

**Domestic Violence and the  
Sexual Addictions:  
Understanding the Interactive  
Process**

**of  
Trauma Bonding**

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“Sex and violence are traded off against one another as negative and positive respectively. That is why a goodly proportion of the sex offenses have a degree of violence in them, as in fact, in a lesser degree, do many of the non-offending sexual encounters.” Money 1980

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**Are Domestic Violence  
and the Sexual  
Addictions the same ?**

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## DV and SA

- | Domestic Violence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sexual Addictions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>■ Heterogeneous</li> <li>■ Social- Legal term</li> <li>■ Cyclic</li> <li>■ Organicity (?)</li> <li>■ Social disorder</li> <li>■ Intimacy disorder</li> <li>■ Trauma interactive</li> <li>■ Attachment wounds</li> <li>■ Interactive/ Interpersonal</li> <li>■ Multigenerational</li> <li>■ About 1 in 320 households were affected by intimate partner violence.</li> <li>■ The rate of nonfatal intimate violence against females declined by nearly half between 1993 and 2001. DOJ 2005</li> </ul> | <ul style="list-style-type: none"> <li>■ Heterogeneous</li> <li>■ Disease Model</li> <li>■ Cyclic</li> <li>■ Biologically driven</li> <li>■ Social disorder</li> <li>■ Intimacy disorder</li> <li>■ Trauma interactive</li> <li>■ Attachment wounds</li> <li>■ Interactive/ Interpersonal</li> <li>■ Multigenerational</li> <li>■ 3-6 % of population (Coleman, 1992, Carnes 1991, Plante 1999, 17% Cooper 2000 internet sex users)</li> <li>■ Sexual offences have also declined since 1994.</li> </ul> |

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Sexual addiction is the continued engagement in a variety of maladaptive sexual and/or courtship related behaviors despite negative consequences. It can include but is not limited to:

- Orgasm/ satiety
- Romance/ fantasy
- Avoidance/ anorexia

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## Milkman and Sunderwirth

1986

- Arousal neuro-pathway: high excitement  
Crack, methamphetamine, MDMA (Ecstasy), epi/nor-epi, dopamine, mania, sex, violence, gambling, risk
- Satiation neuro-pathway: relaxing, soothing, ETOH, opiates, sedatives, food, GABA, endorphins, sex, "co-dependency", depression, apathy, despair

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- Fantasy neuro-pathway: unreality, dopamine, phenylethylamine (PEA), serotonin, norepinephrine, LSD, THC, Marijuana, hallucinogens, psychosis

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### Carnes' Sexual Addiction Criteria

- Pattern of out of control behavior
- Severe consequences because of sexual behavior
- Inability to stop despite negative consequences
- Severe mood changes around sexual behavior
- Persistent pursuit of high risk behaviors
- Ongoing effort to stop/ limit behaviors
- Inordinate amount of time spent on sexual matters
- Increasing amounts of sexual experiences
- Sexual obsession fantasy as primary coping tool

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### Carnes' Sexual Addiction Levels

- Level I- Socially neutral or accepted. Compulsive masturbation, pornography, EMA's
- Level II- Socially distasteful *and illegal*. Prostitution, voyeurism, exhibitionism, public sex
- Level III- Socially unacceptable *and illegal*. Child molestation, rape, erotic homicide

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## Domestic Violence

- Physical violence is defined as “an act carried out with the intention or perceived intention of causing physical pain or injury to another person” (Straus & Gelles 1986)
- Psychological or emotional aggression difficult to define and measure (Stenley et al)
- Intimate violence is often bidirectional (Vivian & Langhinrichsen, 1994)

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## Domestic Violence

- Previous episodes of receiving violence are the strongest predictor of perpetrating violence (O’Keefe, 1997)
- Most DV literature describes men’s violence as instrumental (control as motive) and women’s violence as expressive (Fear/ anger). However, men’s and women’s violence has elements of both instrumental and expressive elements (Vivian, 1995)
- 1.5 million women and 835,000 men were victims of domestic violence (Tjaden & Thoennes, 2000, CDC and National Institute of Justice funded study)

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## DV Addiction Criteria (Based upon SA criteria adapted by Campling)

- Pattern of out of control behavior
- Severe consequences because of the behavior
- Inability to stop despite negative consequences
- Severe mood changes around the behavior
- Persistent pursuit of high risk/ high arousal behaviors
- Ongoing effort to stop/ limit behaviors (honeymoon phases)
- Inordinate amount of time spent on relationship matters
- Increasing amounts of DV experiences/ escalation
- Obsession/ fantasy as primary coping tool
- Increased anxiety related fear of loss
- Interactive addictive behaviors
- Double life patterns

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## Domestic Violence Classification

Johnson 2001

- Common Couple Violence (CCV) neither partner is violent and controlling. Their violence usually arises as a result of conflict. (*Probably not cyclic*)
- Patriarchal Terrorism (PT) usually one partner is violent, unidirectional with one person the perpetrator and the other victim, typically severe and frequent (*Cyclic*)

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Mutual Violence (MV) both partners are violent and controlling (*Cyclic*)

Violent Resistance (VR) occurs when both partners are violent but only one person is controlling (*Cyclic*)

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## DSM Substance Abuse/ Dependence Criteria

- Tolerance (Criteria 1)
- Withdrawal (Criteria 2)
- Inability to stop/loss of control (Criteria 3&4)
- Preoccupation (Criteria 5)
- Vocational and interpersonal impairment
- Continued use despite physical or psychological problems (Criteria 6 & 7)

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## Common Denominators

### DV

- Insecure attachment
- Witnessing domestic violence
- Child abuse and punishment (>child abuse, > DV)
- Teaching violence (Mills, L. 2008)
- Social & environmental (trauma/stress)
- Dissociation with fantasy and low self esteem
- Power & control
- Stress & triggers
- Tolerance in fantasy life
- Facilitators to disinhibit and re-enforce
- Progression (Burgess 1986, Hickey 2005, Purcell & Arrigo 2006)

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## Other Common Themes

Compulsive masturbation & orgasmic conditioning  
Cyclic process  
Reality distortion/ Fantasy/ Thinking errors/ Cognitive distortions/ delusions/ psychosis  
Facilitators- alcohol, drugs, pornography, "All guys...",  
Power & control dance (Sadomasochism)  
Isolation  
Difficulty with psychosocial and sexual bonding/ developmental  
Others are a means to an end/ objectification/ property/ exist to serve  
Poor boundaries  
Organicity  
Affect Dysregulation  
Terminal conditions

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## Shame

- Children who experience terrible humiliation in childhood learn that violence is a method of distancing themselves from re-experiencing those feelings (Gilligan, J. 1996).
- Humiliation & shame lead to belligerence. Creating shame in others instead of feeling it themselves is the seeds of violence in children. The state of being at war (Athens, 1989) War requires two victims.
- Violence is fused with the childhood feeling of being a victim & powerless so that threats to the ego become reasons to defend from shame.
- In DV relationships, both partners trigger feelings of shame in the other (Mills, L).
- All relationships are dynamic.

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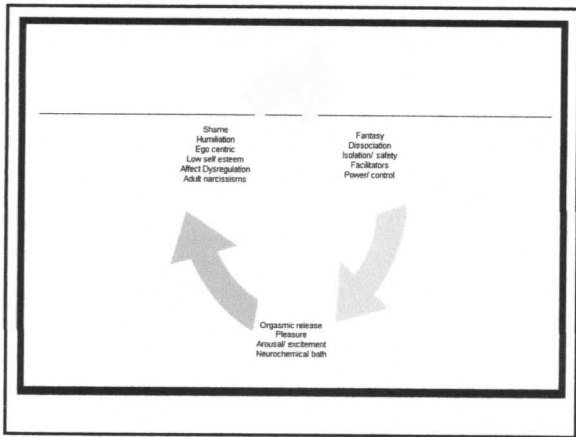
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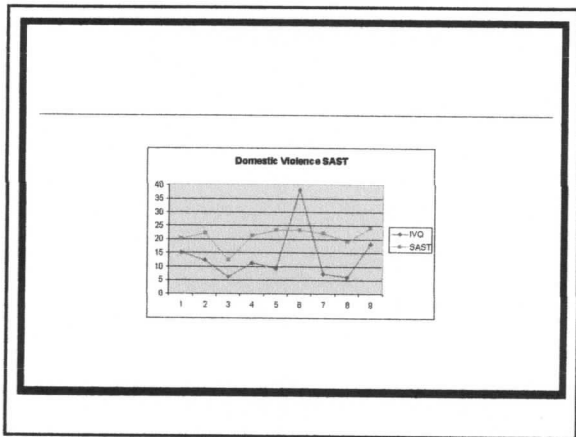
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**Case Study**

38 year old male came to residential facility for compulsive sexual behaviors including pornography and sex outside of his primary relationship. Previously diagnosed with major depression and alcohol dependence in sustained remission for about 10 years. His stated goal was to get sexually sober as his acting out was detrimental to his primary relationship.

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## Case Study

- SAST- 25/25 IVQ-38/40
- BDI- 38
- PCL-SV- 20 (strong indication of psychopathy) \*
- Sexually molested as child
- Closed head injury as a child
- Father abandoned family (poor attachment)
- Mother alcoholic (poor attachment)
- Alcoholic 13 years AA
- Married 1 time
- 2 children (22 y/o ☹ and 5 y/o ☺)
- 4+ arrests (versatile)
- PFA orders, DUI history, multiple assault charges, harassment orders
- Compulsive masturbation to pornography
- Exhibitionism
- 900 calls
- Frotteurism
- Asphyxiation self others \*
- Increasingly violent fantasy life \*
- Use of drugs to obtain sex
- Sex with siblings
- Text/ chat/ internet sex behaviors
- Sex with multiple partners
- Sex with men (glory holes) in bookstores
- Sex with animals
- Sadistic rape (enacting violent fantasies) \*
- Rape with child nearby \*
- Sexual abuse of child \*

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## Collateral

The client's 35 year old girlfriend came for couples counseling as the client had been calling her begging her to let him back in her life. Threatened suicide and hospitalized for 72 hours when she expressed ambivalence in attending the session and continuing their relationship. Treatment team struggled with appropriateness of a session but agreed to do a session to assess their thoughts about the future of the relationship. During ante-session GF talked about the DV behaviors including several violent rapes and strangulation incidents and sexualization of a child.

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## Girlfriend's short history

- Healthcare worker
- Feels good about herself when she helps other people who are dependent upon her
- Married before to abusive alcoholic; another alcoholic BF
- In recovery herself for alcohol dependence
- History of sexual abuse as a child
- Father violent towards her mother; sat on "death watches"
- Threats and compromise in the relationship
- Initially wanted 6 month no contact separation then changed her mind each time he pressured her. When this was pointed out, the client raged at the therapist.

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## What about partners?

- Feminist model Abuser-victim
- Alternate models Transactional Analysis, Addiction, Systems, Trauma
- Assessment of all family members when possible
- Family of origin history
- No violence contract for both partners
- Why did you stay after the first incident?

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## Abusive behaviors

- Physical violence, slapping, punching, hitting, biting, kicking
- Sexual ridicule, emotional/ verbal castration
- Threatening, withholding, silence, rejecting
- Invading personal boundaries, reading mail, going through wallets, checking cell phones & computers
- Taking away consent, pregnancy, credit cards
- Shaming, name calling, outing to friends
- Stalking, following, surveillance, PI's
- Secret keeping, lying, gas lighting
- Violence, flight, pursuit, reunion

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## What to do? The Importance of Assessment

- Assess compulsive sexuality including anorexia in both partners
- Assess interpersonal violence in both partners
- Obtain collateral ASAP-criminal background and versatility/ Megan's law sites/ partners/ ex's
- Assess personality organization/ PCL-SV
- Abel Assessment of Sexual Interest-2 for child issues
- Obtain complete psychosexual history, fantasies, AE, bestiality
- Assess for facilitators, alcohol, drugs, disinhibitors
- Attachment Styles- FACES-II
- TSI/ Trauma Profile/ Trauma history
- Assess for neurological trauma

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### Interventions

Determine levels/degrees of behaviors

For example, level 1 sexual addict who has had 1-2 episodes of situational couple's violence is lower risk and requires different interventions than level 3 sexual addict who engages in patriarchal violence

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### Interventions

Sobriety is essential to all groups  
Clear rules and boundaries which have accountability including legal accountability  
Group therapy- DV improves with group compliance  
Individual therapy  
Skills acquisition and stress management plans  
Anger management program  
Couple's therapy for low risk clients  
No alcohol, drugs or porn

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### Interventions

- Trauma work with sufficient sobriety
- Narrative therapy
- Alter social network
- Medications
- Continued contact with people who can provide collateral
- Proactive couple's contract i.e. "If you do this then these are the consequences..."

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## Therapist Issues

- Know your own issues to keep check of counter transference
- Know the law. In some states it is not permitted for DV clients to participate in couple's therapy
- Know when to consult and transfer

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