Contemporary Psychoanalysis, 2018, Vol. 54, No. 4: 778–788.
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ISSN: 0010-7530 print / 2330-9091 online
DOI: 10.1080/00107530.2018.1528587

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Male Sexual Assault of Women: Origins, Motivations, and Treatment

Abstract. For more than 20 years I have evaluated recidivist sexual offenders' risk of reoffending after they complete their prison terms. In written reports and court testimony I provide an expert opinion on whether these men should be released into the community or remain in a secure treatment facility. In this article, I explore the reasons men sexually assault women and discuss the changes they need to make—and capacities they need to develop—to reduce their risk of reoffending. I use a case example to illustrate these points.

Keywords: sex offender, sexual assault, civil commitment, recidivism, trauma, sexual abuse

When I asked Mr. Jackson (not his real name) to explain how he had become a sexual offender, he began by recounting the various ways he was beaten and tortured by his mother as a child. As he revealed the stark details of her cruelty, his eyes welled up. For much of his life, he said, he took out the rage he felt toward his mother on other women.

> I did the same thing to women because I hated women. I didn't trust them. I looked at them as objects, not as human beings. I didn't want women to control my life, so I'd control them. I'd be the dominant one at all times. That's how I was able to abuse women physically and sexually.

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An abbreviated version of this article was published in *The Guardian* (Greif, 2018b). I am grateful to Richard Gartner for his invaluable comments, advice, and encouragement for *The Guardian* article.

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Mr. Jackson was a man in his mid-40s who committed a violent sexual assault many years earlier. Following a long prison sentence, he was civilly committed to a sex offender treatment facility in Massachusetts and was in his seventh year of treatment. Sex offender treatment addresses factors thought to be linked to recidivism—and it consists primarily of therapeutic and psychoeducational groups and vocational training. It focuses on the acquisition of skills and knowledge and is based on a cognitive-behavioral model. I was asked to evaluate Mr. Jackson and provide my opinion—and then testify in court—as to whether he ought to be released into the community.

All sexual offenders suffer from a severely compromised capacity to empathize with and care about their victims. This was true for Mr. Jackson, too. He told me: "I wanted her to suffer the same pain I went through. . . . I never knew anything about empathy back then."

In order to develop empathy and compassion, and substantially mitigate their risk of reoffending, sexual offenders must know how and why they became sexually violent. But first they must acknowledge and take responsibility for their assaultive behavior. This takes a long time for some perpetrators. They may deny, evade, rationalize, and distort what they did in order to protect themselves from feeling bad. Some offenders, for example, believe their victims desired them. Some offenders never admit to what they did. They cannot seem to bear the pain that comes from knowing they have damaged other human beings. In the case of Mr. Jackson, although he took responsibility for his offenses (both those for which he was convicted and those for which he was never arrested), he told me that sometimes he does not want to look back at what he did to his victims. Doing so, he said, "brings tears to my eyes."

In order to mature emotionally and diminish their risk of reoffending, men who commit sexual assaults need to know what happened in their lives and minds that impaired their ability to empathize with the people they abused. Many perpetrators must understand how they were psychologically damaged, stunted, and/or traumatized in their early lives—and how they learned to degrade and dehumanize women, men, or children. As I have written, "Only if an offender empathizes with himself as a child victim can he empathize with other people—including those he offended against and potential victims. The ability to put oneself in the mind, heart, and soul of another

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human being is an essential bulwark against violence" (Greif, 2018a, p. 2).

Most offenders are humiliated by the public exposure and its consequences—such as loss of status, jobs, relationships (and criminal prosecution). In order to not wallow in self-pity, become consumed with self-flagellation, or feel embittered about being unfairly accused (or convicted), offenders must develop a greater tolerance for feelings of shame and guilt. Only then can they genuinely examine themselves and their behavior.

For most of us, sexual desire is exciting and affirming when reciprocated. Why, then, do some men want to have sex with people who do not desire them? The wish to feel powerful is a prime motive for many sexually abusive men. Some very successful men believe they are entitled to have what they want. When they face limits or rejection they may feel weak or impotent and become indignant in response—and then coerce sex to restore a feeling of power. Likewise, marginalized, disempowered men—often plagued with feelings of powerlessness—sometimes coerce sex to feel powerful. Some offenders want to hurt or humiliate their victims to exact revenge for having been humiliated. Other offenders seek to feel valued or special—and expunge feelings of worthlessness: they use sex and power to try to achieve these goals.

Although postprison sex offender treatment emphasizes the acquisition of knowledge and skills, in evaluating approximately 200 men over 20 years, I've observed that many men become more self-reflective, self-aware, socially intelligent, empathic, and emotionally self-regulating during their years of confinement. Besides empathy—which is commonly addressed in sex offender treatment—I'm not aware of any research into these factors and I couldn't find any studies to support my observations. Because few psychoanalytic or depth-psychological mental health professionals write about sex offenders, it's unlikely that changes in these capacities have been studied. Sex offender research focuses on cognitive and behavioral factors that are the targets of sex offender treatment, such as cognitive distortions, deviant sexual arousal, the sexual offense cycle, antisocial traits, emotional congruence with children, and so on. Although changes in these capacities during sex offender treatment have not, to my knowledge, been studied, it would be a fascinating and worthwhile area of research.

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There may be a host of factors besides treatment that leads to these changes, such as relationships with other patients/offenders and staff, the wish to make a positive contribution to society and find a measure of redemption, and age-related biological changes.[1]

Mr. Jackson's course of treatment was tumultuous. It was evident that he was highly motivated to change and reenter the community. He put a great deal of thought and effort into his assignments. However, as he discovered important truths about himself and his history of sexual violence, he had periodic setbacks in which he exhibited long-standing patterns of manipulation, deceit, interpersonal aggression, boundary violations, and breaking rules. When his old maladaptive patterns emerged, he was confronted by his peers (in treatment groups) and his therapists, and offered constructive feedback. At first, he was easily wounded and humiliated, and he felt like a "failure." Sometimes Mr. Jackson accused peers of lying or thought he was being judged unfairly or persecuted. Sometimes he withdrew angrily. However, he was eventually able to recognize and acknowledge that he was triggered when he felt disrespected, hurt, rejected, or inadequate. Over the course of treatment, he accepted feedback more readily and he revealed more about his history, motivations, thoughts, and feelings, which led to further changes in his behavior and greater self-awareness.

Although Mr. Jackson acknowledged he had trouble managing his frustration and anger at times, he struggled to understand its connection with his past deviant behaviors and the role that unregulated expressions of anger played in his periodic conflicts with peers. Over time, Mr. Jackson developed a greater ability to manage his emotions and behavior. For example, with staff encouragement, he was able to walk away from arguments with peers or provocative behavior without escalating the situation. Although he harmed some relationships with peers, he was eventually able to repair them. One treatment provider said his ability to negotiate conflict and safely express his anger improved.

Through treatment—including his peers' and therapists' encouragement, support, and confrontation—Mr. Jackson was able to discuss his

[1] Again, this is my observation. There's scant research on the specific factors that account for the reduction in recidivism as a result of treatment (a reduction found in many, but not all, outcome studies.)

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history of antisocial behavior, which included lying, manipulating, and intimidating others for his own sexual and personal gains; his tendency to view women as objects and possessions; and his burglaries as a young man. With the persistent observations of his treatment team and peers, he came to recognize these factors all played a significant role in his deviant cycle of sexual violence. In treatment Mr. Jackson also addressed his history of alcohol abuse.

Mr. Jackson came to understand that he felt helpless and weak as a child and—when he became a man—used a macho façade to conceal his pain and vulnerability. He realized that his coercion and violence with sexual partners (he disclosed he had dozens of victims during the 20 years prior to his arrest) was related to how powerless and angry he felt as a child. His partners (all of whom he knew and dated) usually consented to sex. When, on occasion, they rejected his sexual advances, Mr. Jackson forced them to have sex. But he did not think of it as rape, because none of the women reported him to the police. He came to see this as distorted thinking. He also acknowledged that he gave his sexual partners money or clothes to appease them.

In his treatment groups Mr. Jackson acknowledged he was sexually preoccupied in the past, and he would sometimes have sex many times a day and neglect other responsibilities—such as being at work—in order to find another woman with whom to have sex. He came to understand that he obtained numerous sexual partners as a way to prove to himself that he was worthwhile. He also realized he used sex to make himself feel powerful and in control of his relationships and his life, especially when he was struggling financially, which was partly due to his excessive spending on women.

When he was incarcerated, Mr. Jackson admitted he had a history of being sexually aroused by violence, causing others pain, and bondage. During his civil commitment, he was given a PPG (Penile Plethysmography), which measures blood flow to the penis to assess sexual arousal to various sexual content. When viewing a scene of a man forcing a woman to have sex and expressing pleasure in hearing her struggle against his force, his own violent actions came back to "revisit" him, as he put it. Although Mr. Jackson showed some arousal to this scene (he also showed arousal to scenes of consensual sex), he reported that he felt disgusted and ashamed, and wanted to get up

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and leave. Yet—he told me with pride—he was able to go through the whole process and then talk about it. Mr. Jackson also told me he wants to be seen as a good person and wants others (including me, of course) to recognize the changes he has made.

During treatment, Mr. Jackson became more aware of the links between his childhood abuse and his offenses. He learned that his hostility toward women, sexual aggression, and need to be in control had to do with his insecurities, his fears of getting close to women, and his need to not feel emotionally vulnerable. He developed the ability to express and not "stuff" his feelings. He gained access to feelings of inadequacy, sadness, shame, and hostility (especially toward his mother), and to experiences of rejection, abandonment, and neglect. He also became more able to tolerate frustration, anxiety, and depression.

Mr. Jackson told me that he worked on his self-involved attitudes and difficulty feeling empathy for others and he learned to recognize others' thoughts, feelings, and motives. This made it possible for him to gain a deeper understanding of the impact of his assaults on his victims. Many of his treatment gains were corroborated by treatment progress reports and summaries. These noted he had made significant progress in his willingness to engage in treatment in an open and constructive manner; frequently made relevant comments and personal disclosures; accepted responsibility for his offenses; identified the attitudes and distorted thoughts that contributed to his deviant cycle; worked hard in his clinical groups to identify personal triggers, risk factors, and thinking errors he used to justify his offenses; processed the effects of his childhood abuse on his attitudes about sex and women; challenged old beliefs about what it meant to be a man and to be in control; discussed his sadistic sexual interests; and challenged his past objectification of women and girls as property.

In spite of Mr. Jackson's gains, following a previous release hearing (in which I had testified that I believed he should be released into the community), the judge decided that he had not progressed enough to be released. The judge highlighted several areas he believed Mr. Jackson had not sufficiently addressed in his treatment: emotional regulation, openness to feedback without becoming defensive, sexual deviancy, sexual fantasies, and sexual arousal patterns. During the next several years Mr. Jackson addressed these areas of concern in a

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more determined way and he was released by the judge after his next hearing.

Undoubtedly, Mr. Jackson could develop a deeper understanding of the dynamics of his sexual violence; it is hoped that this will come in due time. However, given that he began treatment with little insight, minimal empathy and compassion for others, and a long history of antisocial behavior, it seems clear that the psychological capacities and internal resources he developed during his many years of incarceration and civil commitment were substantial.[2]

As was the case for Mr. Jackson, trauma and its aftermath is frequently a critical influence in the early lives of men who perpetrate sexual offenses. In the men I evaluate, there is almost always a devastating childhood history—rampant with sexual abuse, physical violence, and emotional neglect. These traumas lay the groundwork for their sexual aggression. As boys, their displays of emotional vulnerability were ridiculed and sometimes met with physical abuse. Moreover, the betrayal, shame, despair, dread, and fury they felt in response to maltreatment were rarely recognized by anyone including their parents or caretakers, who were often their abusers. They suffered alone, and had scant resources to manage overwhelming feelings. When their parents or caretakers were the perpetrators—especially when the non-perpetrating parent did not protect or believe them—it compounded their dissociative responses (Trickett & Putnam, 1993), betrayal trauma, and shame (Freyd, 1994; Ridley, 2016); somatization, dissociation, and affect dysregulation, the cardinal symptoms of complex PTSD (Herman, 2000, p. xiv); capacity for trust, intimacy, and self-agency (O'Leary, Coohey, & Easton, 2010, p. 277); relational troubles

[2] Many believe that treatment outcomes for these men are notoriously poor. This is a common misconception. Several meta-analyses of outcome studies show that treatment significantly reduces sex offender recidivism (Beech, Erikson, Friendship, & Ditchfield, 2001; Hanson et al., 2002; Hanson et al., 2006; Hanson, Bourgon, Helmus, & Hodgson, 2009; Lösel & Schmucker, 2005; MacKenzie, 2006, Marques, Day, Wiederanders, & Nelson, 2002); in fact, besides aging, it's the only thing that's been shown—in some but not all studies (Marques, Wiederanders, Day, Nelson, & Ommeren, 2005)—to reduce it. And sex offender recidivism—even without treatment—is already a lot lower than we've been lead to believe ("Sex Offender Recidivism," 2018; Hall, 1995; Hanson & Bussiere, 1998; Langan, Schmitt, & Durose, 2003; Yoder, 2016). Many recidivism studies (predominantly of untreated offenders) throughout the country report reoffense rates of between 3% and 15% over the course of 5 years, when the vast majority of reoffenses are committed. Another interesting fact is that 95% of sexual offenses are committed by offenders who have never been convicted of a sexual offense (Langan et al., 2003; Sandler, 2008).

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(Pearlman & Courtois, 2005, p. 449); and attachment issues (Briere & Scott, 2013).

Childhood experience, however, no matter how horrendous, never excuses a man's sexually aggressive behavior nor does it sufficiently explain it. Most men with childhood trauma do not abuse others. Some remain relatively unscathed by their dark pasts. Many become depressed, addicted to substances, or scared of intimacy; others sabotage themselves in work or relationships.

Numerous famous men have revealed childhood histories of abuse and recounted the harm it caused. Three examples are Gabriel Byrne, the actor who suffered from alcoholism and depression after he was sexually abused as a child; Greg LeMond, three-time Tour de France winner, who was riddled with feelings of shame and responsibility for his sexual abuse, and was afraid—when he became famous—that his abuser would disclose the abuse; and Scott Brown, the former U.S. senator from Massachusetts who was physically, emotionally, and sexually abused as a child, and became a repetitive shoplifter until he was arrested at age 12 (Gartner, 2018, pp. 2–3).

These men—unlike abuse victims who become sexually abusive—faced their demons and grew more resilient. As Brown (2011) put it in his autobiography, *Against All Odds*[3]: "Like a fractured bone, I have knit back stronger in the broken places." Researchers have identified numerous factors that may account for the resilience of some survivors of trauma. Several studies point to the importance of having at least one parent who provided support and love (and believed their child about the abuse) while growing up (Egeland, Jacobvitz, & Sroufe, 1988).

Courage, willpower, empathy, and the ability to be emotionally vulnerable play pivotal roles in the choice to not sexually abuse others. Although the minds, experiences, and histories of men who commit sexual violence are unique—this is true of all perpetrators—good treatment can help offenders develop these essential capacities and never perpetrate again. Good treatment helps offenders understand the motivations for their offenses, i.e., the multitude of factors—social, cultural, developmental, and psychological—that lead them to offend. It enables them to develop greater compassion for others; it helps them

[3] Also quoted in *The Boston Globe* (Arsenault & Rowland, 2011).

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modify the beliefs and attitudes that supported their sexual offending behavior; and it helps them learn to meet their social and emotional needs and desires in nondestructive ways.

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