**Family History of Sexual Abuse**

McCuish, Cale, and Corrado (2017) found that the families of adolescents who had committed sexual offences were more likely to have a high prevalence of abuse and sexual abuse experiences in particular, suggesting an intergenerational process.

**Childhood Exposure to Pornography and “Non-Abusive” Sexual Experiences**

There is evidence that early exposure to pornography can have a range of adverse consequences including an increase in risk of sexually abusive behaviour. Ybarra, Mitchell, Hamburger, Diener-West, and Leaf (2011) found that, amongst children and adolescents, intentional exposure to violent “X-rated” material over time predicted an almost six-fold increase in the chances of self-reported sexually abusive behaviour. Similarly, there is some evidence that early “non-abusive” sexual experiences such as “doctor games”, seen as “normal” in sexual development, can contribute to the development of paedophilic interests (Breiling, Rettenberger, & Turner, 2020). I have put “non-abusive” in inverted commas to denote the fact that being exposed to some aspects of these experiences (e.g., frequency, intensity, and ages of those involved) could, to some extent, reflect abuse or a kind of neglect in parenting of the individuals concerned. Puszkiewicz and Stinson (2019) found that exposure to “sexual boundary problems” was associated with an earlier onset of sexually abusive behaviour. Defining where play ends and abuse begins is a difficult issue. Dillard, Maguire-Jack, Showalter, Wolf, and Letson (2019) found that victims disclosing abuse involving “fondling” were less likely to show problem sexualised behaviour (PSB) than those who had experienced other kinds of sexual abuse. However, exposure to pornography and to physical abuse was associated with PSB and suggested, in addition to power differences, exposure to coercion and objectification as a factor.
Simons, Wurtele, and Durham (2008) found that people who had offended against children reported more experiences of early exposure to pornography, sexual activities with animals, and an earlier onset of masturbation and child sexual abuse – all contexts where the individual is prematurely exposed to learning about sexual behaviour, particularly of a coercive kind.

**Male Caregiver Abuse**

Davis and Knight (2019) found that psychological abuse by a male caregiver may be a particularly salient factor in the development of problematic sexual interests and behaviours. Kingston, Graham, and Knight (2017) found that male caregiver psychological abuse was the most prominent correlate of hypersexual thoughts (a common risk factor linked with offending) and behaviours in adulthood, above and beyond the effects of other abuse types, such as physical abuse and sexual abuse. Together these studies suggest male caregiver abuse can have a significant impact. Clearly it is the meaning of the experience in each individual case that determines how it impacts.

**Abuse by Women**

Harris and Mayba (2017) found that 20.3% of a sample of 71 adult men incarcerated for serious sexual offences reported experiencing physical or sexual abuse by one or more women. Little work has been done exploring this link. Some individuals do not recognise such sexual abuse as abuse, seeing it as a desirable early sexual experience. Clinically this is an area that is often avoided due to the difficulty people have accepting that this can happen (Murphy & McVey, 2010).

**Biological Processes**

**Trauma Causing an Alternative Development of the Brain**

Sometimes conceptualised as damage to the brain, the impact of trauma on the brain can result in an, sometimes state-dependent, altered capacity to problem solve and think. Yoder, Grady, and Precht (2019) found that young people who had offended sexually had impairments in working memory, planning, and organising, and suggested that this was linked with a history of sexual abuse and with their sexual offending behaviour. Others (e.g., Creeden, 2004) have argued that one of the main links between trauma of different kinds and sexual offending is the impact of trauma on the brain. There is little literature on the interaction between unusual neuropsychological presentations and the process of meaning making in relation to traumatic experiences. It is the interaction between these very different kinds of process that we need to look to clinically.

Schmidt and Imhoff (2021) propose a difficulty in people committing child sexual offences linked with lack of skill in responding to bodily signs of adulthood, hypothesised to be caused by “neurodevelopmental perturbations”, but acknowledged to be unclear in origin, which means that they only respond to bodily signs of youth.
Whatever the source, it is not difficult to see how this kind of difficulty can result in a cascade of adverse consequences in an individual’s life.

Several aspects of the neuropsychological presentation of people who have offended sexually could be attributed to sequelae of sexual or other kinds of trauma (Turner & Rettenberger, 2020). The finding that some dissociative states are linked with diminished frontal lobe activation suggests that this may be a contributory factor. Few studies look at dynamic shifts in neuropsychological functioning linked with offending (see Chapter 3).

Jones (2020a) describes the approach used in the UK prison service that explicitly targets thinking skills amongst people who offend sexually. The evidence supporting this kind of intervention comes from Travers, Mann, and Hollin (2014), who found that people who had offended sexually who had engaged in the Enhanced Thinking Skills programme were less likely to re-offend.

Each Evolved “Interpersonal System” Can Be Shaped by Adversity and Trauma

Jones (e.g., 2016, 2020b) proposed that an evolutionary approach should incorporate several biological systems (fear, dominance, sexual, attachment, and violence). Each one of these “hard wired” systems can be impacted significantly by early experiences in ways that can contribute to offending behaviour.

Early Experiences of Sexual Abuse Impacting on the Sexual System

Jones (2016, 2020b) based on work by Pfaus et al. (2012) and Miccio-Fonseca (2014) indicated that early sexual experiences can have an impact on an individual’s sexual development and shape their ways of relating as well as what kinds of activity are sexually arousing for them. He highlighted the role that harmful experiences can have on sexual systems and sexual development and the link that this can have to some risk process. It is not clear to what extent this process is a longstanding learning experience. However, the findings of Ricci and Clayton (2016) that, following EMDR focusing on early traumatic sexual experiences, perpetrators no longer evidenced the same degree of offence-related sexual arousal when assessed using penile plethysmography, suggest that these kinds of apparently powerful early learning experiences can be changed.

Sexualisation

Vizard (2013) reports that inappropriate sexual knowledge, sexual interest, and sexual acting out appear to be the strongest indicators of past abuse in children. An early age of onset of being sexually abused has been shown to predict hypersexual, exposing, and victimising sexual behaviours (Vizard, 2013). This is a reaction in young people experiencing sexual arousal at an early age and then becoming sexually preoccupied
and acting out with peers. It is probable that this kind of reaction is linked with pre-mature activation of the sexual system as well as the kinds of meaning that people attribute to their experience of arousal.

Being sexually pre-occupied and repeatedly re-enacting of one’s own victimisation history are not uncommon amongst children who have been sexually traumatised (e.g., Burton, 2003; Veneziano, Veneziano, & LeGrande, 2000). The question here is: what is “re-enacting” and why do children do this? Hunter (2010) suggests that this may be a process reflecting a “re-experiencing phenomenon (i.e., intrusive sexual cognitions and affects)” associated with PTSD (p.369). The child re-experiences aspects of the abuse, such as sexual feelings and thoughts, that they do not understand and cannot make sense of. This conceptualisation is Van der Kolk’s (2014) formulation, whereby it is the body that experiences and replays much of what is experienced in trauma, not some intellectual cognitive process. Here it is not only fear-based experiences that return intrusively, but also sexual experiences in the context of abuse that return. This can then be an antecedent process to later sexual acting out and sexual preoccupation or compulsivity (Katehakis, 2016).

One implication of this is a “knight’s move” causal process whereby a child is exposed to sexual abuse from an adult and then, in engaging in sexualised behaviour with other children, exposes other children to inappropriate sexual experiences thereby potentially impacting on their sexual development. This process can be further complicated by the active collusion, incitement, or coercion of children into engaging in sexual behaviour with other children in the context of abuse.

**Erectile Dysfunction**

There is evidence that for some people who have experienced sexual abuse, one reaction is problems with sexual arousal, either erectile dysfunction or a range of affective reactions linked with sexual arousal deriving from the traumatic experiences of sexual abuse. Laumann, Paik, and Rosen (1999) found that male victims of adult-child contact are three times as likely as non-victims, to experience erectile dysfunction and men who have sexually assaulted women were 3.5 times as likely to report erectile dysfunction. Erectile problems linked with diabetes or physical deformity can also be intrinsically traumatising. Whatever the origin this needs to be addressed (see Chapter 3 on interpretations of abuse-related arousal).

Clinical experience suggests that this can lead to a range of downstream consequences; some individuals describe becoming sexually frustrated and going through periods of sexual abstinence followed by periods acting out. Others describe seeking out contexts in which they can feel aroused, perhaps where feelings of fear and threat are not evident, i.e., contexts in which they are in control or where the victim is vulnerable and consequently are not experienced as posing a threat, maybe because they are using a weapon or violence of some kind, or because the victim is younger or vulnerable in some way (emotionally or cognitively). Another pathway is for the individual to seek out increasingly “extreme” sexual material to become sexually aroused, resulting in offending behaviour.
Meaning Ascribed to Sexual Arousal in the Context of Abuse

Bullock and Beckson (2011) describe how male victims of sexual assault can experience sexual arousal and ejaculation in the context of the abuse. In their review of the literature on the impact of sexual abuse on male victims, King and Woollett (1997) found that just under 20% of the men were stimulated by their assailant until they ejaculated. Bullock and Beckson also provide evidence to support sexual arousal during anal sex resulting in ejaculation in the victim. This kind of experience of arousal in the context of abuse can then lead the individual to believe that they are somehow complicit in the abuse, triggering a cascade of emotions and inferences based on this. The confusion is worsened by social narratives, including, sadly, ones used in legal contexts on occasion, where becoming aroused and ejaculation can be construed as a form of consent. Bullock and Benson also highlight that in some victims, sexual arousal is evoked by anxiety or fear. They describe evidence for a range of emotions often associated with abuse – anger, fright, and pain – being associated with sexual arousal.

Clinically helping people to understand and make sense of these processes is critical. Clinically it is important to:

- Recognise that some aspects of the self-experience during abuse are involuntary and do not represent an act of agency. Arousal, erection, and ejaculation are not acts that indicate consent on the part of the individual. Some individuals who have experienced abuse as children, often in the context of grooming, believe that what happened to them was not abusive, or that it was enjoyable. They may also believe that maintaining relationships with caregivers can justify “turning a blind eye” to abuse. This perception is then used to justify their own offending, which is construed as being enjoyable for the victims.
- Acknowledge the fact that sexual arousal, in this involuntary scenario, has been paired with feelings of rage, anxiety, or pain that may have had a significant impact on the individual’s later experiences (based on the principle that early sexual experiences can become the template for later ones, e.g., Pfaus et al., 2012). They may find themselves experiencing sexual arousal later in life, primarily in contexts where these emotions are elicited.
- Look out for the mistaken inference that because they have “consented-through-arousal” therefore victims are also “consenting through their arousal”. Similarly, look out for the inference, explicit or implicit, that their victim’s experiences of arousal are going to be “enhanced” by experiences of pain, anxiety, or anger is mistaken.

Perpetrator Beliefs about Their Own Sexual Abuse Not Being Harmful

In order to get to a position where they are able to recognise that they have harmed the victim, perpetrators must first acknowledge that they themselves have been harmed by the experience. This work is done by exploring the consequences of the abuse on their own lives. Shifting this belief involves psychoeducation about sexual
arousal and recognition that sexual arousal is not necessarily intentional. Attribution of intent is a significant problem in the way that people make sense of unsolicited reactions. Helping the individual to see that they did not intend to become aroused is useful in helping them recognise that they were being exploited in the act of abuse. Other attributions of intent also need to be addressed. For example, having intrusive thoughts about sexual abuse does not mean that the individual wants to have these thoughts.

Another approach is to look at the power difference between their perpetrator and them. Ask questions like “if an adult were to give a child heroin and they claimed to enjoy it would it be OK?” If the answer to this is “no” then using Socratic questions to elicit the reasons the individual would consider it not to be OK. Exploring the morality of having power, different kinds of privilege, the nature of innocence, powerlessness, and harm linked with trauma in the self and the victim is an important therapeutic task.

Re-enactment

Veneziano et al. (2000) found a significant correlation between the ways in which adolescent individuals offend – their age, gender, relationship with the person who offended as well as specific arousal behaviour – and what the behaviours were that they had been subjected to in the context of their own abusive experiences. For example, people who had been sexually abused before the age of five were much more likely to have abused somebody under the age of five themselves.

Shaughnessy-Mogil (2014) argues that a number of variables including age of sexual victimisation, severity of the victimisation, use of force, gender of the perpetrator, duration and frequency of abuse, and number of perpetrators differentiate those victims of sexual abuse who go on to abuse from those who do not. Burton (2000) suggests a proportional relationship between high levels of ongoing, prolonged trauma (including sexual and emotional abuse and other traumas) and possible sexual offending behaviour. In a review by Plummer (2019), older abuse onset age, over 10 years, for males, is reported to be predictive of subsequent offending and a greater chance of developing sexually intrusive behaviour before the age of 14.

Intervention with this aspect of abuse in an individual’s history involves trying to develop ways of being sexual that are not paired with a need for threat or control. Part of this is working on the trauma of the abuse itself and helping the individual to process this. Another aspect is to help the individual to develop sexual interests and fantasies that do not involve coercive or violent ways of managing threat, for example, involving activating attachment experiences that also have the impact of downregulating fear or threat responses. Psychoeducation is also useful in helping the individual to understand why their sexuality has developed in the way it has.

Unprocessed Traumatic Memories

Another aspect of the link between trauma and sexual offending is the idea that some kinds of traumatic experiences are linked with a process of blocking or, at least,
atypical processing of memories. This model proposes that individuals in unusually heightened states of fear arousal do not establish memories in the same way as people in everyday states of arousal. Whilst memories are formed, they are not integrated into memory in the same way. As a consequence, the memories can be triggered and played out in relatively unprocessed ways. Typically, unprocessed memories are experienced as intrusive when triggered by trauma reminders. Memories are typically conceptualised as being in the form of experiences in the body, images, smells, thoughts, states of dissociation, and interpersonal patterns of relating. These are usually unsolicited memories and experienced as intrusive, sometimes to the extent of the individual actually reliving the traumatic experience.

Prospective studies in the United States with victims brought as children to hospital after sexual abuse showed that, when interviewed, 17 and 20 years later, 38% to 40% did not recall the abuse that they had suffered as children and that had been reported and documented by the hospital (Widom & Shepard, 1996; Williams, 1994). Amnesia is a key element of dissociation, so this lack of recollection suggests that a dissociative process may have been in play whereby experiences are compartmentalised, unprocessed, and apparently forgotten.

In the psychodynamic literature on sexual offending, some theorists suggest that some behaviour can be the result of an intrusive memory. The behaviour itself is an intrusive phenomenon, recapitulating aspect of the individual’s own traumatic experience. Examples of this might be committing an identical offence to the one that was perpetrated against them or playing out in the offence some aspects of the traumatic experience, for instance people who had experienced a lot of corporal punishment as children developing a sexual preoccupation with spanking and playing this out in the context of the offence (without necessarily making the link between the two).

Social Learning

Perhaps the most frequently used model for explaining the links between trauma and offending is social learning theory. Essentially, this model proposes that sexual offending is driven by learning experiences that result in the child learning vicariously from witnessing others’ behaviour. This model is based on the assumption that witnessing another individual experiencing reward or punishment results in the individual learning about reward and punishment themselves.

Social learning can be changed by further social learning and can be reinforced by exposure to social behaviour that is similar to that which generated the problematic behaviour in the first place. There are a number of ways in which social learning can lead to both change and reinstatement of offence-related beliefs and ways of behaving outlined below.

The Role of Attachment

Barra, Bessler, Landolt, and Aebi (2018) found that juveniles who had experienced neglect and had offended sexually had anxious attachment styles that made it difficult for them to meet intimacy needs. It was hypothesised that they sexually abused
children out of fear of being refused by peers. Juveniles abused by a family member were hypothesised to develop avoidant attachment styles which predicted elevated severity of sexual coercion. Peer attachment problems were hypothesised to be linked with being less popular with peers, consequently experiencing low self-esteem and turning to children with whom they could experience power and control. Grady, Looman, and Abracen (2019) found an association between childhood abuse of any kind, amongst people who had offended sexually and fearful attachment. Secure attachment was found to be a protective factor from offending.

Wyre (2000) argues that the relational characteristics of the abuse, including the nature of controlling behaviour, contribute to the chances of the victim going on to victimise others, more than the nature of the abuse itself. Social learning from caregivers is forming an internal working model in attachment terms, one which is both a source – or not as the case may be – of safety and a model for how to be an adult.

Cicchetti and Lynch (1995) reported that a range of childhood adversities may result in the failure to establish secure attachment bonds to parents, and this then leads to a range of developmental impacts. Grady et al. (2019) found in a sample of men, who had committed sexual offences, that those who had experienced childhood abuse of any kind were more likely to demonstrate a fearful or preoccupied attachment style. Those who were securely attached were less likely to engage in antisocial behaviour, and those who were more anxiously attached were less arrogant and deceptive in interpersonal relationships. Neglect is also evidenced as impacting on attachment and offending. Burton (2008) and Leibowitz, Laser, and Burton (2011) found higher levels of physical and emotional neglect amongst juvenile “sex offenders” compared to generally delinquent male adolescents. Grady, Yoder, and Brown (2018) found that sexual abuse predicted the later commission of sexual crimes with no influence from attachment style. So there is also some evidence of a possible independent pathway from sexual abuse to offending.

Jones (2020a) highlighted the way that many psychodynamic formulations of sexual offending hypothesise early (prior to the age of five) terrifying experiences of abandonment or feeling overwhelmed by the caregiver, resulting in problematic attachment. These result in unprocessed experiences of “nameless dread” and/or fear of psychological annihilation that are then played out in the offence through a process whereby the perpetrator (often unconsciously) makes the victim experience the trauma that they themselves fear, i.e., getting the victim to experience some form of nameless dread.

Therapy, in psychodynamic approaches, aims to offer a healthier attachment experience to the client which undermines the harmful version of attachment learned previously. In addition, helping the individual to understand the patterns of relating they have evolved is thought to equip the individual with the ability to prevent the patterns from being repeated.

Attachment is generally discussed in a broader way in the literature however (Jones 2020a). A common formulation for its role in the genesis of sexual offending is that it is caused by the impact of lack of secure attachment on the individual’s development and the consequent lack of capacity to (a) understand their own psychological
experience and those of others; (b) develop the capacity for self and emotional regulation or compassion and emotional understanding due to emotional abuse; (c) protect themselves, through an internalised secure attachment experience, from the impact of other traumatic experiences, particularly sexual abuse; and (d) develop intimacy skills and therefore turn to children out of fear of rejection from similar aged peers. Attachment difficulties can also be played out in relationships generally, resulting in problematic relationships with a greater chance of deteriorating thereby precipitating a crisis that increases the chances of offending behaviour.

There seems to be a consensus that forming a strong attachment as part of the therapy and as a way of addressing attachment traumas is a critical component of therapy with this group. This offers a reparative experience or reparenting, thereby helping the individual to develop a safe base and a healthier internal working model of relationships.

**Family Secrets**

Jones (2016) argued that there were a range of other trauma-related pathways for the development of sexual offending. For example, if an individual’s mother believed that the individual was the product of abusive relationship with their father, then not only is the quality of attachment impacted, but also the relationship contaminated in a very specific way; the individual is a trauma trigger for the parent, and may be perceived as being like or the same as the perpetrator and responded to correspondingly.

Family secrets around parentage, where an individual is either not the child of the “father” or the result of an incestuous relationship or was conceived when the mother was underage, can impact in complex ways on narrative identity and core beliefs about self and others. Individuals may grow up with knowledge about their parentage that is unspoken or discovered at some point. They may then implicitly take up some aspects of the narrative and see themselves as being like the perpetrator against their mother.

Parents with difficulties in particular areas may play this out with their children. For example, wishing that they had a female child when they had a male child and dressing them up as a girl in reaction to this, and this then resulting in difficulties deriving from internalised messages about gender that then impact on later navigation towards a working sexual identity later in life.

**Dissociation**

Trauma-related dissociated, or partly dissociated, parts of the self can also be offence-related (Schwartz, 2016). The individual might fragment into parts that, in some way, identify with the perpetrator at the time of the offence. The dissociation might be linked with not being aware of themselves when they are in offending states. This kind of trauma experience – trauma-related beliefs and trauma-related fragmentation in the experience of self – can be addressed using standard trauma therapies that look at the origins and impacts of traumatic experience on the individual (e.g., Schwartz, 2016).
Socio-Cultural Processes

Patriarchal and Misogynistic Attitudes to Women, Sexuality, and Power as a Socially Constructed Response to the Experience of Trauma

McKibbin, Humphreys, and Hamilton (2016) describe a contrasting stance in relation to causal processes that critiques the notion of the individual being “a receptacle of biological process or as an ecologically nested identity” (p.663), preferring to construe the individual as “a socially constructed subject”. Messerschmidt’s (2000) life history analysis of boys who had sexually abused children theorises this offending as “performance of hegemonic masculinity”, a dominant culture of masculinity that defines status in terms of activities involving dominating women and other men. This is seen as the most powerful position within the configuration of masculine subjectivities (i.e., way of experiencing masculinity in this social culture). Messerschmitt suggested that the boys abused children in order to achieve a movement from a subordinate subject position to a dominant masculine subject position.

Sexual Activity as Being Linked with Power Associated with Masculine Status

Multiple ACEs were hypothesised by Barra et al. (2018) as being linked with generalised feelings of powerlessness and loss of control – the desire to regain power being hypothesised to be amplified in poly-victims. This goal is hypothesised to be easier to attain by offending against children than against adults.

Plummer (2019), highlighting social construction of masculinities and sexualities, questions simple social learning theory models and Ward’s pathways models (e.g., Ward & Siegert, 2002), arguing that people who had experienced sexual abuse and gone on to commit sexual offences differed from those who did not go on to commit sexual offences in the extent to which they saw sexual abuse as being linked with masculine identity.

Arguing that the process linking trauma to perpetration was primarily evident in males and not evident in female victims of abuse, Plummer (2019) proposed that the key link between victimisation and offending was the victim’s perception that sexual activity affirmed power and masculine identity. Individuals who did not perceive their own victim experiences as being sexual were less likely to offend sexually. Sexual offending was seen as a way of doing masculinity linked with patriarchal attitudes. Plummer found that people who offended against children, when contrasted with people who had been sexually abused who did not offend, were more likely to interpret their abuse experience as sexual and that they identified sexuality as an area of their lives where they were more reliably to experience power. Plummer found that they were more likely to describe CSA (child sexual abuse) involving less severity, shorter duration, and less frequency and suggested this made it easier for putative offenders to deny or minimise harm. Plummer argued that the results...
suggest that the different interpretations of CSA experiences for offenders and non-offenders resulted in different constructions of sexuality, with offenders constructing their sexualities around control and power … the transition from victim to offender is impacted by experiences of abuse that result in victims understanding the abuse to be sexual in nature, and that allow the victim to minimise his experience of abuse (to himself and/or to others) such that he may not self-define as a ‘victim’ of CSA.

Plummer argues that “findings may be better explained by the Power/Powerlessness theory, which suggests that the experience of powerlessness as an abuse victim, together with subsequent experiences of powerlessness in relationships … may impact the transition from victim to offender” (p.267). Offenders were described as being more likely to have worries in relation to their sexual identities following sexual abuse, whereas non-offenders were more confused about the experience generally. Denial of abuse was also linked by Plummer with the victim’s experience of the abuse as something they were complicit with and were aroused by and also as a strategic way of protecting their masculine status. All of these cultural perspectives can be seen as learned through a process of social learning.

This approach suggests multiple layers (e.g., in the family, in school, in care, in prison) of social denial of trauma and lack of action to protect the individual from traumatic harms – particularly as the individual becomes stigmatised with labels like conduct disordered or delinquent. Masculinity is conveyed as being:

- Achieved through the use and misuse of power and dominance;
- Treated as being about power and dominance misuse which is, moreover, ‘above the law’ and validated through a culture of denial and impunity;
- Achieved through internalising oppressive attitudes and habits of crushing and objectifying vulnerability and avoiding emotional awareness.

Any recurrence of a lack of responsiveness to this kind of issue in the custodial context replays this social learning. Misuse of power amongst prison officers, police, therapists, or probation officers corroborates this learning.

Whilst it is clear that this describes a cultural process linked with a predominating patriarchal set of beliefs, at its heart is the notion of the desirability and rewarding capacity of experiences of status, power, and dominance. The tension between constructivist formulations and biological formulations must, in the end, resolve around the construction an individual develops in relation to their lived embodied experiences of emotions, pleasure, consciousness, and pain. The proper domain for trauma-based formulations must be the culturally influenced meanings that people attribute to their social emotions (particularly those involving power/powerlessness, sex, fear, and attachment), feelings, and non-intentional altered states of consciousness such as dissociation, in the context of actions (seen here as fundamentally social in all aspects). A less Eurocentric formulation might involve exploring the meanings given to these
experiences outside an evolutionary framework and informed by religious and cultural explanatory frameworks unique to each individual.

Intervention for this process involves using narrative strategies, to find alternative less harmful and more rewarding ways of construing masculinity, responding to powerlessness, and nurturing a more mature version of sexuality that isn’t about power and control. Revisiting and re-construing early traumatic experiences of powerlessness is critical to this task.

Briere (2019) describes the importance of offering relational disparity, i.e., systemically and systematically endeavouring not to behave in ways that trauma has led people to expect. This dissonance then brings about change. Relational disparity involves not letting people down by being inconsistent, attending to their state and inner worlds, not behaving in ways that corroborate toxic messages about how to “do masculinity” and not playing out privilege. With time this can undermine lack of epistemic and emotional trust.

## Risk Processes

### Link Between Risk Factors Identified in the Literature and Sexual Offending

Chapter 1 highlights the links between trauma and generic risk. In this section more specific sexual offending risk processes are considered. Table 12.1 illustrates some examples of links between risk factors identified by Mann, Hanson, and Thornton (2010) and trauma histories. Links should be used to hypothesise about the psychological mechanisms behind dynamic risk (e.g., Heffernan & Ward, 2020) in the process of case formulation. Ricci and Clayton (2016) have also explored this approach looking at the drivers behind risk factors for sexual offending.

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</tr>
<tr>
<td><strong>Sexual preference for pubescent or pre-pubescent children</strong></td>
<td>Abuse involved sexual contact with other children, abuse modelled by perpetrator, believed it did no harm</td>
<td>Hypersexuality fixated on specific trigger (Pfaus et al., 2012)</td>
</tr>
<tr>
<td><strong>Sexualised violence</strong></td>
<td>Arousal linked with anger through conditioning (e.g., Bullock &amp; Beckson, 2011)</td>
<td>Sexual arousal generalised to wide range of triggers (e.g., Bullock &amp; Beckson, 2011)</td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>Risk propensity from Mann, Hanson, Thornton (2010)</th>
<th>Attachment and trauma processes</th>
<th>Trauma-related sexualisation and hyper-sexuality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Paraphilic interest</strong></td>
<td>Sexual behaviour shaped by unusual early sexual experiences (e.g., Pfau et al., 2012)</td>
<td>Hypersexuality fixated on specific trigger (Pfau et al., 2012)</td>
</tr>
<tr>
<td><strong>Offence supportive attitudes</strong></td>
<td>Believe it did no harm, think all people are sexual offenders, believe own arousal indicated complicity (e.g., Jones, 2016)</td>
<td>Sexual arousal linked with sexualised thoughts and sense of entitlement; countervailing thoughts crowded out (e.g., Jones, 2016)</td>
</tr>
<tr>
<td><strong>Lack of emotionally intimate relationships with adults</strong></td>
<td>Fear or dislike adults as they are associated with abuse, attachment trauma – betrayal trauma (i.e., by cared for caregiver) (e.g., Jones, 2016)</td>
<td>Acting on hypersexual impulses has led to lack of intimate relationships (e.g., Katehakis, 2016)</td>
</tr>
<tr>
<td><strong>Lifestyle impulsiveness</strong></td>
<td>Impulsive behaviour used to avoid or distract from trauma intrusions (e.g., Jones, 2016)</td>
<td>Sexual impulsivity linked with sexualisation in childhood (e.g., Katehakis, 2016)</td>
</tr>
<tr>
<td><strong>Poor problem solving</strong></td>
<td>Trauma-related states impede capacity to think (Jones, 2016)</td>
<td>Sexual arousal inhibits capacity or willingness to think (Katehakis, 2016)</td>
</tr>
<tr>
<td><strong>Resistance to rules and supervision</strong></td>
<td>Dislike of people in authority due to abuse by adults in context of care/school</td>
<td>Taking a dismissive stance towards sexual boundaries</td>
</tr>
<tr>
<td><strong>Grievance/hostility</strong></td>
<td>Anger and vengeful thinking about people who have abused them or about others for not protecting them (Levenson &amp; Grady, 2016)</td>
<td>Feeling persecuted by people who react to hypersexualised acting out</td>
</tr>
<tr>
<td><strong>Negative social influences</strong></td>
<td>Turn to delinquent peer group due to neglect or disaffiliation from families where abuse is taking place</td>
<td>Socialisation limited to others with similar hypersexual interests</td>
</tr>
<tr>
<td><strong>Hostile beliefs about women</strong></td>
<td>Witnessing sexual assaults on caregivers, hostility linked with not being believed or protected</td>
<td>Experiences of rejection linked with sexual acting out drive hostility towards women</td>
</tr>
<tr>
<td><strong>Lack of concern for others/callousness</strong></td>
<td>Emotional numbing, acquired callousness (Kerig &amp; Becker, 2010)</td>
<td>Overwhelming states linked with arousal impede capacity to empathise or mentalise (Katehakis, 2016)</td>
</tr>
</tbody>
</table>
Conclusion

This chapter has explored the links between trauma and sexual offending. It has not, however, explored the other factors that contribute towards the development of sexual offending. Whilst a significant proportion of the antecedent drivers for sexual offending are trauma-linked, there are some that are not, for example, neurodiversity of different kinds. Often however these also have trauma and adversity consequences that cascade forwards and contribute to the platform of contributory factors to offending. Space does not permit an exploration of these processes. A genetic perspective needs to have a trajectory of developmental events that explains the links between the genetic disposition and the epigenetic outcome. It is likely that this trajectory has a significant element of trauma and ACE components in it.

Hopefully, this chapter has encouraged readers to explore and think about the heterogeneous trauma- and adversity-related factors linked with sexual offending and consider approaches to addressing some of these.

Further Reading


References


