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ORIGINAL ARTICLE

The role of psychopathological symptoms in the relationship between cognitive schemas and sexual aggression: A preliminary study[☆]



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KEYWORDS

Sexual aggression;
Early maladaptive schemas;
Psychopathological symptoms;
Distal factors;
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Summary Early maladaptive schemas (EMSs) are associated with various forms of psychopathology. Available research also shows a relationship between EMSs and sexual aggression. Likewise, sexual offenders commonly present psychopathological problems, mainly emotional disorders. The aim of the present study was to compare college students with and without history of aggressive sexual behavior on psychological adjustment, as well as to explore the relationship between EMSs and sexual aggression frequency in the aggressor group, when controlling for the effect of psychopathological symptoms. A total of 165 male college students from among whom 37 reported history of sexual aggression against women completed the Sexual Experiences Survey-Short Form Perpetration (SES-SFP), the Young Schema Questionnaire (YSQ-S3), and the Brief Symptom Inventory (BSI). Results showed that the aggressor group presented significantly higher levels of psychopathological symptomatology compared to non-offenders. Furthermore, dependence/incompetence schema was positively associated with sexual aggression frequency in the aggressor group. However, this association did not remain significant after taking into account the effect of psychopathological symptoms. Overall, our preliminary findings indicate that psychopathological symptoms mediate the relationship between EMSs and sexual aggression, likely playing a trigger proximal role on the perpetration of sexual aggression.

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Introduction

Early maladaptive schemas (EMSs) are core cognitive structures defined as “broad, pervasive themes or patterns, comprised of memories, emotions, cognitions, and bodily sensations, regarding oneself and one’s relationship with others” (Young et al., 2003, p. 7). They develop during childhood or adolescence mainly as a result of adverse experiences within the nuclear family (Young et al., 2003).

There are 18 EMSs, which are grouped within five general domains (cf. Young et al., 2003):

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- disconnection and rejection domain (refers to the belief that one's needs for security and acceptance will not be met in a consistent way by others; includes abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, and social isolation/alienation schemas);
- impaired autonomy and performance domain (relates to expectations that interfere with one's perceived ability to function and perform independently; includes dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, and failure schemas);
- impaired limits domain (refers to deficits in internal limits and difficulty in respecting the rights of others; includes entitlement/grandiosity, and insufficient self-control/self-discipline schemas);
- other-directedness domain (relates to a focus on other's desires/feelings in order to gain approval; includes subjugation, self-sacrifice, and approval seeking/recognition seeking schemas);
- overvigilance and inhibition domain (refers to a focus on controlling spontaneous feelings and impulses to avoid mistakes; includes negativity/pessimism, emotional inhibition, unrelenting standards/hypercriticalness, and punitiveness schemas).

The activation of an EMS generates negative affect leading to psychological maladjustment and severe interpersonal difficulties (Young et al., 2003). These schemas and the maladaptive ways in which patients learn to cope with them often underlie Axis I (e.g., depression and anxiety) and Axis II disorders (e.g., Nordahl et al., 2005; Shah and Waller, 2000; Young et al., 2003).

Recent studies have identified EMSs in sexual offenders suggesting that these schemas may impact offenders' perception about themselves and about the world, and may be key treatment targets. Richardson (2005) found high levels of schemas from the disconnection/rejection domain and from the overvigilance/inhibition domain in a sample of adolescent sexual abusers. Carvalho and Nobre (in press) found that, compared to a non-offender control group, child molesters presented significantly more schemas from all domains, except from the impaired limits domain, and rapists presented more schemas from the impaired autonomy/performance domain. In another study, EMSs from the disconnection/rejection domain and from the other-directedness domain more prevalent in child sexual offenders compared to non-sexual violent offenders (Chakhssi et al., 2013). Using a college sample, Sigre-Leirós et al. (2013) found that sexually aggressive individuals presented significantly higher levels of EMSs from the disconnection/rejection domain (i.e., mistrust/abuse), from the impaired autonomy/performance domain (i.e., dependence/incompetence), and from the overvigilance/inhibition domain (i.e., negativity/pessimism) compared to non-aggressors.

Furthermore, documented sexual offenders commonly present emotional problems, mainly anxiety and depression (Ahlmeyer et al., 2003; Engelstatter, 2004; Kalichman, 1991; Ward and Beech, 2006). Regarding studies with college samples, Barnes et al. (1984) found that high scorers on psychoticism (i.e., a tendency to be solitary and hostile to others) were more sexually aroused by rape depictions

than low scorers. Carvalho and Nobre (2013b) found that rapists and non-documented sexual offenders (male students) presented significantly more hostility compared to child molesters.

The aim of the present study was to compare college students with and without history of aggressive sexual behavior on psychological adjustment. Likewise, the study aimed to explore the relationship between EMSs and sexual aggression frequency in the aggressor group, when controlling for the effect of psychopathological symptoms. Based on previous findings (Barnes et al., 1984; Carvalho and Nobre, 2013b; Kalichman, 1991), we hypothesized that sexually aggressive students would present more psychopathological symptoms compared to non-aggressors, namely depression and anxiety, psychoticism, and hostility. Furthermore, given that the present work is part of a larger study whose findings on the relationship between EMSs and sexual aggression were already published (Sigre-Leirós et al., 2013), it was expected that mistrust/abuse, dependence/incompetence, and negativity/pessimism schemas would be related to sexual aggression. Finally, considering the relevance of EMSs as vulnerability factors for various forms of psychopathology (Young et al., 2003), as well as the evidence that sexual aggressors present both EMSs and psychological problems, it was hypothesized that psychopathological symptoms would be an intervening variable accounting for the relationship between those schemas and sexual aggression frequency in the aggressor group.

Method

Participants and procedures

A total of 165 male college students voluntarily participated in the study. Participants were recruited from Portuguese universities and signed an informed consent form before answering the questionnaires. From the total sample, 37 participants reported having perpetrated aggressive sexual acts against women, according to the Sexual Experiences Survey-Short Form Perpetration (SES-SFP; Koss et al., 2007) and were included in the aggressor group ($n = 37$). Participants who did not score on any of the items were included in the non-aggressor group ($n = 128$). The demographic characteristics of the groups are presented in Table 1. There were no statistically significant differences between the groups on age ($t = .818$, $df = 163$, $P = .415$), educational level ($Z = -.727$; $P = .467$), and marital status ($\chi^2 = 2.676$, $df = 3$, $P = .444$) (Table 1).

Measures

Sexual Experiences Survey-Short Form Perpetration

The Sexual Experiences Survey-Short Form Perpetration (SES-SFP; Koss et al., 2007) is a 7-item measure that assesses the frequency of respondent's coercive/violent sexual behaviors. The SES has shown good internal consistency ($\alpha = .89$) (Koss and Gidycz, 1985). The Portuguese psychometric data of the SES-SFP showed acceptable proprieties: Cronbach's alpha = .86 and test-retest reliability = .70 (Carvalho, 2011).

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