

How has psychological research and theory helped explain

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Psychological research and theory has attempted to explain the aetiology of sex offending. However, explanations have been problematised by a diversity of complex factors such as heterogeneity of types, styles, process mechanisms and degrees of offence severity of offenders. Such diversities are further complicated by their interrelationship with a variety of developmental, socio-cultural, biological and psychological factors (Marshall, 1996).

As a result, contemporary complex multifactorial theories, such as Finkelhor's Precondition Model (1984) and Marshall and Barabee's Integrated Theory (1990), strive to produce a more encompassing explanation of sex offending. Since assessments and treatments based on such models may go some way to enabling these serious offenders to lead a law abiding life, this essay will evaluate both theories, as well as the effectiveness of treatment therapies they give rise to, focussing specifically on the child molesting sub group of sex offending.

In general, sexual offences which are committed mostly by males¹, account for 'less than 1% of all notifiable offences, of which 30-50% are child molestation cases (Perkins, Hammond, Coles and Bishopp, 1998, p 4).

Furthermore, about 50% of child molesters have reported that their first such offence was during adolescence (Davison and Neale, 2001). There are no UK official statistics specifically for child molesters, although recent estimates suggest that approximately one in ten children (up to 50% of females and 33% males), will be sexually abused at some time during childhood (Marshall and Serran, 2000).

Conviction rates for such crimes are very low; (around 5 %), and even reporting of offences such as incest are as low as 2% when compared with 15-17% for reporting rape (Silverman & Wilson, 2002). Such low reporting supports the notion that sex offending is as Kauffman suggests 'embedded in intergenerational social and family structures' proposed by Kauffman (1988, cited in Perkins, Hammond, Coles and Bishopp, 1998, p 4). It also emphasises a vast underestimation of the true prevalence of such offences.

Thus, a worryingly high percentage of juvenile rates of sex offending, and underestimations of rates of offending, in addition to the persistent nature of child molestation (Ward and Hudson, 2001), highlights a need for comprehensive understanding, assessment and treatment of such offenders. The complex world of sex offending is hugely heterogeneous. Even within the sub group of child molesters, there exist variations in age of onset, preferred offending style, and pathways of offending (Ward, 2002).

For example situational child molesters tend to have a later onset age of offending and are more likely to target family members whereas preferential molesters have an early onset of offending, have poor social and intimacy skills and will have specific criteria for their victim (mostly extra-familial, Ward, 2002). Individual child molesters also employ different process mechanisms to arrive at the same deviant act. For example some may employ meticulous planning strategies in order to gain access to a victim whereas others commit an offence on the spur of the moment after alcohol or drug consumption (Ward, 2002).

Furthermore there are differences in victim preference in terms of age and gender, as well as variations in the degree of offence severity, from minimal intrusions of fondling to full anal or vaginal penetration² (Feldman, 1993).

Such complexities are further complicated by their interrelation with various developmental, social, cultural, biological and psychological factors (Marshall, 1996). In light of such complexity one must ask; can psychological theories of child sexual abuse give a comprehensive explanation of why and how child sexual abuse begins, develops, and is maintained over time?

In addition, does the subsequent assessment and treatment of sexual offenders based on such theories enable them to lead law-abiding lives?

These are important questions because if sexual offenders can be identified, understood and treated successfully, the results have a more global impact in terms of the safety of children in our society. Various psychological models based on psychoanalytic, behaviourist, social learning, cognitive perspectives offer explanations for the various complexities of child molesters, and can be classified in terms of how general or detailed their focus is (Ward & Hudson, 2001).

For instance, single factor theories focus on one causal factor of child sexual abuse such as empathy deficits (Marshall, Hudson, Jones and Fernandez, 1995, cited in Ward, 2002) or biological dysfunction (Herman, 1990, cited in Ward, Hudson and Marshall, 1996). They can therefore give an important explanation of specific elements involved in child sexual offending and their relationship to each other. However they are unlikely to fully account for

complex interrelationships of various biological, psychological, socio-cultural and developmental factors involved in child sexual abuse (Marshall, 1996).

Similarly, micro level theories, which describe mechanisms associated with the process of child sexual abuse, in terms of cognitive, behavioural, motivational and social factors, may offer a typology of child sexual abusers (Pithers, 1990; Ward, Loudon, Hudson and Marshall, 1995, cited in Ward 2002), although they too fail to offer a comprehensive explanation of child sexual offending. But can multifactorial models which attempt to integrate single and descriptive theories into a more comprehensive model, offer an all-encompassing explanation of child molestation?

Moreover, can they explain why such behaviour is sexually directed to a child or highlight the extent to which relevant [distal] vulnerability factors, interact with contextual or psychological [proximal] mechanisms such as stress or cognitive distortions, to trigger an act of child molestation (Ward, 2002)? Some of these questions are addressed by Finkelhor's (1984) Precondition Model, which draws on psychoanalytic, attributional and learning theories, in an attempt to explain the 'why' and 'how' of child molestation.

The Precondition Model proposes the existence of 4 preconditions, which incorporate four separate factors. Each successive precondition depends causally on the previous one, and a progressive interaction between preconditions and factors is necessary for the offence to occur (Finkelhor, 1984). Precondition 1 explains three motivational factors; emotional congruence (emotional gratification of sexual contact with a child), sexual

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arousal in the presence or thought of a child, and the existence of a blockage, whereby sexual gratification is otherwise inaccessible.

These three factors must be in place in order to transform deviant thoughts into a deviant act. A second precondition involves overcoming any internal inhibitions about having sexual contact with the child. Some of these disinhibiting factors may be achieved through transient (e. g. alcohol) or more enduring (cognitive distortions) proximal factors, the effect of which enables justification for the deviant behaviour, which in turn may act to trigger the deviant act. The third and fourth preconditions are concerned with how the offender creates the opportunity to gain access to the child and overcome possible resistance.

Finkelhor also stresses that different needs motivate different offenders, and a history of family abuse, as well as social and cultural influences also play a part in at least some forms of child sexual abuse (Finkelhor 1984). The strength of the Precondition Model lies in its attention to the diversity of complex issues and processes of child molestation, by attempting to link a broad range of underlying factors to the offence sequence (Ward & Hudson, 2001). Such an approach can form a good basis for assessment of child molesters.

For example it can develop child molester typologies by highlighting diverse preferences, patterns, and processes used by child molesters in order to achieve their goal. It also highlights the dynamic nature of child molestation since each precondition is sequentially causal over time. However, the use of diverse psychological theories within its theoretical framework is

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problematic, since they offer conflicting explanations of why vulnerability [such as emotional congruence] results in a sexual offence.

For instance, a psychoanalytic explanation may attribute it to castration anxiety, whereas a social learning explanation would highlight a lack of heterosexual skills. Moreover, the Precondition Model cannot explain why its resultant effect is directed toward children in a sexual way as opposed to just being friendly (Ward & Hudson, 2001). There is also an over-emphasis of the role of proximal factors such as disinhibition and its place in the sequence of events. However, if offenders are already strongly motivated, they are unlikely to have inhibitions about their goal (Ward, 2002).

Finally, there is a lack of attention to distal factors such as early developmental experiences and biological features, which are also thought to be antecedents to sexual offending (Ward 2000). Some of the limitations of the Precondition Model have been addressed by an alternative psychological theory developed by Marshall and Barbaree (1990). The Integrated Theory draws on attachment theory and intimacy research and emphasizes the role of developmental, biological, socio-cultural, functional and psychological features and their interrelationships in order to explain child molestation.

Attachment style is thought to have an important influence on the internal working models of child molesters relative to themselves and others. For example, Marshall and Barabee (1990) suggest that insecure attachment in early life may lead to low self esteem, impaired problem solving, problems with mood management and distorted expectations concerning the

emotional availability of others, (Marshall & Barbaree, 1990). In addition, abusive or neglectful family environments are also thought to distort internal working models of relationships (Ward, 2002).

The Integrated Theory posits that these developmental and socio-cultural factors act as an antecedent to later vulnerability to sexually offend, as well as prevent the development of normal social and intimacy skills needed to prepare for the transition through adolescence; a transition that is difficult for most children but is thought to be more so for vulnerable individuals (Ward & Hudson, 2001). According to the Integrated Theory, the intimacy and social skills deficits experienced by vulnerable individuals also interact with biological factors.

For instance, during the critical period of puberty, a massive increase of male sex hormones means that self-regulation responses to sexual cues are crucial (Ward & Hudson, 2001). Furthermore, since sex and aggression is thought to be mediated by the same neural substrate of the brain Marshall and Barabee suggest it is important for pubescent males to separate them appropriately and inhibit aggression in a sexual context (Marshall & Barabee, 1990).

However the vulnerable individual's inability to distinguish between sex and aggression, may serve to fuse the two and this, combined with inappropriate responses to sexual cues [due to a lack of necessary skills], can lead to sexual and emotional needs being satisfied by deviant behaviour (Craissati, McClurg and Browne, 2002). This may lead to rejection by potential romantic

partners and resultant anger, low self esteem and distorted cognitions about relationships with adults (Ward, Hudson & Marshall, 1996).

Consequently, a vulnerable male may view young children as a safer way of meeting his need for intimacy or personal effectiveness. These developmental, social and biological antecedents also interact with more transient proximal factors such as alcohol or strong negative affect. These act to disinhibit the individual's ability to control the desire to sexually offend, and even if levels of vulnerability are low, high proximal factors are thought to be powerful enough to trigger deviant sexual behaviour, just as high levels of vulnerability need only low level proximal factors (Ward, T, 2000).

The strength of Marshall and Barabee's Integrated Theory lies in its ability to account for the interrelationships of developmental, social, psychological and biological factors as a means of explaining the aetiology of child molestation. For example, it traces the origin of social and intimacy skill vulnerabilities to developmental deficits and family dysfunction, which in turn not only prevent the formation of normal adult romantic relationships, but triggered by interrelating proximal factors, may also promote inappropriate relationships with children (Marshall & Barabee, 1990).

The theory also explains how cognitive distortions enable initial deviant behaviour, which increases the child molesters levels of self esteem and interpersonal closeness, the result of which reinforces the original behaviour and maintains the cycle of child abuse (Kaufman, 1998, cited in Perkins et al. , 1998, p 4). Marshall and Barabee's Integrated Theory therefore manages to

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address the developmental and biological limitations of Finkelhor's Precondition Model and has led to treatments that can specifically examine factors such as intimacy deficits (Marshall, 1996).

However its general nature does not deal with the heterogeneity of offender motives and pathways of offending. Nor does the emphasis of male hormones explain why females may sexually molest a child. It also ignores offender typology. For example, although it can account for preferential offenders [through its explanation of biological influences at the age of puberty], it cannot explain why later onset situational offenders [who have made an adequate transition through puberty, and do not lack relationship or social skills], go on to offend in later life.

Like the Precondition Model, it also places too much emphasis on disinhibition, since it is thought that only a small number of offenders have major problems with self-regulation (Hudson, Ward and McCormack, 1999, cited in Ward 2002). A further limitation of the theory lies in its inadequate proposal that child molesters are generally insecurely attached. This was addressed by Ward, Hudson and Marshall's (1996) study of sub categories of insecure attachment of sexual and non-sexual offenders.

Their findings revealed that insecure attachment was found in all offenders studied, however child molesters were more fearful or anxiously attached compared with dismissive attachment styles of rapists. The Integrated Theory should address these noteworthy findings, as their implications are important for accurate assessment and treatment of child molesters.

It should be noted however, that not everyone who is abused or insecurely attached goes on to sexually offend (which cannot be explained by the theory). Finally, since aggression is not a common factor involved in child molestation (Knight & Prentky, 1990, cited in Ward, 2002) the Integrated Theory cannot adequately relate aggression or its fusion with sex to this kind of sexual offender³.

Thus, Whilst both the Precondition and Integrated Theories of child molestation have made significant contributions to understanding and explaining child sexual abuse, each lacks sufficient explanation of child molesting in important areas such as offender heterogeneity and elements of developmental and biological factors, which if developed and refined could lead to more comprehensive classification, assessment and treatment programmes for offenders (Marshall, 1996).