Sexual Trauma Through Sexually Permissive Behavior and the

Ideas of Sexual Norms vs. Deviancy

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Sexual assault is one of the biggest problems and one of the most violent crimes taking place on college campuses in the United States (The Higher Education Center, 2011). While this issue is prevalent across the nation, women on college campuses are more at risk of becoming a victim of sexual assault. According to speculation, one of the biggest reasons cited for this prevalence is the close daily interaction that takes place between makes and females with a variety of social situations on college campuses. The national epidemiological research shows that one out of every six women in the US will be assaulted at some point in their life (Rape, Abuse, & Incest National Network [RAINN], 2009). On the other hand, according to another estimate, it has been reported that every fourth woman in the country has been a victim of sexual assault once in their life (Fisher, Cullen, & Turner, 2000). Thus, according to these odds, at least half of the women experience one or the other form of sexual victimization, especially in college(White, Donat, & Bondurant, 2001).

# Sexual Assault

Sexual assault (SA) is one of the most common forms of trauma. It afflicts around 17–25% of women and 1–3% of men, according to an estimate, will be sexually assaulted at least once in their lifetime (Black et al., 2011; Fisher, Cullen, & Turner, 2000; M. P. Koss, Gidycz, & Wisniewski, 1987; Tjaden & Thoennes, 2006). This prevalence of SA is concerning, especially since it translates into significant psychological consequences for the survivors (e.g., Campbell, Dworkin, & Cabral, 2009). Additionally, SA also tends to have more of an impact on the mental health of an individual as opposed to other forms of trauma (Breslau, Chilcoat, Kessler, Peterson, & Lucia, 1999; Kelley, Weathers, McDevitt‐Murphy, Eakin, & Flood, 2009). Considering the impact of SA on the well-being of an individual, SA should be classified as a major public health concern.

In the past four to five decades, significant growth and evolution of attention paid by the public as well as research units to the phenomenon involved SA. Beginning as early as the 1970s, people began to pay a significant amount of attention to SA as an evolving feminist issue. Furthermore, a growing interest in the impact of the traumatic life experiences that manifest in a number of academic works that deal with the psychological impact of SA. Evidence of this can be seen by the work of Sutherland & Scherl (1970), where the pair interviewed as many as 13 women who have been subjected to sexual assault at least once in their life. This condition was described as suffering through an early period of both fear and anxiety. More often than not, this period was followed by an extremely depressive phase where the detrimental impacts of SA truly manifested. It often showed that these women also considered themselves lesser than their peers in certain cases, where SA seems to remove some vital elements from their lives that helped them feel whole again. This had a deep impact on not only their behavior but also the relationships that they fostered and their attitude towards people. SA had a physical impact on the women as well, according to the study carried out by Burgess & Holmstrom, (1974). The pair interviewed around 146 women that were admitted to a healthcare facility as being a victim of SA. Among all the ailments they suffered from, the “Rape trauma syndrome” was a common denominator among the women. This syndrome was accompanied by a range of acute symptoms including somatic reactions like muscle tension and stomach pain, as well as emotional reactions like fear and self-blame. However, over a period of time, these women were capable of entering the phase of “reorganization” which included working through nightmares, controlling the phobic reactions to any and all reminders along with increased motor activity (Burgess & Holmstrom, 1974). Considering the impact of SA in society, the number of survivors suffering through such traumatic occurrences has led to considerable research on the subject (A. M. Koss & Snyder, 2005).

By the end of the twentieth century, a number of SA symptoms were being associated with trauma-related syndromes, a few of which are combat fatigue and posttraumatic stress disorder (PTSD), which was a condition that was recently discovered at the time and made a part of the Diagnostic and Statistical Manual of Mental Disorders (DSM; APA, 1980). Although this idea was thoroughly critiqued by various feminist scholars, it helps increase the public attention on the subject and made it possible for research efforts to be carried out (R. Campbell, Dworkin, & Cabral, 2009; Wasco, 2003). As a direct result of this attention, a number of early longitudinal studies that assessed the impact of the trauma through the lens of trauma and sexual assault. For instance, a study carried out by Kilpatrick & Calhoun (1988), studied 20 SA survivors and around 20 individuals that had never been impacted by sexual trauma even once in their lives as the control group. According to their research, a significant increase in the levels of both fear and anxiety was found among the SA survivors during this period. Atkeson and colleagues (1982) were key to carrying out another research that was able to assess 115 SA survivors and 87 individuals as the control group for the period of a year and were able to find that the depressed state among SA survivors improved by the fourth month, post-assault (Atkeson, Calhoun, Resick, & Ellis, 1982).

Epidemiological research also began to assess the impact of SA during this time. In the earliest epidemiological assessment of SA on the basis of trauma-related psychopathology, the Detroit Area Survey of Trauma (N = 1007) found that the prevalence of PTSD in survivors of non-SA traumas ranged from 12% to 24%, but the prevalence of PTSD in survivors of SA was 80% (Breslau, Davis, Andreski, & Peterson, 1991; Klonsky, May, & Saffer, 2016). A similar result was obtained through the National Comorbidity Survey, where N = 5877, and rape was defined as the common denominator for PTSD among women. Additionally, it was also discovered at more than half of the men and women subjected to SA at least once in their life meet the criteria for PTSD (Kessler, Borges, & Walters, 1999; Nock et al., 2008; Testa et al., 2017).

As the field evolved over time, a number of epidemiological studies studied the relationship between SA and conditions that usually accompany PTSD in trauma survivors. For instance, the results obtained from a study conducted by the National Epidemiological Survey on Alcohol and Related Conditions, that operated as a large representation of the population sample in the USA i.e. N = 31,875, indicated that the idea of experiencing one or more than one forms of SA was often associated with the increased risk for the onset of a number of forms of psychopathology which included and was not limited to bipolar disorder and substance use disorder (Xu et al., 2013). Additionally, a replication effort carried out by the National Women’s Study where N = 3001 showed that women that are forcibly raped are at a high risk of a major depressive episode (Zinzow et al., 2010; Zinzow & Thompson, 2011). This study included both forcible and drug/alcohol facilitated rape, with the risk of PTSD also being associated with the sample population.

During this time, a significant amount of research was also collected to show that SA is often associated with various forms of physiological dysfunction. A qualitative review was carried out by Campbell and associates (2009), which studied the prevalence of mental disorders in SA survivors. According to their study, about 17% to 65% of people with a history of SA develop PTSD, with 13%–51% being diagnosed with depression and around 12–40% exhibiting symptoms of anxiety. Furthermore, many such individuals also developed a drug use disorder (13–49%), suicidal ideation (23–44%), and attempted suicide (2–19%) (M. A. Campbell, French, & Gendreau, 2009). While these were some of the most frequently associated psychological conditions to occur as a result of SA, studied have also associated a number of other conditions to SA, although their prevalence is far below other psychological conditions. This includes obsessive-compulsive disorder (Arata, 1999; Bateman & Fonagy, 2004; Boudreaux, Kilpatrick, Resnick, Best, & Saunders, 1998; Burnam et al., 1988; Frazier & Schauben, 1994; Gabbard, 2014; Kilpatrick, Resick, & Veronen, 1981; Swartz, Blazer, George, & Winfield, 1990; Walker, Gelfand, Gelfand, Koss, & Katon, 1995) and bipolar disorder (Arata, 1999; Burnam et al., 1988; Xu et al., 2013).

Given the amount of work and collected data on the subject, it is evident that while SA can be classified as a life-altering experience for most people, not every individual suffering from it is at a risk for developing psychopathological illnesses. However, such studies have also made an attempt to understand who is most at risk for developing any and all form of post-trauma psychopathology. The prevalence of such illnesses is mostly based on the characteristics of an individual and the form of assault that they have suffered through SA and this is one issue that has been given due attention. Such studies have mostly focused on the characteristic of an individual, such as gender, demographic, history of assault, etc. and compared it to the type of assault i.e. assailant type. This focus is then correlated with posy-assault distress to find common ground (Buzawa & Buzawa, 2003; Goodman, Koss, Fitzgerald, Russo, & Keita, 1993; Gross, Winslett, Roberts, & Gohm, 2006). A meta-analysis of around 50 studies carried out earlier was key at assessing the association that exists between psychopathology and the levels of interpersonal violence. However, the only demographic characteristics that could be associated with distress had a lot to do with the number of women in the population sample and their age at the time of victimization (Beck, Davis, & Freeman, 2015; Weaver & Clum, 1993). The various characteristics of trauma experienced by assault victims’ range around the amount of force that was used and the subjective appraisals are given by the survivors of the trauma, an example of which can be self-loathing and self-blame, which also impacted their overall recovery.

## Effects of Sexual Assault

Sexual assault can have a long and devastating impact on assault victims, where the level of response varies on the emotional state of the victim. If the trauma was too big to be handled by the victim, research has shown that the news of assault or attempted assault can have a more devastating impact on the victim, leading to severe post-assault symptoms (Kilpatrick et al., 1981; McCann & Pearlman, 2015). Since the responses obtained from sexual assault victims vary from person to person, with most of them often being accompanied with psychological, emotional, as well as physical symptoms, a link has been observed between sexual assault and the correlating negative response that results in Post-Traumatic Stress Disorder (PTSD) (Leserman, 2005). Research has further suggested that more than 12 million women in America suffer from PTSD at some point in their life as a direct result of sexual assault. As this figure matches the number of women suffering from PTSD in the country as a result of sexual assault, PTSD can be considered as a common denominator among all sexual assault survivors (Dworkin, Menon, Bystrynski, & Allen, 2017; Rothbaum, Astin, & Marsteller, 2005).

Along with PTSD symptoms, a situation associated with fear and diffuse anxiety is some of the most common and persistent post-assault experiences felt by sexual assault survivors (Dworkin et al., 2017; Steketee & Foa, 1987). The various other forms of psychological and emotional experiences that are often associated with sexual assault includes humiliation, shock, increased substance abuse, depression, distrust of others, obsessive-compulsive symptoms, hostility, poor concentration, loss of self-esteem, intrusive thoughts, guilt, social isolation, self-blame, fear of sexually transmitted diseases, fear of sex or other sexual dysfunctions (RAINN, 2009; Steketee & Foa, 1987; Yeater & O’Donohue, 1999). These victims are also at a greater risk of committing suicide than victims of any other crimes. According to an estimate, every one of five victims of sexual assault is more likely to attempt suicide (Kilpatrick et al., 1981; Steketee & Foa, 1987). Furthermore, they are also highly likely to experience the use of high levels of cocaine use, high risk drinking, heavy smoking, Suicidal ideation, drinking and driving, self-injurious behavior, and disordered eating (RAINN, 2009; Silverman, Raj, Mucci, & Hathaway, 2001; Ullman & Najdowski, 2010).

## Sexual Issues Among Trauma Survivors

Sexual trauma is one of the most abundant afflictions not only in the United States of America but worldwide. It has several negative repercussions for the male and female survivors equally in regards to their sexual health, desires, and proper functioning. In order to maintain sexual activities, it is important to be engaged in intimate activities in spirited and romantic relationships. Nonetheless, it is a complicated matter to evaluate and proceed with the treatment of sexual trauma. It has been established through various researches that all kinds of childhood maltreatments have negative implications on adult sexual functioning (Goldstein, Meston, Davis, & Traish, 2005; Zoldbrod, 1998). Other research studies have proved that all types of domestic abuse dealing with lack of attention, physical abuse, emotional torture, and watching someone involved in physical violence are very common. These kinds of exploitations can be regarded as developmental sexual trauma (DST). Such traumatic incidents destroy adult sexuality by distressing over patient’s emotions, associations and inherent recollection of touch, security, trust, power, and sex.

According to Maltz (2001), the basic symptoms that curtail from sexual abuse include escaping, fearing, lack of interest in sex and considering it as a compulsion. Other common symptoms include having negative thoughts such as rage, hatred, guilt upon touch, facing difficulties in being aroused or sensing it. It also affects sexual life such as patients do not feel emotional closeness or feel their presence during intercourse, experience distressing sexual thoughts and visions and engagement in obsessive and unsuitable sexual behavior. Females undergo severe vaginal pain and difficulties in orgasm while men suffer from an issue in erectile, ejaculation and orgasm.

The primary focus of sexual abuse research is on minors, females, and adults. There is comparatively less research conducted on adolescents and men. Nonetheless, it is evident that researchers who work on finding the association of sexual trauma degrees with female’s sexual functioning portray scrutinizing outcomes, while some research studies conclude with very uncertain results (Loeb et al., 2002). It has been found out that sexual trauma survivors face difficulties in sexuality along with excessive sexual activities and permissive behavior (J. E. Wilson & Wilson, 2008). For instance, they are involved in heightened masturbation and intense sexual fantasies. They are undergoing sexually risky conduct, early and unexpected pregnancies, an obsessive sexual pattern such as prostitution, sexual evading, anxiety and afraid of having sexual desires or being involved sexually (Staples, Rellini, & Roberts, 2012). Survivors also suffer from changed self-schemas and develop negativity while sexual arousal (Meston, Rellini, & Heiman, 2006). They are also subjected to complete sexual dysfunction (Rellini & Meston, 2011). However, female sexual trauma survivors often state their conditions with somatic chronic pelvic pain (Hunt & Kraus, 2009).

## Sexually Permissive Behavior

Permissive Behavior can be defined as a negative or depressed state of mind/ mental attitude held by an individual in response to an outcome for a situation that is considered undesirable in one or more than one ways (Beck, Weissman, Lester, & Trexler, 1974; Dienstag, 2014). Individuals adhering to permissive behavior focus on a number of negative aspects of life and this thought process impacts all spheres of their life. While permissive behavior is defined as a negative attitude in life for an individual, defensive permissive behavior is more of a cognitive strategy that is used by an individual to prepare themselves for actions in moments that may provoke anxiety or unease. During such times, defensive permissive behavior set low expectations for their performance and think through specific negative events that can have an adverse impact on their goals and shy away from things that put them ill at ease (Norem & Cantor, 1986).

Unfortunately, at present, the number of people that can be called sexual assault survivors is rather significant. Most survivors of sexual abuse have been subjected to intense narrations and retelling, with most of them having to relive that abuse over and over again. Research has shown the reception and the unpredictable impacts of retelling, the strategic silencing, and the impact that lack of disclosure brings about an individual that has been subjected to assault. Individuals that have been subjected to assault handle the matter in a much different manner (Treger & Schmitt, 2019). No two sexual assault victims respond in the same way. While one may find the power within and attempt to take on the world with no fear of the future, the other may not even be able to fight another day and behave as if the weight of the world is on their shoulders. This silence is their refuge. However, the refuge they seek in their permissive behavior often turns into the bane of their own existence and living a nurturing and fulfilling life becomes incredibly hard for them in the long run (Allyn, 2016).

These individuals are judged harshly by others, not because they are wrong to act the way they do, but because they act in a way that does not comply with the people’s beliefs of how an assault victim should behave. As a result, these victims feel more victimized and isolated as compared to their peers. According to Vrangalova & Bukberg (2015), a study showed that people having been subjected to sexual assault are more likely to go through aggressive experiences in terms of their relationship. They also experience sexual behavior‐based prejudice. They tend to move in small groups and keep to themselves in order to expose themselves to a fewer number of people. However, they frequently engage in casual sex or sex with many partners. Their behavior, more often than not, is highly stigmatized and, at the same time, such people are often rejected by others as potential friends and romantic partners (Carpentier & Stevens, 2018; Crawford & Popp, 2003). As mentioned, such people often have to face social exclusion, victimization, and ostracism which has a detrimental impact on their psychological as well as physical wellbeing. Even though very little is known about such permissive individuals in social circles, they are usually left to their own devices, since such behavior is often considered undesirable across interpersonal contexts for both social and psychological reasons. Furthermore, such people also tend to be unfaithful to the people they are seeing or have a tendency to steal someone else’s partner for their own amusement (Schmitt & Jonason, 2015). Additionally, it not only places such individuals but their partners at the risk of acquiring sexually transmitted diseases. Add in their cheating tendencies and such individuals often leave partners, friends, and even children abandoned to their self-deprecating behavior. The worse part of it all is the fact that such individuals have no control over their behavior.

Sexual Permissiveness is their outlet to having been sexually assaulted at one or more than one point in their life. Sexual permissiveness is reported to lower the market value for women, which cheapens the relationships they have with people. However, it is also a common belief that women that have been subjected to sexual assault are “damaged goods” and are subjected to social isolation. Such social isolation paves the way for sexual permissiveness in such individuals, which often turn them to lead a promiscuous lifestyle (Baumeister & Vohs, 2004).

## Impact of Sexual Assault on the Health and Wellbeing of the Victim

Victims of sexual assault bear an added emotional as well as psychological baggage in their lives, primarily the victims of intense sexual abuse. Survivors suffering from psychological injuries in their early life are less likely to heal and need consistent counseling. Their social interactions might be an emotional ordeal as the majority of connections are not aware of the implications of sexual assault and have been living in a culture in which rape myths are both accepted and embraced. They people often blame the sexual assault victims and believe in the just ideologies of the world where bad things only occur to bad people (Hayes, Lorenz, and Bell 2013).

Most of the cases are dealt with common ordeals that follow with designation miscalculations such that victims are frequently subjected to extreme condemnation and challenges, rather than support and kindness. People feel obliged to share their reaction to a sexual assault and what they could have done to avoid it. Some people ask ridiculous questions from the survivors upon listening to their stories such as why they didn’t fight back or bite the abuser in case of forced oral sex. They start implying that the survivors failed to avoid the assault that could easily be prevented. Additionally, they also fail to realize the agonizing pain that survivors of sexual assault go through while sharing their stories in detail. They are pitiless and show no apprehension for the emotional wellbeing of the survivors.

Adults that have survived sexual assault as children suffer from the extremely high prevalence and rates of PTSD symptoms. These figures go as high as 90% according to the Department of Veterans Affairs’ National Center for Post-traumatic Stress Disorder (2010). The range of ailments they suffer through includes anxiety, depression and even suicidal tendencies (Freyd, Klest, & Allard, 2005). As survivors repeated go through cycles of both anxiety and depression, the frequency of nightmares and panic attacks in such individuals is relatively high (Briere & Elliott, 2003; Cromer & Sachs‐Ericsson, 2006; Putnam, 2003; Trickett & Putnam, 1993). These panic attacks and nightmares can often be crippling for such individuals, with prolonged attacks including anxiety as well as depression which results in lost days at school or at work, inability to concentrate on work, low grade and inability to main any semblance of order in life and financial instability.

An invisible burden in this area is a large amount of cognitive energy that is spent in an effort to show that everything is fine, while, in reality, everyone’s emotions had completely gone haywire. At such times, happiness can easily be used as a means to push away those that keep us from feeling happy. At other times, we simply choose not to upset those around us and even come across moments where we may have to convince ourselves that we have to take things one piece at a time. This allows us to function optimally within our classes and earn money that we need. Thus, most of the future research should focus on sexual violence and examine the estimate of long term use of sexual assault on the victim themselves. However, it impacts the public financials to the local criminal justice system and service progress. The traumatic part of sexual violence is known to impact the emotional, as well as psychological, well-being of the survivors that affects the ability to achieve a certain goal despite the associated crippling effects of PTSD (Rodenborg & Boisen, 2013) and the prohibition of same-sex marriage (Bernard & Lieber, 2009).

Individuals that have been a victim to sexual assault often experience a variety of physical responses after an assault. Along with physical injuries that include scratches, bruises, swelling, black-eyes, or chipped teeth, more than 17% of assault victims also develop health complications (Fisher et al., 2000) that leads to sleep disturbances, fatigue, nightmares and insomnia, nausea, chronic headaches, and diminished sexual arousal or desire (M. A. Campbell et al., 2009; Eby, Campbell, Sullivan, & Davidson, 1995; Steketee & Foa, 1987). As a result of this, a very large amount of epidemiological research has been documented on a sexual assault which can have a devastating impact. This experience may be emotional, psychological, or physical, tend to peak approximately three weeks post-assault, remain high for the next several weeks, and then begin to decline after 3-4 months (with the exception of fear and anxiety) (Davidson & Foa, 1991; Rothbaum et al., 2005; Steketee & Foa, 1987).

## Coping Strategies

Post-assault coping strategies are way used by women as a form of recovery and one of the most important coping models was posed by Snyder & Mann Pulver (2001). This model is helpful in understanding how posttraumatic growth allows getting back to the norm after being sexually assaulted. Snyder and Pulver’s (2001) model of coping considers two main styles of coping when faced with a stressful event i.e. avoidance coping and approach coping. A victim opts for avoidance coping when they can not determine if they have enough coping resources to handle the situation. On the flip side, approach coping is chosen when individuals determine that they have sufficient coping resources. This approach is only used when there is a focused reaction to the problem at hand (Littleton & Breitkopf, 2006). Research has shown that various sequel of an assault often works with coping strategies. Here, women who make use of avoidance coping strategies are unable to grow out of the traumatic situation and find a viable coping process to help.

However, it is worth mentioning here that the coping behavior of individuals varies from person to person. While some find refuge in therapy and coping with their trauma in a healthy and constructive way, there are other individuals that are fundamentally changed as a result of the trauma they have been put through. With the prevalence of Sexual Culture in the current times, people have a tendency to turn towards BDSM and other similar forms of sexual gratification to channel their pain and trauma (De Neef, Coppens, Huys, & Morrens, 2019).

Individuals who suffer through sexual assault are often at risk of various psychosocial issues that include anxiety, depression, behavioral problems, as well as difficulties with school (King et al., 2003). As adults, these individuals often report problems with relationships, sexuality, intimacy, and self-esteem (Gothe et al., 2011), and they are characterized by lifetime rates of depression, anxiety, personality disorders, and psychosis that are four times greater than that of the general population (Cutajar et al., 2010). Additionally, adult victims of rape and sexual assault are more at risk of suffering from PTSD, suicide, depression, physical health issues and substance abuse (D. G. Kilpatrick et al., 2003; M. P. Koss, Bailey, Yuan, Herrera, & Lichter, 2003). Suicide rates among adults who have suffered through rape are usually as high as 33% which is high when compared to the general 8% (D. Kilpatrick, Edmunds, & Seymour, 1992). In the end, a history of sexual assault also puts an individual at an increased risk of victimization in the future, especially if the previous assault took place as a child or as a teenager (Arata, 1999; Messman & Long, 1996; Testa et al., 2017). For instance, a woman in her early teens is twice more likely to be victimized as compared to a woman past her 18th birthday (Tjaden & Thoennes, 2006).

Ultimately, such experiences make room for a long-standing severe psychological, physical as well as emotional repercussions for victims as well as sexual offenders (Abel & Osborn, 1992; Kurtenbach, 2016). Such findings, when taken together, are rather necessary to aid with the ongoing research with regard to sending offending population and how can this offending be reduced in society as a whole.

# Sexual Deviance

Based on an overview provided by Ward, Laws, & Hudson (2002), sexual deviance in an umbrella term that is often extended to include various forms of sex-related crimes, including rape, sexual assault, etc (Ward, Laws, & Hudson, 2002). While various formal definitions are far from being consistent in any way or form a number of common paraphilias are a part of sexual deviance, which typically includes voyeurism, masochism, sadism, transvestism, frotteurism, fetishism, bondage, and object pedophilia (American Psychiatric Association, 2000; Coleman, 1991; Okami, 1992). According to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000), paraphilias are defined as “intense fantasies or behaviors that involve unusual objects, activities, or situations and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (p. 566)”.

However, most definitions of the term continue to consider a number of factors to define the phenomenon of sorts a little better than it is at present. The factors included are social unacceptability of the act being performed in frequency in the population, and the fantasies that can be considered harmful, nonconsensual, or illegal (Diamond, 2008; Gee, Devilly, & Ward, 2004; Leitenberg & Henning, 1995). A common criterion for sexual deviance that is often used tends to focus on the unusual nature of the source of arousal that leads to an individual performing the act in question (Feierman, 2000; Leitenberg & Henning, 1995; Schneider & Irons, 1996). An example in this instance would be the criterion that would satisfy the perpetrator’s sexual arousal and the source this arousal derives from. If this source that harm one, or more than one persons, or forces them to participate in an act without their consent or when they are not aware of what is being done to them, or an act that is illegal, such a pedophilia and bestiality (Abel & Rouleau, 1990; Joyal, Cossette, & Lapierre, 2015). The definition covers quite a lot of ground, but it refrains from included disorders such as the impulse-control disorder into the list (Leue, Borchard, & Hoyer, 2004; Williams, Cooper, Howell, Yuille, & Paulhus, 2009). These individuals are consistently sexually aroused even with the absence of sexual stimuli. The same goes for nonparaphilic hypersexuality (Kafka, 2000; Kafka & Hennen, 2002), where individuals suffer from the impulses of compulsive masturbation as well as sexual addiction. Since such behaviors are maladaptive, they cannot be classified as a part of sexual deviance. One thing that should be remembered in this instance is the fact that while sexual deviance can be criticized, the criteria are limited to a source of arousal that is unusual and not as commonly practiced.

Sexual deviance also includes behaviors that can be regarded as nonaggressive forms of sexual gratification, e.g., object fetishism. Such a form of sexual gratification is usual, which is why it is worthy of being classified as sexual deviance, however, it is in no way a part of aggressive forms of sexual deviance, such as sexual assault. The prevalence of the rates of deviant sexual fantasies are quite difficult to evaluate, thus deviant behaviors are mostly limited to transvestism, object fetishism, sadism, voyeurism, frotteurism, bondage, pedophilia, exhibitionism, and sexual assault. A deeper look into the research carried out shows a substantial level of prevalence based on different studies on the subject where sexual fantasies and their fulfillment is the chief motivator. For instance, according to Langevin, Lang, & Curnoe (1998), about 82% of sexual assault offenders are moved to sexual assault in an effort to fulfill their fantasies. This figure changes to 86% (Prentky et al., 1989), and 92% (Gee et al., 2004) on the basis of different studies being undertaken. It is quite understandable that these rates are rather higher, especially when compared to most nonsexual offenders (Curnoe & Langevin, 2002). Additionally, the literature showed that these levels were relatively high in sexual offenders, serial sexual offenders, and sexual-homicidal offenders as compared to onetime or nonhomicidal offenders (Gee et al., 2004; Maniglio, 2011; Prentky et al., 1989; Sheldon & Howitt, 2007). The collective trend of these findings has led to a number of researchers to conclude that deviant sexual fantasies play a rather important role in sexual offenses done by an individual (Maniglio, 2011).

## Using Sexually Permissive Behavior to Cope with Sexual Trauma

As mentioned earlier, according to a general estimate, between 13% and 45% of women in the country will experience some form of sexual assault during their lifetime (Basile, Chen, Black, & Saltzman, 2007; Black et al., 2011; Coulter et al., 2017). With sexual deviancy on the rise research on what causes others to act maliciously to strangers needs to be investigated along with coping mechanisms on how to get through the trauma. Sexual trauma leads one to feel their body is no longer theirs and may lead to sexually permissive behavior in order to bring some control back to their life. Deviant thoughts may lead to sexually abusive behavior if there is not a healthy option on reliving the deviant thoughts, after one is sexually abused and suffers the sexual trauma of having their body taken advantage of (Trickett, Noll, & Putnam, 2011), a coping mechanism of numbing occurs causing sexually permissive behavior in hopes to gain control back while dissociating the emotions of sex with love and replacing it for the need of control.

## Sexual Norms

Richard von Krafft-Ebing, in the opening paragraph of *Psychopathia Sexualis,* released in the nineteenth century, called sexuality one of the most powerful factors in the individual, as well as the social existence of a person. It is the strongest incentive there to put an exertion of strength along with the acquisition of property in the display. It can also be regarded as the foundation of a home and the emotion that gives rise to altruistic feelings in an individual (Bauer, 2003).

A number of present scholars or researchers may be moved to challenge the superordinate position on sexuality taken by Krafft-Ebing. However, one cannot disregard sexuality as a ladder of human motivation. It rules his inner contention and tends to have a strong influence on both sexual arousal and its impact on his behavior (Bauer, 2003).

*Psychopathia Sexualis*, as one of Krafft-Ebing's most influential pieces of work, represents the very first of many systematic attempts to draw a concept from the forms of sexual variation described in the text, which also included pedophilia, homosexuality, necrophilia, masochism, sadism, nymphomania, and incest. By the 12th edition of its printing, the book contained as many as 238 case studies on the subject. Krafft-Ebing wrote this book primarily for a professional audience i.e. judges and doctors. However, once he discovered that his work had a much wider readership than what he had assumed earlier, the focus of his study shifted (Bauer, 2003; Bullough, 2001). In an effort to keep a premium readership and make the book inaccessible to the general audiences, he began using more technical terminology in the newer drafts. Despite his best effort, the *Psychopathia Sexualis* remained rather popular in a field other than medicine and the law for quite some time.

Whether *Psychopathia Sexualis* by Krafft-Ebing finds its basis in pornography or not, the work did reflect the long-standing fascination of that society with individuals that commit acts that are not accepted in the society and are often considered deviant in various ways and forms. This fact contributed to the popularity of the book and is still known for the propagation of acts that were not considered offensive back in the day. While out knowledge in the area has definitely increased rather substantially with time, the desire of an individual to further understand the phenomenon and what motivates them to do so cannot be left in vain.

## Sexual Norms and Deviance

Most individuals that come across a study dealing with social deviance come to the conclusion that the field mostly revolves around behavior that is not regarded as acceptable in society and tends to generate negative reactions among the people that come across such behavior. Surprisingly, most forms of deviance are behavioral in nature, even the ones that are subjected to criminal punishment. This shows that non-normative behavior with regard to sexual deviance is subjective to the individual a person is dealing with or the one the pain is being subjected to. Most people evaluate the deviant behavior of those that they deal with on the basis of their own actions. If such an act is unacceptable to them, they often label it deviant. This shows that most behaviors classified as deviant and the criminal punishments associated with them find their roots in behavior and seem as wrong only because they are not socially acceptable.

This stereotypical behavior is rarely static, especially with regard to how these behaviors are deemed to be deviant at their core (Laws & O’Donohue, 2008). Scientifically, most sexually deviant behaviors make up the essential features of paraphilias as stated in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). According to DSM-5, a paraphilia “denotes any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners” (American Psychiatric Association, 2013, p. 685). This way, sexual deviance can be defined as a paraphilic disorder that is used to reflect a paraphilia that is causing some form of distress to an individual that is worse than personal harm in a number of ways (Akerman & Beech, 2012). This includes social isolation and infamy, which turns this individual into a social pariah as a result of the stigma associated with him. True, sexual deviance is an illness that should be eradicated from society, but, at the same time, it is a subjective ill that can change form with the evolution of society.

# Sexual Permissiveness and Deviant Behavior

It has been noted by researchers that the terms sexual desire and sexual response are often used rather frequently and in correlation to one another, despite being rather different from one another. According to Rempel and Serafini (1995), sexual desire encompasses a psychological process that revolves around want, need, motivation, and anticipation. On the other hand, sexual response is a direct reaction to a state of arousal (Rempel & Serafini, 1995). Together, these two create physiological arousal when played in tandem (Akerman & Beech, 2012).

In this order, overlap can be seen between sexual permissiveness and deviant behavior. Sexual permissiveness motivates individuals to delve into promiscuous behavior, which also includes socially claimed deviant behavior. Such individuals have been shown to have a lowered rate on inhibitions and are usually up for anything (Vrangalova & Bukberg, 2015). Singer (1984) classified this as a drive, an incentive and an appetite that motivates individuals to go beyond their inhibitions and explore sensations and emotions that are new and foreign to them. This concept was broadly reflected in the trichotomy of sexual arousal that is expressively seen as a form of hedonic feelings and a deeply rooted desire for physical contact (Singer, 1984). While the two concepts may not complement one another, but the framework provided by both Rempel and Serafini’s (1995), as well as Singer’s (1984) provide adequate level of clarity to associate the two, and shows how two ostracized units of society may come together in a manner that defines the behavioral response of individuals to their chosen form of arousal as a result of their sexual needs or as a result of being sexually assaulted at some point in their life.

# Discussion

The impact of sexual abuse is not only deleterious, but also pervasive in their overall development (Noll, Trickett, & Putnam, 2003; Trickett et al., 2011). A review of the research on the impact of sexual abuse has been seen through the work of a number of researchers such as

The effects of sexual abuse are thought to be largely deleterious and possibly pervasive throughout development (Noll et al., 2003). Reviews of research on the effects of sexual abuse have been provided by (Felitti et al., 2019; Noll et al., 2003; Paolucci, Genuis, & Violato, 2001). The implicit sexual nature of sexual abuse is one of the worse forms of maltreatments of an individual, which increases the possibility of development of sexual distortions and sexually permissive behavior which creates sexuality-related issues and even makes the idea of intimacy with another individual rather difficult. In fact, a number of studies have shown such individuals engaging in heightened sexual activity along with permissive attitudes

Because of its explicit sexual nature, the impact of childhood sexual abuse likely differs from other forms of child maltreatment in that there are increased possibilities for the development of sexual distortions1 as issues of sexuality and intimacy become more salient. Indeed, many studies have reported a link between childhood sexual abuse and subsequent distortions in sexuality including heightened sexual activity and permissive attitudes (Browning & Laumann, 1997; Krahé, 2013; Miller, Monson, & Norton, 1995; Senn, Carey, & Vanable, 2008), early pregnancy (Fiscella, Kitzman, Cole, Sidora, & Olds, 1998; Stock, Bell, Boyer, & Connell, 1997), prostitution (Chesney-Lind & Pasko, 2013; Cunningham, Stiffman, Doré, & Earls, 1994; Felitti et al., 2019; Widom & Kuhns, 1996), sexual risk-taking behaviors (Brown, Kessel, Lourie, Ford, & Lipsitt, 1997; Brown et al., 1997; Brown, Lourie, Zlotnick, & Cohn, 2000), early coitus (Fiscella et al., 1998; Miller et al., 1995), sexual avoidance or sexual dysfunction (O. Barnett, Miller-Perrin, & Perrin, 2005; Jackson, Calhoun, Amick, Maddever, & Habif, 1990), and compulsive sexual behaviors (Friedrich, Urquiza, & Beilke, 1986; Hien et al., 2010; Whittaker, 2017).

## Summary

Sexual assault is one of the biggest problems, and one of the most violent crimes taking place in society today. This issue is found across the nation with more men falling a victim to the issue as compared to the women. Sexual assault is also one of the most common forms of trauma that impact around 25% of the women in the country at least once in their lifetime. In the past few decades, this issue has been amply raised in the public and plenty of research has gone into mitigating the risk for an individual is sexual assault. Despite the best efforts being made, the impact of sexual assault on the victim can be both devastating and long-lasting in the grand scheme of things. This is one area that may require them to struggle and force their hand in terms of PTSD and other psychological issues. Given how common sexual trauma is in the country, it has a negative implication on the sexual health and wellbeing of a number of individuals and gives rise to various common sexual symptoms that include avoiding, lack of interest, fearing, disgust, anger, and guilt among a few. The physical and emotional toll on an individual can impact their health and wellbeing and lead them to feel a myriad of feelings which makes it hard for them to shoulder all the burdens in their life. Thus, as a result, the turn to sexually permissive attitudes if the situation can no longer be controlled by them. Such a lifetime of assault can change these people for the worse and turn them towards a path there is no coming back from.

Sexual deviance is a common paraphilia, one that moves you towards adopting habits and sexual acts that are not seen as both common and acceptable in society. It moves them to adopt a nefarious lifestyle, one that may not only give rise to sexual assault among the masses but also increase the potential of being the way towards permissive behavior, where an individual becomes increasing promiscuous to cope with sexual trauma. Here, sexual norms are also pitted against sexual deviance and it is found that the mere concept of sexual deviance is flawed and subjective towards the beliefs of the society as opposed to be a deplorable phenomenon in itself. Collectively, the idea of seeking refuge in sexually permissive behavior as a result of being a victim of sexual trauma is reported to be true.

## The Validity of Hypothesis Using Literature Review

The hypothesis suggested that the general population estimates suggest that between 13% and 45% of women will experience some form of sexual assault during their lifetime. (Basile, Chen, Black, & Saltzman, 2007; Black et al., 2011; Polusny & Follette, 1995). With sexual deviancy on the rise research on what causes others to act maliciously to strangers needs to be investigated along with coping mechanisms on how to get through the trauma. Sexual trauma leads one to feel as if their body is no longer theirs and may lead to sexually permissive behavior in order to bring some control back to their life. Deviant thoughts may lead to sexually abusive behavior if there is not a healthy option on reliving the deviant thoughts, after one is sexually abused and suffers the sexual trauma of having their body taken advantage of, a coping mechanism of numbing occurs causing sexually permissive behavior in hopes to gain control back while dissociating the emotions of sex with love and replacing it for the need of control.

As indicated by the research evaluated, the hypothesis gives off the impression of being in consistence with the literature available on-line. Hypotheses and typologies of sexual deviance have given researchers a vital setting that embedded their assessment of factors that will foresee sexual assault. It is fundamental to see that every hypothesis of sexual deviance, likewise as research has shown, has featured the very certainty that not all sex offenders operate as a territory unit basically described by deviant tendencies. Or maybe, offenders may have association in degenerate sexual conduct for a spread of reasons, together with absence of individual consent (G. Barnett & Mann, 2013; Keenan & Ward, 2000); intellectual contortions that legitimize sexual conduct (Hanson, 1999; Hanson et al., 1994); guideline of negative affect (Keenan & Ward, 2000; Ward & Siegert, 2002); globalized outrage and forceful conduct (Bartol & Bartol, 2014; Knight & Prentky, 1990); powerlessness to viably oversee external stressors (Schwartz, 1995; Simon et al., 1992); or to remove the possible unpreventable offenses (Knight, 1999; Marshall & Fernandez, 1998).

While sexually deviant conduct may result from bunch factors, most hypothetical records have featured the persuasive job that degenerates interests that will play a role in finding the right punishment for sexual offenses. Without a doubt, sexual deviance is reliably shown to be probably the most grounded indicator of sexual re-offense especially among individuals that are classified as sex offenders (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005, 2009). Along these lines, precise appraisal of degenerate sexual deviance speaks to a fundamental initial phase in the characterization, hazard expectation, and treatment of sex guilty parties. The essentialness of such research is reflected by a generous increment in thinks about inspecting sexual liable individuals since the 1980s, remembering research for the estimation of sexual aberrance (Langevin et al., 2004; Roberts, Doren, & Thornton, 2002).

## Constraints and Limitations of the Study

As of late, there has been an expanding number of studies about sexual conduct among young people and how it connects with social conduct and inclinations. The discoveries are normally intended to improve the medicinal services framework and give mind where care is required. It means to lessen sexual dangers (HIV, STIs, pregnancy, and fetus removal) among youngsters as a rule populace and advise fitting projects and mediations to shield youngsters from related dangers. In any case, a portion of these investigations has significant constraints that make the translation and speculation of the discovering troublesome, especially at the national level and will give some one-sided results on this exceptionally delicate point. A few researchers have surveyed the sexual practices of a particular set of undergrads in a specific city. The research on the subject in metropolitan urban areas have shown that individuals living in big cities are bound to be more liberal in their will and in their conduct when it comes to their sexual needs. For the most part, except if we have a national delegate test, the rates can't be summed up to the all-inclusive community of youngsters. Additionally, the examiners need to recognize the heterogeneity between urban communities in the nation in the translation of the finding. Another issue is highlights identified that explores certain delicate subjects, for example, sexual assault. A few researchers that did not obtain official consent for research from the institutes (schools or colleges) will only be allowed to talk to students generally. However, the institutes that did grand the right consents and permission gave researchers the right to explicitly consider. This gave researchers the chance to explicitly obtain the right set of answer and useful data. Thus, researchers need to ensure that the answers given by the volunteers are thoughtful and they are given the time to formulate their answers. Correspondingly, the researchers need to ensure that respondents with missing information on delicate inquiries are not distinctive with the individuals who gave a response (Farahani-Khalajabadi, 2014).

Management of data collection is an aspect that needs to be handled delicately and carefully. For example, studies that include both men and women need to deal with in a manner when both parties were actually present in the classroom. This allows the researcher to maintain the validity of the data being used. Maintaining the privacy and anonymity of subjects while describing their sexual experiences is key to keeping their privacy, which is something that should be emphasized (Farahani-Khalajabadi, 2014). Analysts consistently question that students studying in an institute to come clean and report their sexual encounters with no fear of the consequences from their institute as the anonymity of the answers recorded with ensuring that they remain free of any and all ramifications for their participation. Thus, the data collecting investigators need to be forthcoming with regard to the techniques they use to minimize the threat of exposure or any and all forms of error.

The past areas have featured a few promising options and additional enhancements to phallocentric appraisal in the estimation of sexual deviance. In any case, it has been shown that most of such measures are either in their earliest stages or are inclined to a large number of indistinguishable issues such as faking, for instance. In an ongoing audit, Marshall (2014) recognized that subjectively based proportions of sexual abnormality may well provide us with phallometric appraisal in the future yet noticed that proof showing the estimation of such measures is at present deficient to warrant the deserting of PPG.

Besides, it merits repeating that reviews have reliably discovered that sexual deviance, as estimated by penile plethysmography, is probably the strongest indicator of sexual arousal (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005, 2009). At last at that point, notwithstanding concerns with respect to the viability of phallometric appraisal, it is still generally viewed as the most helpful and dependable proportion of sexual excitement right now accessible (Beech et al., 2008; Kalmus & Beech, 2005; Merdian & Jones, 2011).

## Suggestions for Future Research

While sexual dysfunction of sexual abuse survivors has been given considerable attention with research and study, a number of other sexual difficulties are also experienced by survivors of sexual abuse, showing an area that needs to be paid due attention (D. Wilson & Truman, 2005). Other areas that need research is how sexual permissiveness can be prevented and what are the right means to do so. An exploration of literature goes on to show just how devastating sexual permissiveness can be for individuals that have already gone through the psychological trauma of being sexually assaulted at least one point in their life (Strouse, Goodwin, & Roscoe, 1994). Thus, it is vital that research is conducted on the optimal ways to return such individuals back to the fold of life and vitality, where they can forge reasonable and long-lasting bonds with the people they associate with, with the trauma they suffered through during their episode of sexual assault as nothing but a distinct memory.

Additionally, using PTSD as an umbrella term for individuals that go through all forms of trauma has a deleterious impact on the rehabilitation of individuals suffering through sexual assault-related trauma. This area should be explored to enhance the possibility of individuals suffering from assault-related PTSD to get better far more quickly than they did before (Ullman & Najdowski, 2010). In the past couple of decades or so, high school and college campuses have become a breeding ground for sexual assault and rape. While campuses have taken measures into place to prevent the occurrence of such an incident, they could also look into the formulation of a screening test for students joining the institute so that they can learn if any of the students are inclined towards sexual deviance or have sexual tendencies which may lead them to assault a fellow student in an incompressible manner. This sort of prevention has a better scope in the long run for the students and the institute administration (McMahon, Wood, Cusano, & Macri, 2019).

# Conclusion

Rape and Sexual Assault is an ailment confronting our society. Rape long-lasting outcomes that can be destroyed for the physical, passionate and social strength of the person in question. Impressive proof exists to show that at any rate 20 percent of American women and 5 percent to 10 percent of American men encountered some type of sexual abuse in adolescence and more than six out of ten of all assault cases happen before unfortunate casualties arrive at age 18; 29% of all sexual assault happens before the age of eleven. Of young people ages 12-17 in the US, an expected 8% have been casualties of genuine rape. One out of each eight grown-up ladies or possibly 12.1 million women in America will be the casualty of sexual assault at some point in her lifetime.

At such a time, reverting to permissive behavior, where the lines of sexual norms, as well as sexual deviancy, are blurred, it is easy for when to seek approval and find a sense of normalcy in whatever form they can get. An extensive review of literature proved the fact that using permissive behavior to bring a sense of normalcy following sexual trauma. This is mostly done in an effort to take control of one’s body, despite having no idea of what is going to happen. It is an issue that needs to be addressed so that an individual suffering from the trauma can he helped in a constructive manner.

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