

Sexual Addiction or Rape

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Abstract

Sexual addiction has become the catch-all for infidelity, cheating, promiscuity, and rape. Recently it has become the newest claim for rapists and child molesters. Sexual addiction was defined similarly to how the DSM-5 has defined substance use disorders. Following the DSM-5 diagnostic criteria, as well as how Carnes et al. defined sexual addiction, it sometimes appears as though sexual offenders are sex addicts and are therefore not responsible for their sexually abusive behaviour. Sex offenders may have a sexual addiction in addition to being a sexual offender; however the sexual addiction has nothing to do with sexual offending. No different than a sex offender having a substance use disorder- the drugs or alcohol used never cause the offender to rape, rape is a choice the offender makes whether sober or intoxicated. Sexual addiction involves having intense thoughts involving sexual activities and may include engaging in numerous promiscuous sexual encounters and frequent masturbation. However, those sexual encounters are not about forced sex, just about sex. Sexual offenders rape and molest because of thoughts involving the use of physical or psychological use of force to obtain sex and/or because of sexual thoughts involving children or adolescents.

Keywords: Sexual addiction; Violent behaviour; Sex offenders; Rape

What is Rape?

The terms rape, sexual assault, child molestation, and forced sex synonymously. Understand that each of the above terms has different definitions but each involves the use of psychological and/or physical force to obtain sexual contact, and each involves a sexual offender, that is, the person who made the conscious decision to engage in sexual contact without consent or when inappropriate. Unlike the sexual addict, whose primary motive is to have as much sex as possible, the sexual offender engages in sexual contact with motivations other than simply to have sex. The sexual offender's motives may include anger, attachment deficits, communication deficits, emotional distress, and other problems that are used to justify engaging in a sex offense. But for the sex offender, the sexual offense, molestation, or rape, is not about sex but rather uses sex as a weapon. I challenge mental health providers to stop calling sex offenders sexual addicts.

Sexual offenders choose to use psychological force or physical force to use sex as a weapon. The choice to force any type of sexual contact is not based on the desire to have sex. Imagine how easy it is for anyone to find a sexual partner. One could go to a bar or night club and meet someone to have sex with. They could choose to use social media to find a sexual partner. In fact, there are numerous social network sites that focus solely on finding sexual partners. Though illegal, one could choose to have sex with a prostitute, though this is still a form of sexual violence. To choose to use psychological or physical force for sex involves motivations far beyond simply having sex.

Let me define psychological and physical force. Psychological Force involves utilizing nonphysical means to coerce, trick, or pressure someone into sexual contact. This may include emotional blackmail, game-playing, pressuring, boundary violation, lying, intimidation, and threats [3,5,6]. Psychological force involves verbal and physical behavior that forces the victim to give-in to sexual advances and demands. It also includes confusing a victim to prevent the victim from refusing sexual demands or instilling fear into the victim that if

What is Sexual Addiction?

According to Carnes [1], sexual addiction is when an individual substitutes a sick relationship for a healthy relationship. Eventually the individual (or addict as Carnes would label the person) progresses to retreating further and further from reality, distancing themselves from family, friends, and work [1]. The addiction cycle would involve four stages: preoccupation (of sex), ritualization (the sexual routines established), compulsive sexual behavior, and despair (feeling hopeless to cease their sexual thoughts and sexual behaviors)[2,3].

According to Carnes [1], there are three levels of sexual addiction and most addicts do not stay within just one category. The sexual addict can have periods of time without acting out, though the acting out becomes much more compulsive. But the addict experiences distress concerning the sexual acting out (e.g., compulsive or public masturbating, pornography use, affairs, homosexual activity, exhibitionism) and as a result experiences impairment in various areas of their lives. In some ways the risk of the sexual act creates a thrill that can be in and of it desired and addictive. The true sexual addict experiences distress and shame about their sexual acting out and generally desire help. However, nowhere is it inferred that sexually violent behavior is included in the definition of sexual addiction.

Carnes [1] work on sexual addiction models that of the substance abuse models of addiction. For example, the Diagnostic and Statistical Manual- 5th edition (DSM-5) [4] defines alcohol-related disorders as involving "A problematic pattern of alcohol use leading to significant impairment or distress, as manifested by at least two..." of the identified criteria, none of which involves engaging in violent or sexually violent behavior.

they refuse, they or others could be harmed. Basically, the use of psychological force places a victim into a no-win situation, thus not allowing for the victim to safely refuse the sexual situation. Physical force includes any physical gesture or actual behavior that instills fear of harm or actual physical harm in the victim. This includes (but not limited to) hitting, slapping, use of any weapon or object that could or does harm the victim, restraining or laying on top of the victim, use of chemical restraint (e.g., alcohol or drugs) that may incapacitate the victim or make the victim less effective at refusing or resisting the offender, biting, or hair pulling [5,7].

Sex offenders engage in forced sex behavior for a variety of motivations other than for sex [2]. Motivations may include distorted thinking, such as believing that women deserved to be raped; it is ok to have sex with children; people should finish what they start sexually and if they stop, it is ok to force them to finish; when drunk or high, I do not know what I am doing or I am out-of-control; I have a right to take sex; someone hurt me so it is ok to hurt others, misogynistic beliefs, etc. Basically, one motivation is simply the thoughts that the sexual offender has, thoughts and beliefs that they use to justify forcing sex or for having sex with children or other inappropriate people (e.g., those under your control because of your role with them- e.g., coach, minister, teacher, parent, adult). Another motivation may be preferred sexually deviant acts, such as pedophilia, hebephrenia (adults with a preferred sexual preference for adolescents), forced sex, sex with unconscious people (similar to necrophilia), sadism (causing pain, suffering and/or humiliation as a means for sexual gratification), exhibitionism, frotteurism, and voyeurism. The list may go on and on.

Other motivations may include poor or underdeveloped communication or relationship skills, attachment deficits, inadequacies, poor coping skills, as well as using alcohol and/or drugs to justify forced sex. Again, alcohol and drug use never causes rape [8]. There are countless motivations specific to the individual sex offender need to be identified and taken into account. However, rape, sexual assault, child molestation, whatever the type of sexual violence, is never caused by sexual addiction nor is it ever out of the offender's control. Even sociopaths and psychopaths know that what they are doing is wrong, they simply do not care!

Many if not most sexual offenders frequently engage in the use of and at times obsessive use of pornographic material. In summary, pornography is any material (e.g., magazines, videos, online sites) that a person finds sexually arousing [9]. Certainly it can be argued that engaging in frequent use of pornography has some addictive qualities. Some individuals engage in the use of pornography several times per week and for hours at a time. They may use pornography to alleviate other problems (e.g., marital or occupational, loneliness, or stress). The pornography can easily become the aspirin to their problems. In addition, the use of pornography allows for the individual to engage in one-way sexual contact- that is, using the pornographic material to masturbate, to fantasize about engaging in sexual contact with others, which may result in a sense of entitlement and an indifference to the needs and wellbeing of sexual partners. Sex becomes depersonalized and the resulting sexual contacts with others become much more selfish and unemotional [7].

Using pornography frequently or to address other needs (e.g., marital dissatisfaction, stress, low self-esteem) could result in withdrawal symptoms when not engaged in the use of the pornography. In return, the individual is more likely to spend even more time engaged in the use of pornography to the detriment of personal obligations (e.g., less time with spouse or children, spending

money on pornography that was supposed to be used to pay bills, spending too much time viewing the pornography, etc.). Certainly at some point the individual becomes aware that the use of pornography is detrimental, yet they generally continue to use it anyway [7].

Like pornography, engaging in sexual offenses can also have addictive qualities. The power and sense of entitlement that may result from engaging in sexual offenses could be powerfully ecstatic. One sex offense leads to another. However, sexual offense behavior is not out-of-the-control of the offender, ever! Sexual offenders are not sex addicts; they are sex offenders, plain and simple. The paucity of research identifying the difference between sexual addiction (APA-per DSM-5 criteria relating to substance related disorders) and simply making a conscious choice to engage in sexual offense behavior is concerning. I hear of sexual offenders claiming that they are sexually addicted and that is why they committed a sex offense. The fact however is that they are not addicted to sex but rather choose to meet their needs with sexually violent behaviour.

Many people that are sex addicts know that they have a problem and experience some degree of distress or dysfunction as a result. The significant differentiation that does not fit under addiction is that sexual offenders do not appear to experience any concern that what they were doing was in fact wrong (at least not until they were caught!). Sex offenders are also well aware of the fact that committing sexual offenses is against the law, otherwise why would they attempt to disguise their identity or cover-up their actions involved in the sex offense behaviour. The sex addict typically wants help at some point whereas most sexual offenders do not seek help until they are arrested and many seek help solely to minimize the legal consequences. Some sex offenders do not like that they engage in the sexually deviant behavior they choose to engage in but rarely will they seek help weather as a result of the legal consequences, social stigma of their behavior, or because they choose to continue and learn to enjoy their deviant behavior. Most sex addicts care about the cost they pay for the sexual promiscuity (e.g., loss of relationships, lower self-esteem), however most sex offenders care little about the consequences until they are caught.

Conclusion

There appears to be no empirical evidence that sexual offense behavior has any relation to sexual addiction. It does appear that some sex offenders use the term sexual addiction to avoid taking responsibility for their criminally violent behavior, and this is occurring more these days.

We hear far too many excuses for sex offenders who made conscious choices to engage in sex offense behavior, excuses that tend to lessen their sense of shame and responsibility. Perhaps it is time to call their behavior of engaging in any type of sex offense behavior (rape, child molestation, sexual assault) a conscious choice, nothing more, not a sexual addiction, but a decision made regardless of whether they were sober or intoxicated. Sexual addiction does not appear to apply to sex offenders, those who made a conscious decision to engage in sexually violent, demeaning, disgusting behavior. They are not addicts! They have poor morals and values and believe that raping and molesting is appropriate. They are not addicts, and there is no proof that sex offenders are addicts nor that they require sexual addiction treatment. Stop offering professional psychological excuses for sex offenders. They need incarceration and long-term specialized sex offender treatment and long-term specialized sex offender registration and supervision.

References

1. Carnes P (1983) Out of the shadows: Understanding sexual addiction. Hazelden Publishing, Minneapolis, Minnesota, USA.
2. Lanning KV (2009) Cyber “pedophiles”: A behavioral perspective. In Hazelwood RR and Burgess AW (Eds). Practical aspects of rape investigation: a multidisciplinary approach (4th edn). CRC Press, Florida, USA pp: 388-390.
3. Johnson SA (1998) An overlooked factor in sexual abuse: Psychological and physical force examined. J Offender Rehabil 28: 141-151.
4. American Psychiatric Association (2013) Desk Reference to the Diagnostic Criteria on DSM-5. Washington DC.
5. Johnson SA (2005) When “I love you” turns violent: Recognizing and confronting dangerous relationships. New Horizon Press, New Jersey, USA pp: 1-33.
6. Johnson SA (2011) Psychological force in sexual offenses: Forensic and treatment implications. In Schwartz BK (Eds), Handbook of Sex Offender Treatment. Civic Research Institute, New Jersey, USA.
7. Johnson SA (2007) Physical Abusers and Sexual Offenders: Forensic and Clinical Strategies. CRC press, Florida, USA.
8. Johnson SA (2014) Understanding the role of alcohol during rape: The perfect storm of attention, emotion, & expectancies. Int J Emerg Ment Health 16: 259-269.
9. Johnson SA (2015) The role of pornography in sexual offenses: Information for Law Enforcement & Forensic Psychologists. IJEMHHR 17: 239-242.