In response to a then-current trend of de-sexualizing motivation for sexual abuse, Finkelhor (1984) wrote that sexual abuse always has a sexual component, albeit sometimes secondary. At first glance, this might seem like a truism, but this fails to encompass acts of penetration of sexual parts for the purpose of humiliation, dominance, or other reasons. Finkelhor wrote about this two decades prior to the case of Abner Louima (a Haitian who was assaulted, brutalized and forcibly sodomized with the handle of a bathroom plunger by New York City police officers after being arrested outside a nightclub in 1997). In such a situation, the motivation is sadistic, but perhaps not sexual. Did the person with the stick think of his action as sexual intercourse? Motivation arises from appraisal of past and imagined experiences and assessment of the current situation, and it results in desire and coordinated action intended to achieve a goal.

Typically, we think of sexual motivation as a desire to obtain sexual pleasure, though this worthy goal may not be the primary reason for sexual conduct. Most sexual offenses reviewed in a clinician’s office contain at least some component of actual or intended sexual arousal and subsequent desire. Therefore, a sexual motivation contributes to the desire to commit these acts. Typically, sexual motivation is not on/off, if for no other reason than sex itself brings with it meanings, emotions, and results that motivate us to be sexual.

So what does it mean when a client finally admits to sexual motivation for this offending? At one level, he is ostensibly eliminating ‘excuses’—such as curiosity or educating the victim—as motivators. These may reflect post facto rationales or long-held criminogenic beliefs. Some ‘flavors’ of motivation may appear on the surface to be excuses, but yield insight into meanings the actor gives sexual behavior in general, or sexual abuse specifically. Examples include sex as avoidance of negative mood states, coping strategies, or closeness. At a deeper level, if we have some knowledge of sexual motivation theory we can uncover a wealth of information to effectively shape the course of treatment. With new insight, skills, and tools, the client can prepare for challenging situations, alter his arousal patterns by assigning new meaning to memories, fantasies, and external stimuli, and seek alternative, prosocial sexual outlets when sex is the goal.

Sex on Campus

Meston and Buss (2007), following a preliminary focus group with a subsequent survey of 1,549 male and female college students, uncovered 238 reported motivations for interpersonal sexual behavior. Some of these reasons are devoid of the sexual motivation component: “My friends pressured me into it”, “I wanted to get rid of a headache”. Others include sexual motivation among other factors: “I wanted to improve my sex skills”, “I wanted to please my partner”. Very few reported reasons consisting only of sexual motivation: “It feels good”.

The researchers grouped the most frequently endorsed items into nine themes:

- pure attraction to the other person
- experiencing physical pleasure
- expression of love
- having sex because of feeling desired by the other
- having sex to increase the depth of the relationship
- curiosity or seeking new experiences
- marking a special occasion for celebration
- mere opportunity
• sex just happening due to seemingly uncontrollable circumstances.

Least frequently endorsed items coalesced around five broad themes:

• desire to harm another person—a partner, rival, or stranger (e.g., by giving the stranger an sexually transmitted infection)
• sex for resources (e.g., drugs, money, a promotion, or gift)
• sex for popularity or social status
• sex to achieve a seemingly unrelated end (e.g., to relieve pain)
• sex out of duty or pressure (Meston & Buss, 2007)

Those of us working directly with sexual offender motivations can probably think of cases representing each of these themes, and perhaps others. These themes can serve as a starting point in helping clients elucidate motivational factors underlying their offending. In so doing, we (and they) can begin to create a theory of what made their offending seem like a worthwhile and potentially rewarding pursuit. As we learn more about how the brain makes meaning of stimuli and develops a response, we can further elaborate the theory and help make meaningful changes.

Your Brain on Sex

Based on a review of a decade of researchers’ work in sexual motivation, Toates (2009) put forth an elegant model of neurocognitive processes beginning with sensory input externally perceived through the senses, self-generated through memory or fantasy, or a combination of both. These brain processes conclude with the decisions shaping what, if any, actions are taken, and any concurrent physiological responses. In the illustration below (adapted with permission from Dr. Toates), we note that environmental elements are perceived early as sexually excitatory (or, alternatively, absent of sexual meaning), initiating a two-path series of brain functions resulting in physiological arousal and a course of action. The first—a more direct path—stimulates physiologic response in the genitals and simultaneous desire (“me want!”), resulting in only excitatory impulses and responses (indicated in green) entering the arbitration centers (the judge), greatly increasing likelihood of action. In this path, higher-order cognition, such as comparison to personal and societal rules, ethics, etc., and consideration of consequences is bypassed. A second, more deliberate (and therefore slower) path engages comparison to past memory (the file cabinet), and reward assessment and decision-making (the scale). This path introduces inhibitory (indicated in red) responses with concurrent excitatory responses, allowing for more complex and nuanced (and deliberate) choices (see also Janssen, Everaerd, Spiering, & Janssen, 2000; for additional information on excitatory and inhibitory processes in sexual arousal, see Janssen & Bancroft, 2007; Bancroft, Graham, Janssen, & Sanders, 2009). Readers should note that for simplicity, Toates left out inhibitory responses to stimuli and some aspects of the feedback loops among systems.
Implications for Sexual offender Treatment

This model offers many targets of intervention and change for the client, many already employed by sexual offender therapy providers. At the stimulus level, clients can structure their environment to avoid stimuli that produce paraphilic or sexually aggressive arousal. This is accomplished via media and situation control, ‘eye-bouncing’, accountability through sexual fantasy logs, and other established techniques. The individual currently exhibiting limited internal controls will need external supports (e.g., a trusted support person present in potential risk situations, internet monitoring software, group accountability) until internal control and discrimination skills (i.e., the ability to effectively process the stimulus via the more deliberate pathway, recognizing the risks and implications) are developed. Therapy providers also typically target reward assessment and decision-making by having clients recall consequences and risks associated with acting on impulses to sexually abuse. This intervention may produce more impact if the client is able to make automatic (and therefore more rapid) associations between excitatory stimuli (e.g., sexual thoughts of a child) and a negative emotion-laden memory from past experience (e.g., the worst memory from prison, the lowest emotional point in their post-arrest process, the look of the child while he abused her).

At the memory level, clients can be assisted in ‘re-scripting’ their memories (of actual events and past fantasies) to reduce the excitation level these memories produce. Often, this can take the form of stripping away the ‘romance’ or ‘hotness’ self-delusion aspects of the recalled situation, replacing these with cold facts. This can be accomplished via writing the event from the victim’s standpoint, reading victim impact letters or viewing videos, or reviewing simple facts of the situation (e.g., a young child cannot possibly enjoy penile-anal penetration due to size differential). Clients can also be educated regarding mood congruent recall (Bower, 1981), during which memories of past events with similar emotional valence automatically resurface, increasing the existing emotion. Clients can be trained to recognize and label this ‘mind trick’, helping them use existing coping skills to stop.
At an even deeper level, motivations, meanings, and prior experiences that led to arousal to sexually abusive behavior can be targets of (typically individual) therapy. In this form of intervention, early experiences of sexual contact with peers (often the age of the present target group), become imbued with heavy emotional significance due to perceived difference, ostracizing, religious guilt, etc. These latter negative influences prevent developmental progress as the individual ages, keeping him stuck on the target age group. Bringing these associations into consciousness, and helping clients find methods of achieving these deeper goals without sex are interventions therapists can use to reduce the power of minor-oriented arousal.

Interventions can target the meanings and associations related to physiologic genital arousal. These include demythologizing penile erections. Not all erections are due to cognitive sexual arousal (men typically have several each night), and erections can be ignored without negative consequences (some men fear ‘blue balls’, a painful condition that can occur after prolonged sexual stimulation without orgasm). Typically, tumescence disappears in a few minutes if additional excitatory cognitive or physical stimuli are not present to prolong it.

‘Online’ incentive factors (the emotionally charged aspects of ‘hotness’ that are perceived in the stimulus, independent of cognition) provide powerful motivation for sex. Consequently, interventions to reduce their activation to potentially sexually abusive actions will be successful only if the individual has developed the previously mentioned deliberate processing skills in the presence of arousal. Knowledge of the effects of emotive/desiring activation to stimuli of sexual aggression can be used by the client to prevent such activation. Such interventions are conceptually similar to Relapse Prevention ‘red flag’ avoidance.

Perhaps more powerful, are interventions aimed at using online incentives to increase responsiveness to sexual equality stimuli. As this responsiveness becomes more automatic and engenders fewer consequences and emotionally negative associations connected to abusive sexuality, the client may alter his sexual script for more satisfying (and prosocial) sexuality. Often, the client can recognize that sex with a consenting person is more physically satisfying than forcible contact or contact with minors. When coupled with interventions targeting the emotional gratification received from abusive contact, the combined impact can provide significant motivation toward prosocial contacts.

The astute clinician can identify methods at each point in the sexual motivation model to enhance positive sexuality. Stored in memory and triggering responses inhibiting arousal, client anxieties related to performance, rejection, etc., can be redressed through re-scripting, rehearsal through fantasy or role play, or reality checking. Physiological response problems can be referred to specialists and sex therapists. Often the aversion to sexual equality and the attraction to sexual abuse mirror each other in their shared origins and contributing factors.

In summary, as we acquire knowledge from related disciplines, in this case sexual motivation theory, we become more effective in working with sexual offenders. Criminal justice, sociology, biology, sexology, religious studies, anthropology, and other fields have much to add to our ability to understand the facets of motivation and decision-making of our clients.

References


