

Dysfunctional Anger and Sexual Violence

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KEYWORDS

• Anger • Sexual violence • Sexual homicide • Treatment • Recidivism

KEY POINTS

- Anger/hostility and other negative affects are associated with sexual offending and recidivism.
- Not all sexual aggression or homicide is motivated by anger.
- Application of the existing empirical findings is limited to a specific population of sex offenders.
- Comprehensive assessment that includes anger is essential for effective treatment and risk management of some sex offenders.
- Treatment and management strategies for perpetrators of sexual violence must consider the motivations for aggression.

NATURE OF THE PROBLEM

Although there has been extensive interest in the academic research and popular discussion on the phenomenon of sexual violence and violence in general, comparatively less interest has been shown in the emotion of anger that may precede the violent behavior. Interest in examining the role of anger and other negative affects in sexual violence has increased over the past 2 decades with the introduction of the principles of relapse prevention in the treatment of sexual offenders. This model of intervention assumes an increased probability of sexual offending when the sex offender is experiencing a negative affect.¹ Subsequent empirical research has shown that negative emotional states, such as anger, anxiety, depression boredom, and frustration, may contribute to deviant sexual fantasies and offenses,^{2,3} investigators and recommend that affective regulation and coping be a targeted domain in the treatment and risk management of sex offending behavior. The self-regulation model of sex offender treatment further stresses the importance of negative emotional states in the cause of deviant sexual behavior and the role of emotion, thought, and behavior modulation

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in the treatment of deviant sexual behavior and sex offending and recidivism.^{4,5} This article explores the key themes of anger and sexual violence, and the role of anger in classifying sex offenders and of anger and hostility in sexual recidivism.

DEFINING SEXUAL VIOLENCE AND DYSFUNCTIONAL ANGER

The World Health Organization defines sexual violence as, “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.”⁶ This definition encompasses all forms of coerced sex resulting in sexual gratification for the perpetrator, regardless of outcome for the victim, circumstances, and setting. Although sexual violence occurs worldwide, the extent of the problem is grossly underestimated because of limited research and reliance on scanty and fragmented data from police, clinical settings, and surveys. Sexual violence, like any other form of violence, is both multifactorial and multidimensional.

Anger, like anxiety and sadness, has positive and negative consequences. Although anger is an uncomfortable, aversive emotional state, sometimes people do not wish to change feeling this way,⁷ and sometimes with good reason. Anger can be adaptive or functional, but it can have pernicious effects when its frequency, intensity, or duration exceeds adaptive thresholds. Excessive anger is associated with self-defeating risk-taking,⁸ poor problem solving,⁹ and substance use.¹⁰ Anger leads to hostile aggression, which is the most common form of aggression, and a propensity toward aggression,¹¹ and is associated with marital violence, child abuse, road rage, and assault. Descriptive studies of the triggers, behaviors, targets, and outcomes of single anger episodes have identified the major characteristics of typical anger episodes and the cultural similarities among people experiencing these episodes. Violent behaviors (physical aggression) were reported in 10% of episodes, and approximately half of the individuals experiencing these episodes reported that the effects of the anger on their relationships were positive.^{12,13} From a cultural perspective, Kassino and colleagues¹³ compared American and Russian samples and found no significant differences in the components of the anger episode. Although anger is often a motivated action, excessive or inappropriate anger may be a symptom of several of the existing disorders in the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition). Even though it is associated with deviant sexual, the emotion is not listed among the diagnostic criteria for any of the paraphilias in the diagnostic manual.¹⁴

DYSFUNCTIONAL ANGER IN SEXUAL FANTASIES AND OFFENDING BEHAVIORS

In a study of the relationship between conflict, affective states, and particular sexual behaviors (fantasies and masturbatory activities during these fantasies), McKibben and colleagues¹⁵ had 13 rapists and 9 pedophiles in a treatment program complete a “fantasy report” every 2 days for 60 days. The fantasy report is a self-assessment method specifically the investigators developed to assess the frequency of deviant and nondeviant fantasies, sexual behaviors, presence of interpersonal conflict, and affective components.

Fantasy Report Self-Assessments

The rapists reported experiencing more negative moods and the presence of conflicts associated with overwhelming deviant sexual fantasies and increased masturbatory activities during these fantasies. Furthermore, the emotions most frequently reported by rapists after conflicts were loneliness, humiliation, anger, and feelings of inadequacy

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