## Childhood Abuse/Neglect: Sexual Fantasies



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## **Definition of Sexual Fantasy**

Any conscious mental imagery or daydream that includes a sexual activity or is sexually arousing (Leitenberg & Henning, 1995); they can be of past memories or can be totally imagined; they can occur spontaneously or stimulated by other events (Bivona & Critelli, 2009).

Sexual fantasies are typically indicators of healthy sexual functioning and aid in enabling sexual arousal. However, this may vary for child sexual abuse (hereafter CSA) survivors. Extensive research reveals a great proportion of CSA survivors experience unwanted sexual fantasies relating to the abuse endured and are accompanied by guilt and shame (Bivona & Critelli, 2009; Camuso & Rellini, 2010; Davis & Knight, 2019; Feiring et al., 1999). Sexual fantasies are developed through cognitive and sexual arousal responses and influence future sexual behaviors (Camuso & Rellini, 2010; Canivet et al., 2021). Additionally, a person's first sexual experience plays a critical role in the development of their sexual arousal (Canivet et al., 2021). Behavior analyses have revealed sexual abuse experiences that caused the victim to orgasm (automatic

response) have resulted in an association and conditioning for the abuse tactics endured to elicit sexual arousal (Camuso & Rellini, 2010). Thus, the psychosexual development and functioning of survivors of CSA can be affected, resulting in feelings of "shame, disgust, and guilt towards their sexuality" (Bivona & Critelli, 2009) and even their adult sexual relationships (Camuso & Rellini, 2010).

CSA victims are likely to experience sexual fantasies that relate to their traumatic experiences, involving force and violence (Davis & Knight, 2019). There is a significant relationship between trauma and distress with sexual intrusive thoughts and fantasies (Bandura, 1986). Violent sexual fantasies are not uncommon for CSA survivors; these fantasies are associated with greater sexual problems, including female arousal dysfunction or male erectile dysfunction (Feiring et al., 1999). Whereas fantasies of "common past experiences" are associated with higher levels of arousal (Feiring et al., 1999). Violent sexual fantasies can serve as an escape or a way to reduce the guilt for desiring sex by victims of sexual abuse, rather than a desire for punishment (Feiring et al., 1999).

Female victims of CSA were most likely to experience sexual fantasies of submission, including rape, aggression by their perpetrators, and shame (Bivona & Critelli, 2009). Furthermore, 51% of women who experienced incest-based CSA have reported fantasies associated with humiliation, force, or pain deriving from consent

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to "inappropriate partners" (Camuso & Rellini, 2010). In addition, approximately 62% of women have rape fantasies that may occur as often as on a weekly basis (Davis & Knight, 2019). Thirty-six percent of women who have sexual fantasies of rape are victims of CSA or rape, yet a small portion of these women perceived them as "completely aversive" fantasies (Davis & Knight, 2019; Feiring et al., 1999). Moreover, women experiencing high levels of sexual guilt have sexual fantasies of rape to avoid the blame and anxiety associated with consensual sex (Davis & Knight, 2019), resulting in many female victims of sexual abuse to experience cognitive dissonance and negative emotions after their first consensual, sexual experience (Bivona & Critelli, 2009). They are also more likely to have female sexual arousal disorder in comparison to women that have not experienced CSA (Feiring et al., 1999).

Though research reveals females and sexual minorities are at the highest risk of sexual victimization (Bandura, 1986), there is a gap in the research on male CSA victims. This is in part due to the underreporting of sexual abuse by males due to their views of masculinity and homophobia (Maniglio, 2011). However, the research available states males who experienced CSA reported fantasies of forcing their partner, nonconsensually into sexual acts (Bivona & Critelli, 2009). The sexual fantasies of male CSA survivors may revolve around their masculinity and possibly raise questions surrounding their sexuality when they have endured male-on-male sexual abuse (Shon & Tewksbury, 2020; Bivona & Critelli, 2009). Knowledge surrounding the development of sexual fantasies elaborates on the significance of psychosexual characteristics and traumatic experiences; for males, this can trigger fantasies of hyperaggression or hypersexuality (Bivona & Critelli, 2009 Maniglio, 2011; Snow et al., 2022).

Research on sexual offenders has shown a large proportion of these individuals have endured child abuse, including sexual and psychological abuse (Canivet et al., 2021; Houtepen et al., 2014). Further, sexual offenders are highly susceptible to suffering psychiatric disorders or

negative mental states (Houtepen et al., 2014). Sexual offenders have reported a tendency to imagine their sexual fantasies during feelings of depression, anger, or other negative moods (Canivet et al., 2021). In addition, research has found offenders tend to vary in their onsets for deviant behavior; some may fantasize for years prior to inciting an offense, whereas others may experience these fantasies for days before committing their offense (Canivet et al., 2021). While CSA plays a critical role in violent or deviant sexual fantasies, it has also been discovered that psychological abuse by a significant male caregiver was a common factor among male sexual offenders (Swaffer et al., 2000). Literature on male sex offenders has revealed CSA was a significant and common factor in "problematic sexual characteristics" (Snow et al., 2022) including pedophilia, among male sexual offenders. This elaborates on CSA serving as a root factor in deviant sexual fantasies among male sexual offenders. On the contrary, there was a rather low rate of CSA among offenders of child pornography (Ching et al., 2020). Much of the sexual offender literature evaluates the effect traumatic CSA has on youth, pertaining to the onset of other psychiatric disorders and negative mental states. It appears a lack of effective therapy and treatment for these concerns can result in deviant sexual fantasies, which is a risk factor for sexual offending (Houtepen et al., 2014). Deviant sexual fantasies can be used as a temporary coping mechanism to evade "abuse-related mental states and psychiatric symptoms" (Houtepen et al., 2014).

The treatment for unwanted and or deviant sexual fantasies has been shown to be most successful when it is tailored to the individual. Aversion therapy has been shown to yield significant improvements in diminishing unwanted sexual fantasies for CSA victims, including sexual offenders (Canivet et al., 2021). Literature suggests treatment for males and females should be tailored to their individual experiences and considers their gender differences to assess their expressions of trauma. Treatment for male victims of CSA should evaluate their cognitive avoidance and tactics of self-medication (Leitenberg & Henning, 1995). It should also incorporate

techniques targeted at anger and masculinity (Maniglio, 2011). Prevention and treatment for deviant, violent, or unwanted fantasies should focus on the correlation between sexual fantasies and masturbation, as scholars have found these fantasies are reinforced by masturbation (Canivet et al., 2021). In particular, aversion therapy for sexual offenders seeks to identify the links between sexual fantasies, masturbation, and offending behavior (Canivet et al., 2021). Research yields mixed results regarding other forms of therapy to be effective in diminishing unwanted and or deviant sexual fantasies.

## **Cross-References**

- ► Adolescence and Sexual Fantasies
- ► Age Factors: Sexual Fantasies
- ► Childhood Abuse/Neglect

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