Body image and adolescent male sexual perpetrators: a project based upon an independent investigation

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BODY IMAGE AND ADOLESCENT MALE SEXUAL PERPETRATORS

A project based upon an independent investigation,
Submitted in partial fulfillment of the requirements
For the degree of Master of Social Work

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2010
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INTRODUCTION

Adolescent sexual offenders are responsible for at least 40% of reported forcible rapes and child molestation in the United States (Snyder & Sickmond, 1999). With such startling statistics, it is important to consider possible reasons for such behaviors, as well as treatment options to minimize recidivism rates. Currently, male adolescent perpetrator treatment necessitates full bio-psycho-social treatment. An example of such treatment would be a multifaceted treatment model that accounts not only for the behaviors themselves, but also the total environment: mental, physical, and familial, or a holistic approach (Ryan & Lane, 1997). Currently, body image is not fully considered within this model.

LITERATURE REVIEW

Body Image

The American adolescent is inundated with images in the media of the ideal body. The male adolescent teen is consistently trying to shape his body and build muscle that is beyond what is healthy for developing bones (Leit, Pope, & Grey, 1999). This has resulted in a quantifiable impact on the incidence of bodily focused anxiety disorders, and normalization of problematic attitudes in relation to healthy body choices (Dittmar, 2004).

The ideal body type can be traced back thousands of years, and is linked to important evolutionary processes. According to evolutionary psychologists, and Darwinian thinkers, sexual desire originated from the need for heterosexual men and women to choose healthy mates in order to procreate and have healthy offspring (Buss, 2003; Buss, 2007; Gangestad & Thornhill, 1993; Ridley, 2003). For ancient man, certain vital signs of a woman gave clues to her fertility, overall health, and her past health. These signs range from the obvious (clear skin, symmetrical features) to the subconsciously programmed (waist to hip ratio of .7) (Ridley, 2003; Singh,
1993). These signs helped men understand the likelihood that a woman would produce healthy offspring, and also that she would live through the birthing process long enough to wean her offspring. For woman, choosing a mate was (and continues to be) moderately more complex (Buss, 2007; Geary, 1998). Some of the aforementioned vital signs looked for by ancient man were also important for woman (i.e. clear skin, symmetrical features) (Buss, 2007; Gangestad & Thornhill, 1997). In addition to health, ancient woman was looking for a protector of her offspring, a male mate that was strong enough to ward off potential environmental stressors (such as predators, or neighboring tribemen) as well as provide food (a hunter) (Buss, 2003; Buss, 2007). Physically, men who were toned and physically fit met these criteria best (Buss, 2003; Buss, 2007).

As society has progressed, so have many of the criteria for choosing a mate. In example, many women may now seek a mate with fiscal resources over a man who can hunt big game (Buss 2007; Geary, 1998). However, many of the subconscious criteria, including physical fitness, have remained important. The difference is, the competition has grown. Instead of being the biggest / fastest / strongest male in a village of 50, society is now operating on a global scale. With literally thousands of ideal body images infiltrating all manners of media (Spitzer, Henderson, & Zivian, 1999), the average consumer becomes increasingly self-critical, and the average mate increasingly selective.

The pressure to find a mate, as well as the impact of perceived mate expectations all factor in to self-evaluation of body, or body image. Body image refers to “how people think, feel, and behave with regard to their own physical attributes” (Muth & Cash, 1997, p. 1438). Researchers have linked poor body image to low self-esteem and low self-confidence, and inversely to social skill deficit (Dittmar, 2004; Grogan, 2008; Joshi, Herman, & Polivy, 2004). In short, body
image influences the way a person thinks of themselves, and that, in turn, has an influence on the way a person is viewed by others (“Body Attitude,” 2001).

**Adolescent Males and Body Image**

Researchers of the body image of adolescent males have reported that optimal male body appearance is changing (Leit et al., 1999; Morry & Staska, 2001; Spitzer et al., 1999). Over the course of the past 25 years, men in magazines such as *Playgirl* have become progressively less fat and more muscular. Eleven years ago, seven percent of the models in *Playgirl* had a Fat Free Mass Index (FFMI) greater than 25, a level that is typically unachievable without the use of steroids (Leit et al., 1999; Spitzer et al., 1999). Additionally, the musculature of action figure toys, professional wrestlers, and movie stars have all increased dramatically over the past 25 years, giving young boys the message that the ideal male is excessively muscular (Thompson & Cafri, 2007). The adolescent male is thereby often holding himself to an ideal that is impossible to achieve without severe health problems.

This discrepancy between the idealized male self and the self-assessed true self is often referred to as gender role conflict. This can be defined as the personal restriction and/or devaluation a person may feel as a result of rigid or restrictive gender roles (O’Neil, Good, & Holmes, 1995) (e.g.: A man is supposed to be muscular and athletic, I am not muscular or athletic, therefore I am less of a man.). This view can lead to feelings of lowered self worth, or, conversely, narcissistic entitlement. Narcissistic entitlement results in unrealistically inflated views of the self, which are subsequently unenforced by social interaction (Schwartz & Tylka, 2008). This discrepancy can lead to such interpersonal variables as sexually coercive attitudes and behaviors (Hill & Fischer, 2001) which, in adult men, are used to rationalize expressions of dominance (Feelgood, Cortoni & Thompson, 2005; Ward, Polaschek & Beech, 2005). These
expressions of dominance can be influenced by such variables as race, age, previous trauma, gender, and media exposure (specifically, pornography) (Bergen & Bogle, 2000; Dines & Jensen, 2004).

**Adolescent Male Sexual Perpetrators**

The potential link between traditional ideas of masculinity in youth and sexual aggression has been explored, but yielded varied results (Brown & Burton, 2009; Farr, Brown & Beckett, 2004; Stenson & Anderson, 1987). One reason for this may be that definitions of masculinity are often unclear and rooted in personalized, anecdotal evidence (Howell, 1998), making reliable measures difficult to obtain. Furthermore, researchers have historically ignored how American assumptions of traditional masculinity might create a culture of violent aggression in some boys as they develop into adolescents and men (Messerschmidt, 2000) instead, focusing more on understanding how traditional femininity reinforces ideas of victimhood among many girls as they develop into adolescents and women (Ferraro, 1996).

Adolescence is an important time to realize mate potential (Buss, 2003; Ridley, 1993), but what specific stressors can lead an adolescent male to entertain sexually deviant thoughts to the point of perpetration? Researchers suggest that the environment of the male adolescent sexual perpetrator is one filled with anxiety, domestic violence, depression, and modeled antisocial behavior (Worling & Curwen, 2000; Hunter, 2004). Projections for the rate of sexual victimization of adolescent male sexual perpetrators vary widely, but most researchers agree that the rate of victimization for this population is three to four times higher than the 10% rate found within the general United States male adolescent population (Brown & Burton, 2009; Watkins & Bentovim, 1992). Researchers have shown that sexual victimization at a young age is linked to low self-esteem, poor self-image, and feelings of dyscontrol (Kilbourne, 1999).
victimization and future sexual perpetration has been positively correlated with numerous factors including length of victimization, perpetrator sex, nature of abuse, and modus operandi (Brown & Burton, 2009; Burton, Miller & Shill, 2002). The aforementioned factors are highly correlated to adolescent sexual perpetration, and also to the nature of the perpetration, such that adolescents are re-enacting their former abuse (Ryan, Miyoshi, Metzner, Krugman & Fryer, 1996).

The link between male adolescent sexual perpetration and body image remains an unexamined variable amongst male adolescent sexual perpetrators. Clearly, body image is a challenging aspect of male adolescent American culture. Researchers have found that higher body image is positively related to self-esteem, and inversely related to depression, social anxiety, and social skill deficits (Joshi et al., 2004). Conversely, sexual deviant, aggressive, and other perpetrator behaviors (defined as sexually coercive actions towards females, male adults, peers, as well as inappropriate touching of prepubescent children) are negatively correlated to self-esteem, and positively correlated to depression, social anxiety, and social skill deficit (Worling & Curwen, 2000; Hunter, 2004). The similarity of so many dependant variables suggests that further research is necessary to further examine a possible link between body image and perpetrator behaviors within the adolescent male.

Summary

Adolescent male sexual perpetration is a significant social problem in the United States and one that cannot be linked to merely one Bio-Psycho-Social factor, but in fact involves a myriad of influences. There is substantial overlap between many of the variables linked to adolescent sexual perpetration and poor body image including (but not limited to) past trauma, low self esteem, and social anxiety.
It is the hypothesis of this researcher that sexual perpetrators with a lower body image will have more severe aggressive sexual behaviors. Additionally, that low body image and sexual victimization may together predict characteristics of sexually aggressive behavior including victim age.

METHODOLOGY

This data is a combination of three datasets of incarcerated residentially based sexually abusive youth from two states (N= 536 youth). The first (Group 1) data were collected from a Midwest state in 2004, the second (Group 2) data from the same Midwestern state in 2009 and the third (Group 3) set of data from an Eastern state in 2009. The data collected from Groups 1 and 2 was confidential. The data collected from Group 3 was anonymous.

Sample Characteristics

Socially desirable responses were controlled for by deletion from the data set of youth whose responses indicated invalid responding of any sort using the Millon Adolescent Clinical Inventory (MACI). Using the MACI social desirability and valid response rules, 99 youth were dropped from the original sample due to invalid, missing, or bad responses. This resulted in a total of 437 youth; 287 in Group 1, 111 in Group 2, 39 in Group 3 with a total of 116 Black youth, 217 White youth, and 81 youth of five other races. There is no association between group and race ($\chi^2= 5.63 (2), p = .060$).

Measures

The Million Adolescent Clinical Inventory, better know as the MACI, is a self-report inventory designed for youth residing in treatment/correctional facilities (Millon, 1993). It was normed on 579 adolescents residing in such facilities with two smaller cross-validation samples. The inventory consists of 160 True-False items grounded in Million’s personality theory (Millon
Multiple subscales within the MACI exist, including one specifically relating to body image disturbance.

The *Childhood Trauma Questionnaire* (CTQ) (Bernstein & Fink, 1998) is a 37-item self-report scale screening for traumatic experiences in childhood. This measure is brief and relatively non-invasive for participants. Only the sexual abuse scale is used in the current study. In this study the sexual abuse scale had very good internal consistency with Cronbach’s alpha = .85.

The *Self Report Sexual Aggression Scale* (SERSAS) is a multi-item inventory measuring sexually aggressive behaviors over the lifespan (Burton, 2003; Burton et al., 2002). Questions about several sexual acts are all prefaced with “Have you ever conned or forced someone to...?”. This instrument is essentially a checklist of relationships and acts with previous 8-week test-retest reliability, for a small sample, of 96% (Burton, 2000).

**Administration**

After appropriate board permissions, assents, and consents were obtained (see appendix), the data were collected in small (8-12 participants) groups within the facilities. The surveys were read to 12 boys who had reading challenges. The youth were kept far enough apart so they could not read each other’s responses. In all cases the youth were monitored by trained graduates students, professional social workers, or social work faculty and staff of the facilities.
FINDINGS

Univariate descriptive statistics were run for each of the scales and variables (see Table 1).

Table 1

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetration Level Score*</td>
<td>1.00</td>
<td>14.00</td>
<td>11.73 (6.57)</td>
</tr>
<tr>
<td>Force Level **</td>
<td>1.00</td>
<td>7.00</td>
<td>2.45 (2.05)</td>
</tr>
<tr>
<td>Number of Victims</td>
<td>1.00 victim</td>
<td>129.00 victims</td>
<td>3.04 victims (7.46 victims)</td>
</tr>
<tr>
<td>Age of Youngest Victim</td>
<td>(less than 1 year)</td>
<td>70 years</td>
<td>7.33 Years (5.63 years)</td>
</tr>
<tr>
<td>CTQ Sexual Abuse Scale ***</td>
<td>6</td>
<td>30.00</td>
<td>11.74 (6.57)</td>
</tr>
<tr>
<td>MACI Body Disapproval Scale****</td>
<td>1.00</td>
<td>113.00</td>
<td>36.00 (25.48)</td>
</tr>
</tbody>
</table>

Note. * 1-14 point scale with 1= exposure, 2= fondling 3= exposure and fondling, 4= oral sex, 5= oral sex and exposure, 6= oral sex and fondling, 7= oral sex, fondling and exposure, 8= penetration with penis, digits or objects, 9= penetration and exposure, 10= penetration and fondling, 11= penetration, fondling and exposure, 12= penetration and oral sex, 13= penetration, oral sex and fondling, 14= penetration, oral sex, fondling and exposure.

** 1-7 scale with 1= games, 2= threats, 3= games and threats, 4= force, 5= force and games, 6= force and threats, 7= games, threats and force

*** 1-5 scale with 1= never to 5 = very often true; 6 questions were asked.

**** 15% were over 65 and 7.8 % above 75
In the next set of analyses, four linear regression were used to predict characteristics of sexual aggression (youngest victims age, most severe level of act most complex and highest level of force, and number of victims) using the CTQ sexual abuse scale and the MACI body disapproval scale as independent variables in each case. In each case an interaction variable was also assessed (CTQ Sexual Abuse Scale X MACI Body Disapproval Scale) and in none of the regressions was it significant, therefore the 2 independent variable parsimonious models are presented below.

In the first regression, 1.7% of the variance in youngest victims age was successfully predicted (F (2) = 3.04, p = .049) by the body disapproval score (Standardized Beta = -.121, p = .025) while the CTQ sexual abuse scale was not significant (Standardized Beta = -.027, p = .616).

In the second regression, 2.4% of the variance in perpetration level and severity was successfully predicted (F (2) = 4.42, p = .013) by the CTQ sexual abuse scale (Standardized Beta = .121, p = .024), while the body disapproval score was not significant (Standardized Beta = .075, p = 159).

In the third regression, the total force used was not predicted (F (2) = 1.84, p = .16) by the CTQ sexual abuse scale (Standardized Beta = .107, p = .024), or the body disapproval score (Standardized Beta = .002, p = 971).

In the forth and final regression, the total number of victims was not predicted (F (2) = 2.34, p = .09) by the CTQ sexual abuse scale (Standardized Beta = .107 p = .034), or the body disapproval score (Standardized Beta = -.86, p = 391).
DISCUSSION AND CONCLUSIONS

In summary, based on a large group of adjudicated adolescent male sexual offenders, juveniles with lower body image chose younger victims. Additionally, the data supports the hypothesis that lower body image and sexual victimization together predict characteristics of sexually aggressive behavior, including victim age. Data, however, did not support the hypothesis that low perpetrator body image would predict severity level of aggressive sexual behaviors.

A close look at results reveals that body image scores indicate a need for treatment in this sample population. It is likely that adjudicated youth may be in greater need for body image assessment; although, given the incidence rate, this should be occurring in most programs already. Interestingly, previous research on adolescence body image treatment has focused almost entirely on females, making a potential treatment model unclear (Ferraro, 1996). This data may support a need to formulate a new, adolescent male-focused body image model.

While findings regarding the impact of adolescent male body image on victim age are a new addition, other results are consistent with previous research conducted with this population (Brown & Burton, 2009; Burton et al., 2002). These results are an important addition to the research due to the large sample size, although the variance accounted for is small in each regression.

The potential interactions present during analysis of the variables pose many additional questions for researchers and clinicians to examine in order to better treat and comprehend this adolescent population. Perhaps the most interesting question posed through the data analysis is why does body image have an effect on the age of the victim, but not on the level of severity of sexual aggression?
Researchers have shown that many sexually aggressive youth reenact past abuse such that they repeat crimes they were once victim to (Ryan et al., 1996). It stands to reason that these youth would then focus their sexually aggressive urges towards younger victims. In addition, researchers have shown that children who are abused early in life have low self-esteem and poor self-image (Kilbourne, 1999). Could it be, then, that these youth sexually act out with younger victims because their low body image prevents them from feeling as though they could adequately complete for a mate within their own aged peer group?

Bus (2003, 2007) states that heterosexual men may often compete for the same female mate, the “alpha” male asserting his dominance by mating with the most desirable female. The average male may compare himself to this “Alpha” male, resulting in gender role conflict, self-devaluation, and ultimately lowered self-worth (O’Neil et al., 1995, Schwartz & Tylka, 2008). Perceiving that he is unable to successfully compete for a mate within his own age group, the male seeks a new mate population. Within a younger aged group, the older male is more likely to be dominant because he is potentially bigger/more physically developed than other male competitors. Perhaps the data is suggesting that these factors, which have much to do with social development, peer interaction, and self-esteem (all of which are shown to be poor in sexual perpetrators), are an important and contributing factor to adolescent male sexual perpetration (Worling & Curwen, 2000; Hunter, 2004).

Additionally, it is possible that these results may indicate that these are first time offenders or developing long-term sexual offenders. Many (though not all) adult sexually aggressive males started perpetration activities before the age of 16 (Lee and Olender, 1992). Adult offenders often meticulously choose a victim and may abuse the same victim over a long period of time (Miranda & Corcoran, 2000). In such a phenomenon, levels of sexual aggression
would increase over time, over a period of continuous perpetration (Burton, 2000). Due to the young age of many of these adolescent perpetrators, it is possible that they are still developing skills of modus operandi to chose a victim and/or retain that victim, or that for many of these youth, this was a single event rather than part of continuous perpetration activities. This would explain less severe sexually aggressive acts, or no correlation, for first time offenders as they are still exploring their own sexual desires and navigating social learning (Burton, 2000). Future research, including a longitudinal study of sexual perpetrators from adolescence into adulthood might answer some of these questions, but would be difficult to conduct.

**Implications**

Further research is needed to fully determine and understand the complex link between male adolescent body image and sexual perpetration. The results imply that body image may be, in fact, only a part of a larger group of characteristics implicit in the adolescent male perpetrator. Further research, including research exploring the etiologic factors of body image, is required to understand this more fully. This includes research focusing entirely on body image within the adolescent male population at large, so that future comparisons between the general adolescent male population and the adjudicated male adolescent population may be done.

Many researchers have commented that exploration and treatment of poor male body image is largely ignored (Ferraro, 1996). The incidence of concerningly poor body image makes further research on adolescent male body image treatment not only necessary, but urgent. Although the incidence of low body image within the greater adolescent male population is unclear, there is clearly a need for treatment for those within this population who are affected.
treatment.

These results are from a large group of youth and imply that low body image is inversely correlated with victim age, and may be a predictive, albeit not a very powerful, factor in assessing the chosen victim age. These findings, in conjunction with previous literature illustrating a link between low self esteem and childhood sexual victimization (Kilbourne, 1999) as well as childhood sexual victimization predicting future sexual aggression (Brown & Burton, 2009; Burton et al., 2002), imply that incorporation of body image treatment may be useful in the overall treatment of adolescent male sexual perpetrators. Psycho educational topics may also need to be uniquely tailored to this population so that patients are aware of their own bodies and thinking patterns.

Limits

Limitations within the study are important factors contributing to future work. Data in this study was collected using self-report measures. This is both a strength (participants may report things that others do not know about) and a weakness (participants may lie although social desirability was controlled for) in this study. Although data was collected in two cases confidentially and in a third anonymously, these youth all may have been concerned about retelling an honest account of all past crimes/past trauma given their current legal statuses.

Finally, it is important to consider that this study focuses entirely on adolescent male sexual perpetrators, and does not look at all at data from adult male or female sexual aggressors. It would be important to see if these findings remain significant across perpetrator populations. Further research is undoubtedly necessary to explore these populations more fully.
Conclusions

This study used a large sample of adjudicated sexually aggressive adolescent males and looked for a correlation between sexual aggression and body image. A significant correlation was found such that lower body image was correlated to lower victim age. The data did not, however, produce a significant relationship between body image and the level of perpetration. These findings demonstrate that there is indeed a need for body image treatment to be included in adolescent male perpetrator treatment; however, more research is needed to discover the treatment model that will be the most beneficial to the population.
References


Appendix

HUMAN SUBJECTS REVIEW PLANNING FORM

Student _________ Jennifer Brownlee ___________ Date _______ 10/23/09 ______
Advisor ___________ David Burton ________________________________

NOTE: If your project fits 1, 2 or 3, you will need to include letters documenting both the original Human Subjects Review and the authorization of your use of the data as appendices in your thesis. All students: please indicate below whether or not your thesis project will require a Human Subjects Review.

1. My project is based upon existing (but not publicly available) data with a Human Subjects Review completed by the party giving me access to the data. I have indicated below the name of the researcher or administrator giving me this access and the name and address of the agency which granted the Human Subjects Review approval:

   a) Name of person authorizing the use of the data:

      ___________ David Burton ________________________________

   b) The name and address of the agency that gave the Human Subjects Review approval:

      Dr. LaToya Gregory
      Clinical Services Coordinator
      Bureau of Behavioral Health Services
      Ohio Department of Youth Services
      51 North High Street
      Columbus, OH 43215

2. My project will require an agency Human Subjects Review. I have indicated below the name of the agency and the name of the Chair of its Human Subjects Review Board:

   a) Name and address of agency doing the Human Subjects Review:

      _______________________________________________________________________
      _______________________________________________________________________

   b) The name of the agency Human Subjects Review Board Chair:

      _______________________________________________________________________

3. My project will require a Smith College School for Social Work Human Subjects Review.

   _____ I will require a Smith College SSW Human Subjects Review.

4. My project will not involve collection of original data from human subjects. (This includes use of publicly available “canned” data sets.)

   _____ I will not require a Smith College SSW Human Subjects Review.