RESEARCH

THOUGHTS ON THE DEVELOPMENTAL ROOTS OF SEXUAL AGGRESSION

_by Robert A Prentky & David D Cerce

Why do some people become sexually aggressive while others become nonsexually aggressive? If we had answers to this question, we might be able to tailor much more effectively our efforts to intervene in the course of habitual aggressive behavior. Further, being able to predict with some accuracy who would become dangerous, we could more confidently develop early intervention and treatment programs.

Our knowledge of the developmental roots of sexual and nonsexual aggressiveness remains rudimentary. Recent research at the Massachussetts Treatment Center, however, may have brought us somewhat closer to identifying these roots. Looking for precursors of the severity of both sexual and nonsexual aggression in a sample of 81 sex offenders, we examined four areas of developmental pathology during childhood and adolescence: Caregiver Instability, Institutional History, Sexual Abuse, and Physical Abuse.

Our findings revealed the following: severity of sexual aggression was predicted by Caregiver Instability and Sexual Abuse; severity of nonsexual aggression was predicted by Institutional History and Physical Abuse. That is, people who spent less time with individual caregivers, experienced frequent changes in caregivers, and grew up in a sexually deviant or abusive context were likely to become sexually aggressive. People who spent long periods of time in institutions, frequently changed institutions, and experienced physical abuse and neglect in childhood were likely to become nonsexually aggressive.

We further explored the relationship between these significant predictors and sexual or nonsexual aggression by examining how well each set of developmental variables identified extreme sexual or nonsexual aggressors. Here is what we found for nonsexual aggressors:

- * 39.1% were high in nonsexual aggression when neither Institutional History nor Physical Abuse were above the sample mean;
- * 46.5% were high when one variable was above the mean;
- *81.2% were high when both vaiables were above the mean.

Here is what we found for sexual

aggression:

- * 22.6% were severely sexually aggressive when neither Caregiver Instability nor Sexual Abuse were above the mean;
- * 51.4% manifested extreme sexual aggression when one of these two variables was above the mean;
- * 87.5% of the offenders manifested extreme sexual aggression when both variables were above the mean.

Thus, when both predictor variables were above the sample mean, the observed number of "correct hits" for high sexual aggression was 39.9% above the 47.6% baserate for high sexual aggression in this sample. Moreover, it appears that the contribution of these two variables in predicting sexual aggression is additive, while the contribution of the two variables predicting nonsexual aggression is noninteractive.

The relation between Institutional History in childhood and be accounted for by multiple determinants First, institutional settings (in this study, most often secure residential facilities such as reform schools) may teach aggressive behavior both by providing models of it and by rewarding it as a defense against victimization. Second, more aggressive children are more likely to be institutionalized. Thus the destructive social learning atmosphere of the institution may have an even more harmful impact on those children already prone to be aggressive. Third, family dynamics that increased the probability of early or prolonged institutionalization (other than Cargiver Instability, Physical Abuse, and Sexual Abuse, which were controlled in the regression analyses) might make the child a more ready student of the institution's lessons For instance, hostilely controlling, rejecting parents who are lax in their discipline may be more likely to have aggressive children who would be very susceptible to the violent lessons of this institution. An added history of nonsexual aggression in adulthood could Physical Abuse and neglect and the modelling provided by that history may increase the probability that a child who has been institutionalized will become an adult who engages in general, nonsexual aggression.

Caregiver Instability, on the other hand (which measured the frequency of changes in primary caregivers and the

longest tenure with a single caregiver), reflects the permanence and consistency of the child's interpersonal relationships with significant adults. Frequent changes in caregivers disrupt the child's most important intimate relationships, making impossible the formation of long-term, supportive relationships with significant caregivers. A history of repeated losses and broken relationships is likely to engender distrust in the stability of any living situation and in the permanence of any relationship. The fact that repeated interruptions in relationships with caregivers predicted greater sexual violence suggests that the quality of early childhood attachments may be important in modulating aggression in adult heterosexual relationships. That is, being shuttled from one unrewarding and apparently uncaring relationship to another is likely to engender low self-esteem and a distrust of and hostility toward others that increases the potential for anger and aggression in intimate relationships.

An added history of Sexual Abuse increases the likelihood of sexual aggression, again in part due to modelling. That is, sexual abuse and deviation in the family become a model for the expression of hostile and violent impulses. By adding family sexual deviation and abuse to the developmental palette, we may be, in effect, filling with sexually pathological experience a void left by disrupted or unformed relationships. Thus, either providing a model for sexual aggression or interfering with the formation of longterm, supportive relationships with significant caregivers increases the likelihood of the development of sexually aggressive behavior, and the two conditions taken together are powerful predictors.

The research reported here, which is published in the journal *Development and Psychopathology* (1989, 1, 153-169), is the subject of ongoing inquiry with larger samples of sex offenders.

Robert A. Prentky, Ph.D., is Director of Research at the Massachusetts Treatment Center, and Assistant Professor of Psychiatry at Boston University School of Medicine. David D. Cerce, MA, is grant project coordinator in the research department at the Treatment Center and is affiliated with the Psychology Department at Brandeis University.