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LOYOLA UNIVERSITY CHICAGO

PERSONALITY CHARACTERISTICS OF CHILD MOLESTERS: A

FINE-GRAINED ANALYSIS OF MMPI CLINICAL SUBSCALES

A THESIS SUBMITTED TO

THE FACULTY OF THE GRADUATE SCHOOL OF LOYOLA UNIVERSITY OF

CHICAGO IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

MASTER OF ARTS

DEPARTMENT OF PSYCHOLOGY

BY

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CHAPTER I

INTRODUCTION AND REVIEW OF RELATED LITERATURE

Sexual assaults against adults and children are among
the most understudied social problems. Decisions about
sentencing, security statuses, parole, and treatment of men
convicted of rape and child molestation are often based on
criteria related to criminal history, institutional behavior
and the personality characteristics of the offender.
Objective assessment of offenders' personality
characteristics has therefore become a central component of
most forensic evaluations. For this reason, several studies
have attempted to describe the heterogeneous psychological
characteristics of sex offenders. Psychometric tests are
often used to describe the similarities and differences
between rapists, child molesters, and non-sexual criminal
offenders. The Minnesota Multiphasic Personality Inventory
(MMPI) has been employed extensively in attempts to identify
dimensions that are specific to different types of sex
offenders in order to describe their psychological
similarities and differences. It is believed that a
characteristic profile would be beneficial in developing
classification systems to aid in the diagnosis and treatment
of sex offenders as well as in making dispositional
decisions. The MMPI is widely used due to its ease in

administration, objective scoring, clear interpretation, and
well supported validity (Butcher & Tellegen, 1978). Several
methods have been utilized in analyzing the MMPI's of sex
offenders. Marks and Seeman (1963) and Gillberstadt and
Duker (1965) introduced the application of clustering
procedures for studying clinical populations using the MMPI.
Cluster analysis involves identifying subgroups with similar
MMPI profiles and describing the resulting statistically
homogeneous subgroups with regard to personality and
criminal history characteristics. This procedure results in
the grouping of subjects based on a minimum of within group
variance and a maximum of between group variance. Cluster
analyses are based on correlational matrices assigning
individuals with highly similar scores into groups (Butcher
& Tellegen, 1978). In contrast, bivariate analyses compare
sex offenders on high point pairs of MMPI clinical scales.
Still other methods involve univariate analyses used to
compare groups of offenders on MMPI clinical scales, taken
one at a time. Each level of analysis has contributed
valuable information to our understanding of the personality
and psychopathology of sex offenders thus warranting
individual attention.

<center>Multivariate Cluster Studies</center>

Several characteristic clusters based on the MMPI have
emerged in the sex offender literature. Some studies have
found clusters which have minor to no elevations on the MMPI

clinical scales (Kalichman, Szymanowski, McKee, & Craig 1989a; Duthie & McIvor, 1990; Kalichman & Henderson, 1991; Kalichman, Dwyer, Henderson, & Hoffman 1992). The offenders in these clusters were described as having profiles within normal limits and committed a sexual offense in conjunction with another crime (Kalichman et al., 1989a). In another study, these groups exhibited lower levels of sexual and psychological pathology, and appeared to have the best sexual adjustment in comparison to more highly elevated profile groups (Kalichman et al., 1992).

Another common cluster group was characterized by elevations on the Frequency (F) and Schizophrenia (Sc) (Anderson, Kunce, & Rich, 1979; Kalichman et al., 1989a). Anderson et al.(1979) used a similar procedure to that of Marks and Seeman (1963) and Gilberstadt and Duker (1965) in order to differentiate men who committed rape, child molestation, or incest. In this study, the F-Sc group had a poor history of social adjustment as reflected in an inconsistent work record, trouble with the law from early teens onward, and a poor military service record. Eighty-five percent of this group was diagnosed as having no mental disorder, but engaged in behavior that was seriously maladaptive. Ward observations indicated that this group was more emotionally disturbed than other groups. This group was similar to a group of rapists in Rader's (1977) study in that this type acted out socially. Individuals

with similar profiles may have poor social judgment and blame the victim for the rape, thus degrading the victim (Rader, 1977).

Kalichman et al. (1989a) administered the MMPI and the Multiphasic Sex inventory (MSI) to male adult rapists. They utilized multivariate cluster analyses to identify specific profile groups of rapists based on the MMPI. Subjects included 120 incarcerated adult male rapists undergoing a psychiatric evaluation as part of a treatment program for sex offenders in a state correctional facility. The mean age of the subjects was 30.5 years. Sixty-one percent were Black and the mean length of incarceration was 5.9 years. Kalichman et al. (1989a) found a cluster characterized by elevations on F, Sc, and Psychasthenia (Pt). This cluster was considered the most sexually deviant and disturbed profile subgroup. These offenders reported several deviant sexual thoughts and behaviors on the MSI and were strongly inclined to have a history of substance abuse. These characteristics were viewed as indicative of severe cognitive disturbances which included thoughts about rape and other sexually deviant behaviors. This group was discussed by the authors as the most thought disturbed and dangerous of the rapist subgroups identified. Kalichman, Craig, Shealy, Taylor, Szymanowski, and McKee (1989b) were able to replicate the five profile groups found by Kalichman et al. (1989a). A cross validation analysis indicated that

59% of the subjects in this independent sample were classified into the same cluster groups as in the previous study.

Another common elevation for several criminal types was on the Psychopathic deviate (Pd) scale (Duthie & McIvor, 1990; Kalichman et al., 1989a; Kalichman, 1990; Kalichman & Henderson, 1991). Groups with an elevated Pd scale were described as antisocial and hostile. Duthie and McIvor (1990) described their Pd group as "Normal Episodic" offenders. In Kalichman et al.'s (1989a) study this group was less sexually deviant as reflected in lower MSI scores. Kalichman (1990) administered the MMPI, MSI, and a series of affective and personality scales to a sample of incarcerated rapists. This study replicated the five profile subgroups of rapists reported by Kalichman et al.(1989ab) including a cluster with an elevated Pd scale. Measures of affective functioning provided additional information about the sample serving to further differentiate the subgroups of rapists. Kalichman and Henderson (1991) replicated six of Duthie and McIvor's (1990) eight profile groups including a group with an elevated Pd scale, and extended these findings by describing them along dimensions of psychosexual functioning. The subjects were 113 men convicted of sexual offenses who were referred by the courts for a psychological examination for the purpose of aiding sentencing and case disposition. Ninety-one percent were Caucasian; the average

age of the men was 37.3 years; the average number of years of education was 12.7; and sixty-seven percent exclusively offended against female children.

Several studies also found clusters with elevated Pd scales in combination with other elevated scales (Anderson et al., 1979; Kalichman, 1990; Shealy, Kalichman, Henderson, Szymanowski, and McKee, 1991) One type of combination was Psychopathic deviate-Hypomania (Pd-Ma). In Anderson et al. (1979), the Pd-Ma type offenders had fewer adjustment problems, more positive military and job histories, and were less likely to have been in prison before. This type was often diagnosed with a psychiatric disorder. Kalichman's (1990) Pd-Ma cluster was described as sociopathic and reported fewer atypical sexual experiences and thoughts about rape. Shealy, et al. (1991) described their Pd-Ma cluster as highly antisocial and impulsive. In their study, they identified four MMPI subgroups of incarcerated child sex offenders using a multivariate clustering procedure. Subjects included 90 incarcerated men convicted of criminal sexual conduct against females, aged 13 or younger. The mean age of subjects was 33.1 years. Thirty-eight percent were black and the average number of years of education was 10.2. The mean length of incarceration for these men was 1.6 years and the mean age of their victims was 9.1 years.

Another combination was Depression-Psychopathic deviate (D-Pd) (Anderson et al., 1979; Duthie & McIvor, 1990;

Kalichman & Henderson, 1991; Hall, Shepherd, & Murdak, 1992). According to Anderson et al.'s (1979) study, the D-Pd type manifested fewer pathological symptoms on the ward, however, they were more likely than other offender types to have been diagnosed with an antisocial personality disorder. Two-thirds abused alcohol and one half were previously in prison.

Duthie and McIvor (1990) used a cluster analytic procedure to identify eight MMPI profile subgroups of child sex offenders who were awaiting sentencing. Subjects were 90 convicted child molesters who received psychological evaluations by private practitioners. These authors found a cluster with elevations on D, Pd, and Pt and described this group as the "Characterological Avoidant Type" offender.

Finally, Hall, et al. (1992) found a cluster with two-point elevations on D-Pd and Pd-Pt when they studied 114 men who were evaluated at a psychodiagnostic clinic for competency to stand trial, insanity plea, drug treatment, or presentence dispositions. Of subjects included in the study, 79 were white; the mean age was 29 years old; 25 subjects were married; and 85 subjects were first time arrests. All subjects offended against minors.

D-Pd-Sc is another combination that occurs in the literature (Kalichman et al., 1989a; Kalichman, 1990; Duthie & McIvor, 1990). One of Kalichman et al.'s (1989a) clusters exhibited elevations on the D, Pd, Paranoia (Pa), and Sc

scales and higher MSI scores indicating a more aggressive personality type whose primary motive was rape. These offenders usually did not know their victims and tended not to commit rape in conjunction with another crime. One of Kalichman's (1990) clusters showed elevations on the D, Pd, Sc, Pa, and Hypochondriasis (Hs) scales. This group consisted of men who were least likely to have known their victims and whose sexual crime was described as a "predatory act." These men were also described as being very angry, having low self esteem, and exhibiting moderate levels of sexually disturbed thoughts. Duthie and McIvor (1990) found a cluster which had elevations on D, Sc, Pd, Pt, and F and was described as the "Psychotic Withdrawn Offender" type.

D-Pd also occurred in combination with the Masculinity-Femininity (Mf) scale (Kalichman et al., 1992) and Ma and Pa (Hall, Graham, & Shepherd, 1991). Kalichman, et al. (1992) found a cluster with elevations on the D, Pd, and Mf scales. This group was near the sample mean in psychosexual functioning and was the least likely to have offended against females. This study attempted to cross-validate and extend previous findings concerning the personality functioning of child sex offenders using cluster analytic procedures. Subjects included 105 men receiving outpatient treatment for pedophilia and had committed at least one sexual offense against a child age 16 or younger. The mean age of the subjects was 38.6 years, 95% were Caucasian, 92%

had at least a high school education, 39% offended against children younger than age 13, and 43% exclusively offended against girls. Kalichman et al. (1992) replicated four homogeneous subgroups of child sex offenders reported by Duthie and McIvor (1990) and Kalichman and Henderson (1991) based on their MMPI profiles and further described them based on dimensions of psychosexual functioning.

Hall et al.'s (1991) common two-point codes for their D-Pd combination clusters were Pd-Mf/Mf-Pd, Pd-Ma/Ma-Pd, D-Pd/Pd-D, Pd-Pa/Pa-Pd. These are somewhat similar to two of the five profiles found by Kalichman (1990). Hall et al. (1991) described the men in this cluster as likely to be married with dependent relationships with their wives, highly frustrated, aggressive, impulsive, and antisocial. Hall et al. (1991) attempted to study the methods of developing MMPI taxonomies of sex offenders, using cluster analytic procedures to study MMPI profiles of sex offenders. Subjects included 261 men selected from the Hall & Proctor (1987) sample of nonpsychotic sex offenders who were committed to a state hospital between 1970 and 1980. The cluster analysis was performed in an attempt to find profiles that distinguished offenders against adults from offenders against children.

Another common scale combination was Pd-Sc which often occurred with other elevated scales such as Pa (Shealy et al., 1991; Kalichman, 1990; Duthie & McIvor, 1990) and Ma

and Mf (Kalichman, 1990; Kalichman et al., 1992). One of
Shealy et al.'s (1991) clusters had elevations on Pd, Pa,
and Sc which was indicative of high levels of anger and
hostility. This group also exhibited high levels of
disturbed sexual thoughts and obsessions. Duthie and
McIvor's (1990) cluster had elevations on Pd, Pa, and Sc and
was described as the "Psychotic Aggressive Type" offender.
One of Kalichman et al.'s (1989a) clusters had elevations on
Pd, Sc, and Ma as well as high MSI scores indicating
disturbed thought processes and high levels of sexual
deviance including thoughts about rape. This group
consisted of men who often knew their victim and committed
the rape in the course of another crime. Several of these
offenders also had a history of substance abuse. In another
study, one cluster had elevations on the Pd, Mf, Sc, and Ma
scales which indicates that these men may be highly
aggressive and impulsive (Kalichman et al., 1992). This
last subgroup was highly similar to a profile subgroup of
rapists investigated by Kalichman (1990) and showed
indications of poor sexual adjustment.

Hypochondriasis-Hysteria (Hs-Hy) is another elevation
pair that occurred in combination with several other
elevated scales (Duthie and McIvor, 1990; Hall et al., 1991;
Shealy et al., 1991). Duthie and McIvor (1990) had a
cluster of offenders with elevations on Hs, Hy, Pd, Pt, and
Sc and was described as the "Characterological Suspicious

Type." Shealy et al. (1991) found a cluster which had elevations on Hs, D, Hy, and a peak elevation on Pa. This group was characterized as resentful of others and suspicious with lower levels of psychological and sexual disturbance.

Finally, several studies found clusters with many elevated clinical scales (Shealy et al., 1991; Kalichman, 1990; Kalichman & Henderson, 1991; Kalichman et al. 1992; Hall et al., 1991). Shealy et al.'s (1991) cluster with the most psychopathological profile had elevations on seven of the ten clinical scales. This group was described as anxious, angry, and lower in intelligence level than the other groups. Kalichman (1990) had one cluster with elevations on scales D, Pd, Pa, Pt, Sc, and Ma. This group was described as the "sadist, anger sex diffusion" rapist. Kalichman & Henderson (1991) had three clusters with multiple scale elevations. These groups were described as highly emotionally disturbed, depressed, shy, introverted, and having a negative self concept. Two of Kalichman et al.'s (1992) clusters had profiles with multiple scale elevations indicative of severe psychological disturbance. One group had elevations on the D, Pd, Mf, Pa, Pt, Sc, and Social Introversion (Si) scales. This group reported the most sexually deviant behavior and high levels of psychological distress. Hall et al. (1991) found three homogeneous clusters with multiple two-point code types.

One group exhibited two point elevations on the following scales: <u>Pd-Ma/Ma-Pd</u>, <u>D-Pd/Pd-D</u>, <u>Pa-Ma/Ma-Pa</u>, and <u>Pd-Pa/Pa-Pd</u>. Another group had two point elevations on the following scales: <u>D-Pd/Pd-D</u>, and <u>Pd-Pt/Pt-Pd</u>. A third group exhibited two point elevations on the <u>Pd-Sc/Sc-Pd</u> scales. Hall et al. concluded that they were unable to distinguish between the different types of offenders (sexual, non-sexual, child sexual and non-sexual) since each offender type was represented in each cluster.

The studies cited here support the observed heterogeneity of sex offenders, but failed to distinguish rapists, child molesters, and incest offenders from one another among the personality dimensions measured by the MMPI. Differences were observed, however, between incarcerated and non-incarcerated offenders. Kalichman and Henderson (1991) stated that their subgroups were different from those found in incarcerated populations in that the latter tend to be more sociopathic. The child molesters in their sample appeared to be more emotionally distressed and neurotic. Unlike other studies that question the validity of the MMPI in distinguishing between offenders (Hall, Maiuro, Vitaliano, & Proctor, 1986; Hall, 1989), Kalichman and Henderson (1991) concluded that the MMPI is a valid measure in making fine discriminations between incarcerated and non-incarcerated offenders and within sex offender types.

The lack of significant findings indicating differences between offender types could be due to methodological problems in utilizing cluster analyses. The group profiles resulting from the cluster analytic studies give an overall picture of the personality of sex offenders, but may be somewhat difficult to interpret. Profiles give aggregate information about each sex offender group which tends to obscure individual differences between the profiles. The aggregate pattern is useful in describing overall characteristic patterns in MMPI scale elevations, however, Kalichman (1990) discovered that not all the members in a particular cluster exhibited the overall pattern. This problem could be due to the heterogeneity within the sex offender population and the limited interpretability of mean MMPI profiles (Butcher & Tellegen, 1978).

Another drawback in using cluster analytic techniques is related to the nature of the MMPI scales. Each MMPI scale consists of varying numbers of items, therefore the data need to be standardized to avoid weighting the scales. The item overlap between the MMPI scales also poses problems and can result in weighting the scales in the analysis. Many researchers follow-up their cluster analyses with ANOVAS or MANOVAS. These procedures are not really appropriate since groups in the analyses were not defined a priori. Also, the variables tested are identical to those used to create the groups originally. This violates the

basic assumption of random assignment to groups inherent in the above analyses (Milligan & Cooper, 1987).

Although Ward's method provides the best overall recovery of underlying cluster structures according to research, this procedure does have one drawback. Since most clusters in the sex offender literature are unequal, complete link and group average methods would be more useful in recovering underlying cluster structures than Ward's method (Milligan & Cooper, 1987).

In contrast to cluster analytic studies, bivariate analyses compare sex offenders on high point clinical scale pairs of the MMPI thus giving a more specific picture of an offender's personality than cluster analyses.

<div align="center">Bivariate Analyses</div>

The most common two-point code types found in the sex offender MMPI bivariate literature are Pd-Sc/Sc-Pd, Pd-D/D-Pd, Pd-Ma/Ma-Pd and Pd-Mf/Mf-Pd (Hall et al., 1986; Erickson, Luxenberg, Walbek, & Seely, 1987). The code types generated by these studies were consistent with previous research findings (Rader, 1977; Armentrout & Hauer, 1978; Panton, 1978). Hall et al.'s (1986) multivariate analyses of variance calculated these code types and concluded that no one two-point code type was associated with any particular offense. The authors studied the MMPI's of hospitalized child molesters in order to discriminate between the men based on their offense characteristics.

Victim age was among the variables examined. They concluded that an inverse relationship may exist between the age of the victim and the level of the offender's disturbance; however, the relationship was not significant. The criteria for inclusion in the study were valid MMPI profiles, offending victims under age 18, having no psychotic psychiatric diagnosis, and having a Shipley's IQ of 95 or above. The latter two criteria in particular may bias the sample. Another possible problem with the study is the way in which the authors grouped their subjects. Men who committed violent and non-violent offenses were classified as violent. Men who raped and committed less severe offenses were classified as rapists. Finally, men who committed incestual and non-incestual offenses were classified as non-incestual. The way in which subjects were grouped makes it difficult to distinguish between the different offender types.

Erickson et al. (1987) found four similar two-point pairs as Hall et al. (1986) as well as a profile within normal limits and two other profiles characterized by the following two-point elevations: Pd-Hy/Hy-Pd and Pd-Pt/Pt-Pd. The authors studied 568 convicted sex offenders who were receiving psychiatric evaluations prior to sentencing. Offenses included rape, incest, and child molestation. More than 50% of the offenders were substance abusers. The results indicated that 19% of the profiles were within

normal limits. The Pd scale was peaked in 59% of the profiles; the Sc in 28%; and the Ma in 13% of the profiles. The Mf scale was peaked in 16% of the profiles often occurring with an elevated Pd scale. Offenders with peaked Pd-Sc/Sc-Pd were described as impulsive, had problems with authority, and often engaged in sexual acting out behaviors. Offenders against women and children also often displayed Pd-D/D-Pd, Pd-Mf/Mf-Pd, Pd-Sc/Sc-Pd, and Pd-Ma/Ma-Pd high point pair profiles. Offenders against women more often had Pd-Ma/Ma-Pd profiles while offenders against children more often had Pd-D/D-Pd profiles. The mean 2-point code type for all child molesters was the Pd-D, however there were differences for the incest group. Men with the Pd-D profile were described as dependent, impulsive, and socially uncomfortable. Nearly thirteen percent of the biological fathers had Pd-Hy code types while 11.1% of the non-biological fathers had Pd-Pt/Pt-Pd profiles. Men with the Pd-Hy profile were described as passive-aggressive, angry, and exhibiting overcontrolled hostility. Men with the Pd-Pt/Pt-Pd profile were described as insensitive with a tendency to brood and act out. The Pd-D/D-Pd and Pd-Sc/Sc-Pd profiles were more often associated with child molesters outside of the victim's family. There were no significant differences between molesters of female versus male children. Recidivism rates were also higher among the child molesters. Overall, the Pd-Sc and Pd-Ma profiles were

common for rapists while Pd-D profiles were more common for child molesters. The Mf scale was often elevated for homosexual offenders indicating possible gender identity confusion for these men. Previous researchers have found similar profiles (Rader, 1977; Armentrout and Hauer, 1978; Panton, 1978). Overall, sex offenders had more elevated Pd-Sc scales than other non-sexual offending prisoners. This research lends support to the heterogeneity of the sex offender population, however no specific profiles were found that distinguish one group of offenders from another. Although the above profiles were common for certain offenders, they were not exclusive for those offenders.

Bivariate analyses provide two-point code types that are easier to interpret and give more specific information than the group mean profiles provided by cluster analytic studies. The bivariate studies, however, have not revealed two-point code types that are specific and exclusive to certain sex offenses. Again, the lack of significant findings could be due to methodological problems in the studies. Relying on two-point code types has its limitations. First, some information about the offenders is lost when a profile is described by a code type. Simply because a group has a mean Pd-Sc code type does not mean that each offender in that group fits that pattern. Kalichman (1990) found results to support this conclusion. Another problem is that many linear and non-linear

relationships may exist between several MMPI scales, however, bivariate analyses do not reveal the nature of these relationships (Butcher & Tellegen, 1978). Univariate analyses, in contrast, compare groups of offenders on MMPI clinical scales taken one at a time. This procedure may provide more specific information from which to distinguish types of offenders.

Univariate Analyses

In the univariate studies reviewed here, several elevations occurred across offender groups. Sc and Pd were the most common scale elevations occurring in nine out of nine and seven out of nine studies respectively. Armentrout and Hauer (1978) found that adult rapists had peak elevations on Sc and Pd, child rapists a primed (>70) Pd-Sc with lower Sc scales than non-rape offenders, and non-rape offenders a Pd primed profile with low Sc scales. The only significant difference occurred between adult rapists and non-rape offenders on the Sc scale. The elevation on the Sc scale was interpreted as indicating a higher level of disturbance, especially hostility and interpersonal alienation. The authors had compared MMPI's of adult female rapists, female child rapists, and non-violent sexual criminals (crimes against women) who were receiving patient evaluation or treatment at a mental health facility. The non-rape crimes included voyeurism, exhibitionism, incest, and fetishism. They hypothesized that if rape was really

more of an aggressive crime than a sexual crime, rapists should appear more hostile and aggressive than non-rape offenders.   Within the rapist group, they expected adult rapists to be more aggressive than child rapists since raping an adult would be more physically challenging.   The results supported the hypothesis that adult rape is more hostile and aggressive than child rape, and that rape in general is more aggressive and violent than non-rape offenses.   The results were consistent with previous research (Swenson & Grimes, 1958; Panton, 1958, 1978; Rader, 1977).

Pd and Sc were also elevated in combination with D and Pt in three of nine studies reviewed here (Panton, 1958; Swenson & Grimes, 1958; Quinsey, Arnold, & Pruesse, 1980). Panton (1958) studied the MMPI profiles for six different criminal groups which included rapists and sexual non-rape offenders.   Panton hypothesized that a prison population was more deviant than the general population.   He was also looking for characteristic profiles for each criminal group. Panton's non-rape ("sexually perverse") offense group was the most deviant.   Overall, this prison population was more deviant than the general population with a mean profile characterized by elevations on the Pd, Sc, D, and Pt scales, a pattern which was strikingly similar to Swenson and Grimes' (1958) sex offender profile in which a heterogeneous group of offenders, also had a group mean profile

characterized by elevations on the Pd, Sc, D, and Pt scales. However, no characteristic profiles were found for the individual criminal groups, including sexual offenders.

Quinsey, Arnold, and Pruesse (1980) compared six classes of criminals with a univariate analysis on the Pd and Overcontrolled Hostility (O-H) scales of the MMPI. The six classes were grouped into four categories: rape, non-violent sexual, non-sexual violent, and non-violent/non-sexual. A discriminant analysis was performed for murderers, rapists and child molesters, and arsonists and property offenders. No significant differences were found between groups on the Pd or O-H scales of the MMPI. When the groups were compared on all scales of the MMPI, several had elevations on D, Pd, Pt, and Sc, however, the differences between the groups were not significant. In fact, the authors were surprised by how similar the groups were. The mean clinical scales indicated that the sample, overall, was very psychiatrically disturbed, but there were no profiles that distinguished one group from another.

Elevations on Pd and Sc also occurred in combination with elevations on Pa and Ma (Carroll & Fuller, 1971; Panton, 1978). Carroll and Fuller (1971) performed a study comparing three groups of prisoners who were grouped as non-violent, violent, and sexual offending, classified on the basis of criminal behavior. The study found that all

three groups differed significantly on six scales ($\underline{F}$, Correction ($\underline{K}$), $\underline{Pd}$, $\underline{Pa}$, $\underline{Sc}$, and $\underline{Ma}$). When age was controlled in the analysis, all three groups still differed on the $\underline{F}$, $\underline{Sc}$, and $\underline{Ma}$ scales. The non-violent and sexually violent groups were significantly different from each other on all scales. However, the violent and sexually violent groups were not significantly different from each other. Although the three groups differed on individual scales, their overall profiles did not distinguish one group from another. In other words, only differences in elevations of the scales existed not in the overall pattern of the profiles.

Panton (1978) compared the MMPI scales of men who were in prison for having raped an adult or child or who nonviolently sexually molested a female child. Subjects included 149 adult rapists, 20 child rapists, and 28 child molesters whose records were on file with a North Carolina maximum security prison. These men either raped a female adult age 18 or older, raped a female child age 12 or younger, or nonviolently molested a female child age 12 or younger. The mean age of offenders was 28 and the mean number of years of education was 9. Panton hypothesized that rapists would be more hostile and aggressive than non-rape offenders. He found no significant differences between the rapist groups, however they scored higher on scales $\underline{Pa}$, $\underline{Sc}$, and $\underline{Ma}$ than non-violent child molesters. The

rapists presented profiles which were Pd-Sc primed with significant Pa and Ma scale scores. This profile is indicative of characteristics such as social alienation, anger, hostility, acting out behavior, impulsivity, and self centeredness. The child molesters' code of Pd primed with elevated D, Hy, and Pt suggests an individual who is self alienated, anxious, and low in self esteem. Panton concluded that rapists were more hostile and violent. The rapists were more likely to report conflicts with authority and social alienation, but the child molesters were more likely to report self alienation and familial discord. Rapist profiles were also more indicative of aggressive hostility in an individual who would be likely to resort to violence in order to achieve his own ends. Child molesters, however, showed an aversion to violence and were more unlikely than rapists to resort to violence if they did not get what they wanted. Child molesters may be more psychologically manipulative of their victims than rapists who were more likely to use force with their victims. Panton also noted that since there were no significant differences between adult and child rapists, that the choice of victim depended on the victim's availability, not age. This is not consistent with others who have stated that there are significant differences between adult and child rapists (Hall et al., 1986; Bard, Carter, Cerce, Knight, Rosenberg, Schneider, 1987; Erickson, Luxenberg, Walbek, &

Seely, 1987; Finkelhor & Araji, 1986; Kalichman, 1991).

Two studies found significant differences between offender groups on several scales (Rader, 1977; Kalichman, 1991). Rader's (1977) study compared the MMPI's of three groups which were also differentiated by type of crime. The "sex" group consisted of men convicted of indecent exposure. The "assault" group consisted of men convicted of crimes involving nonsexual physical violence. The third group consisted of rapists whose crime was considered to be a combination of sexual and physical violence. The rape victims were age 15 and older. Rader hypothesized that the rapists would be more disturbed than the other two groups especially the exposer group since rape is considered a more "active" crime. Rader also hypothesized that the sex offending groups would be more psychologically disturbed than the assault group. Based on the biographical data of the sample, the only significant difference was between rapists and assaulters in age, with non-sexual assaulters being older. With respect to the MMPI, rapists scored higher than exposers on the $\underline{F}$, $\underline{Hs}$, $\underline{D}$, $\underline{Hy}$, $\underline{Pd}$, $\underline{Pa}$, and $\underline{Sc}$ scales. Rapists scored higher than assaulters on the $\underline{Pd}$, $\underline{Pt}$, and $\underline{Sc}$ scales. Contrary to expectations, there were no significant differences between the exposers and nonsexual assaulters. In assessing 2-point scales, the assaulters were more likely to have $\underline{Pd-Ma}$ codes than either rapists or exposers. Rader (1977) also found that rapists who were

sentenced to prison had higher $\underline{Hs}$ scale scores than those placed on probation. Rapists more often exhibited $\underline{Pd-Hy}$ and $\underline{Pd-Sc}$ code types, however no characteristic code types were associated with rapists, assaulters, or exposers regardless of sentencing. Overall, the rapists were the most deviant and psychologically disturbed, irritable, hostile, angry, and slightly depressed.

Victim age has been the focus of certain studies attempting to identify differences between offenders who target different age groups. Using univariate analyses, Hall, Graham, and Shepherd (1991) compared offenders against adults versus offenders against children on each MMPI scale. This analysis revealed significant differences between the two types of offenders on scales $\underline{Hs}$, $\underline{Hy}$, and $\underline{Ma}$. After controlling for age of the offender, Hall et al. concluded that there were no significant differences between these groups.

Kalichman (1991) compared incarcerated sex offenders grouped on the basis of victim age: adult, adolescent and child using the MMPI measures of anxiety, anger, self esteem, and sexual deviance. The samples were not significantly different on age, criminal history information, educational level, or IQ. Tests of significance indicated differences on the anxiety, anger, and self esteem scales, and on the MMPI scales $\underline{F}$, $\underline{Hs}$, $\underline{Hy}$, $\underline{Pa}$, $\underline{Pt}$, $\underline{Sc}$, and $\underline{Si}$. Offenders of children scored higher on

the Hs, Hy, Pt, Sc, and Si scales than offenders of adults.
The results suggested that offenders against younger victims
were more emotionally and psychopathologically disturbed.
Kalichman also stated that his results support Finkelhor and
Araji's (1986) hypothesis that there is a correspondence
between the personality of the sex offender and the
developmental period of his victim. Child offenders tend to
be more immature than adult offenders. The results are
consistent with previous research that described adult
offenders as antisocial, sociopathic, and defensive (Hall et
al., 1986; Bard et al., 1987; and Erickson et al., 1987).
The mean profiles in these studies were very similar, but
different in elevations illustrating the heterogeneity
within groups of sex offenders with respect to levels of
psychopathology, although not necessarily patterns. Duthie
and McIvor (1990) also studied offenders as a function of
victim age. They compared the MMPI clinical scales of 12
child molesters (age 11 and under) with 12 offenders of
adolescents (age 12 to 16) using a one tailed t-test.
Results indicated that the child molesters had more highly
elevated D, Mf, and Sc scales. Duthie and McIvor concluded
that the child molesters were more depressed and exhibited
more sexual orientation confusion. The results of this
study should be evaluated carefully since a two-tailed
t-test may not have been significant.

Univariate analyses provide single scale elevations for

groups of offenders in an attempt to distinguish those groups. Thus far univariate analyses allow for the most specific and fine grained description of sex offenders, however elevations of clinical scales are not exclusive to particular sex offenses. There are some methodological problems with this research that may contribute to the lack of significant differences between offender types. Univariate analyses do not explain much of the variance between groups of offenders. Using t-tests to compare groups does not take into account the correlations that may exist between the scores on several of the MMPI scales. Sampling and grouping of subjects is also problematic. Many of these studies compared groups of mixed offender types. Inadequate grouping obscures true differences between the groups being compared. Finally, sample sizes should be adequate in order to make statements about the relationships being tested. Small, but significant correlations could be due simply to a large sample size and say little about the relationships under study.

Sampling Issues

Sampling difficulties pervade sex offender literature across all types of analyses making it impossible to distinguish accurately between different types of offenders. One problem is that several studies have small samples particularly of rapists (Swenson & Grimes, 1958; Panton, 1958; Carroll & Fuller, 1971; Rader, 1977; Armentrout &

Hauer, 1978; Anderson et al., 1979; Quinsey et al., 1980; Hall et al., 1991). Selection of subjects is a threat to the internal validity of several studies particularly with respect to the stage of criminal prosecution. The stage of criminal prosecution differs between subjects for these studies and is a problematic variable since presentence evaluations have an impact on where offenders are sent [and also affects response bias]. Several studies derive samples from pretrial or presentence populations (Rader, 1977; Armentrout & Hauer, 1978; Anderson et al., 1979; Quinsey et al., 1980; Erickson et al., 1987).

Another difficulty arises in the way authors group their subjects. Often rapists are mixed with other sex offenders making the comparison between offender groups impossible (Swenson & Grimes, 1958; Panton, 1958; Carroll & Fuller, 1971; Anderson et al., 1979; Erickson et al., 1987). Other factors that confuse this issue are the vagueness of legal charges and reduced sentences due to plea bargaining. Rapists, for example, may be charged with aggravated assault and therefore, are not grouped with other rapists. These heterogeneous samples are troublesome in light of studies which indicate that there are differences between offenders against adults and child sexual offenders (Hall et al., 1986; Bard, et al., 1987; Erickson et al., 1987; Kalichman, 1991). In trying to find profiles that distinguish sex offenders from one another, it is critical to keep groups as

homogeneous as possible. Homogeneity enables researchers to compare across groups and across samples.

Conclusions

There are three conclusions that can be drawn from the MMPI research on sex offenders. First, sex offenders are a highly heterogeneous population with respect to personality and psychopathology. Some of the variability between offender groups can be accounted for by type of offense, stage of prosecution, and age of the offender. The different levels of analysis reflect the heterogeneity in different ways. More research needs to be done in order to find methods and objective criteria that can be used to distinguish between offender types. Second, the results of current studies examining the differences between offenders as a function of victim age are quite mixed and limited by methodological problems. Some authors suggest that the MMPI cannot be used to distinguish between offender types (Hall et al., 1991). As a result, not much is known about the role of the victim's age in the sexual offending of children. Finally, the use of the MMPI clinical scales in sex offender literature is quite common, but analyses of clinical scales has been unsuccessful in attempts to distinguish between sex offenders. This does not necessarily mean that the MMPI is a useless measure in discriminating between offender types. It may be that the clinical scales themselves are not sensitive enough to the

discriminations that are desired between offender types.
Examining the clinical subscales may be a more useful way to
examine differences between offenders. The use of the
clinical subscales to describe differences between offenders
is virtually unknown in this literature. An examination of
clinical subscales may be able to provide more
discriminating information regarding the psychological
characteristics of sex offenders.

The rationale for the development of subscales was the
need to identify different endorsement patterns for
different individuals (Friedman, Webb, & Lewak, 1989). Two
sex offenders with the exact same T-score elevation on a
given scale may have endorsed different content areas of
scale items. Different endorsement patterns of items in a
clinical scale are thought to be indicative of particular
behaviors, thus having different implications for treatment.
Langevin, Wright, and Handy (1990) examined 125 subscales of
the MMPI (as defined by Dahlstrom, Welsh, and Dahlstrom,
1972) in order to assess the validity, reliability, internal
consistency, and convergent validity of these scales for use
with sex offenders. Eighty percent of the scales examined
were able to differentiate between sex offenders and control
subjects at levels better than chance. The results of the
study indicated that many subscales were highly internally
consistent and worthy of further study. The "sexual
deviation" scale discriminated between repeat and first time

offenders with the former scoring higher. Repeat offenders also scored higher on the "psychopathic manipulation," "resisting being told what to do," and "demandingness" subscales than first time offenders. These scales were described as having high internal consistency. Offenders who had an elevated "pedophilia" scale were more likely to be repeat offenders and to have problems related to drug and alcohol abuse. These results seem to indicate that the MMPI subscales are useful discriminators between sex offenders and control populations. Discriminating more specifically between different types of offenders would be even more useful in understanding the personality and psychopathology of offenders which then has implications for treatment.

A possible way to distinguish between sex offenders would be to perform a fine grained analysis of their MMPI characteristics by examining the subscale scores for each elevated clinical scale. Many studies consistently show that sex offenders peak on the Pd and Sc scales. A way to distinguish between the offenders would be to analyze the subscale scores for those clinical scales to evaluate the scale content contributing to the elevation of the full scale. If molesters of young children are truly different from molesters of adolescents then there may be differences in the way these two offender types endorse items that contribute to the overall elevation of a clinical scale.

The purpose of this study is to perform a fine grained analysis of the MMPI characteristics of sex offenders by examining the subscales of the elevated clinical scales in an offender population. This type of analysis is expected to reveal differences in the way offender types respond to items of the subscales which then contribute to the overall elevation of the clinical scale. My hypothesis is that offenders against children will endorse different subscales than offenders against adolescents. This hypothesis is based on several theories which attempt to describe the psychological characteristics of child molesters and explain differences in their personalities and levels of psychopathology. Groth and Birnbaum (1978) described child molesters as either the "fixated" type or "regressed." They describe fixation as the "temporary or permanent arrestment of psychological maturation from unresolved formative issues which persist and underlie the organization of subsequent phases of development" (p. 176). Regression is described as the "temporary or permanent appearance of primitive behavior after more mature forms of expression had been attained regardless of whether the immature behavior was actually manifested earlier in the individual's development" (p. 177). Groth and Birnbaum (1978) stated that there is evidence of a unique underlying psychological dynamic for these two types of offenders. The fixated type tends to offend males more so than females while just the opposite is

true for the regressed type. This suggests that a possible identification with the victim had occurred. In the Groth and Birnbaum (1978) study, however, both types of offenders, offended against victims under the age of 12.

Unlike Groth and Birnbaum (1978), Pacht and Cowden (1974) found discrepancies between offenders of younger versus older victims. They distinguish between "sexually deviated" men (SD's) and "criminal code" type men (CC's). SD's are considered to be sexually psychopathological with potential for effective psychotherapy whereas CC's are not. SD's seem to correspond to the current description of child molesters who offend against prepubescent children in that they tend to be older, have a closer and longer relationships to their victims, have problems in relating socially to other adults, and have "an interest in provoking a positive response from their victims" (p. 18). The CC's seem more similar to current descriptions of offenders of adolescents or older victims in that they are more aggressive, show little interest or concern for the response of the victim, and tend to focus on seeking sexual gratification.

The results of several other studies also indicate significant differences between sex offenders as a function of victim age (Bard et al., 1987; Erickson et al., 1987; Hall et al., 1986, 1991). Kalichman's (1991) study attempted to describe the differences between child

molesters based on victim age. He concluded that child
molesters of prepubescent children show "higher levels of
cognitive disturbance, psychotic thinking, social alienation
and inadequacy, and lower levels of self esteem" (p. 192).
Kalichman (1991) discovered that the scores for sex
offenders against adolescents fell between those of
offenders of adults and offenders of children on affective
measures suggesting a developmental sequence. These studies
are consistent with Finkelhor and Araji's (1986) four factor
[developmental] model which attempts to explain how sex
offenders may develop sexual interests in children and how
those interests are then transformed into behavior. Part of
this model suggests an emotional congruence between the
adult sex offender and his victim. This model is based on
Groth and Burgess' (1979) theory that pedophiles have
"arrested development" at a stage in which the person's
experience and emotional needs match those of a child. Sex
offenders thus molest children as a way of relating to them.
In line with this theory, it may be possible that offenders
against adolescents (also referred to as hebephiles, Money,
1988) have developmentally arrested at a later stage and
thus have the emotional needs of an adolescent as well as
the need to relate to adolescents.

Hypotheses

The hypotheses for this study are rationally
formulated, grounded in Finkelhor and Araji's (1986) theory,

and supported by previous research on sex offenders, adolescent sex offenders, and childhood psychosis. If there truly is an emotional congruence between sex offenders and their respective victims, then the pathological symptoms of sex offenders should be similar to the pathological symptoms of children with a psychosis or of adolescents who sexually offend. Given descriptions from previous research (Pacht & Cowden, 1974; Groth & Birnbaum, 1978; Kalichman, 1991), I expect both pedophiles and hebephiles to have highly elevated MMPI clinical scales. MMPI subscale scores are expected to show that pedophiles and hebephiles are depressed, socially introverted, paranoid, and psychotic. I expect pedophiles and hebephiles to have highly elevated $\underline{D}$, $\underline{Pd}$, $\underline{Mf}$, $\underline{Pa}$, and $\underline{Sc}$ scales which is consistent with previous research (Kalichman, 1991). The focus of my hypotheses is on these scales since they are the most often elevated in offender populations. Based on Finkelhor and Araji's (1986) emotional congruence theory, I expect pedophiles and hebephiles to exhibit different endorsement patterns on the Harris and Lingoes and Serkownek clinical subscales.

Depression scale (D)

Overall I expect both pedophiles and hebephiles to have elevated $\underline{D}$ scale scores. I also expect both types of offenders to endorse several items on subscale D1 (Subjective Depression) which is indicative of pessimism, low self esteem, and lack of energy for coping with

problems. These characteristics are consistent with those listed in research on childhood psychosis (Hooper, Hynd, & Mattison, 1992) and adolescent offenders (Groth, 1977; Davis & Leitenberg, 1987; Smith et al., 1987) which supports Finkelhor and Araji's (1986) emotional congruence theory. Smith, Monastersky, & Deisher (1987) described adolescent offenders as socially inhibited, expressing depressed affect, low in energy, and use repression and denial as defense mechanisms. If adult offenders of adolescents are emotionally congruent with sexually deviant adolescents, then I expect more item endorsement for subscales D2 (Psychomotor Retardation) and D3 (Physical Malfunctioning). D2 is indicative of social isolation an immobility while D3 indicates self preoccupation and somatic complaining. Pedophiles may endorse more items on D5 (Brooding) which is indicative of brooding, irritability, and ruminative behavior. These characteristics are consistent with Hooper et al.'s (1992) characteristics of childhood psychosis.

The psychopathic deviate scale (Pd)

The Pd scale is often elevated in criminal populations including those of child molesters. In Kalichman's (1991) study, it is not surprising that the PD scale is highly elevated for both types of molesters discussed here. In looking at the characteristics of Pd's subscales, however, there may be subtle ways in which to distinguish between pedophiles and hebephiles. I expect pedophiles to endorse

more items on the Pd4a (Social Alienation) subscale which is indicative of characteristics consistent with the literature such as feelings of isolation from others, the tendency to blame the victim more for the molestation, the inability to achieve satisfaction in adult relationships, and thought disturbance as indicated by the concept of self alienation. I expect hebephiles to endorse more items on the Pd1 (Familial Discord), Pd2 (Authority Conflict), and Pd3 (Social Imperturbability) subscales which indicate characteristics such as authority conflict, struggle against parental control, and denial of dependency needs. This is consistent with Groth (1977) who stated that adolescent sex offenders often come from unstable families with histories of violence and physical abuse.

The masculinity/femininity scale (Mf)

For the Mf Serkownek subscales, I expect greater item endorsement for pedophiles on Mf1 (Narcissism - Hypersensitivity) which indicates emotional hypersensitivity and extreme worry. This is consistent with descriptions of children with psychotic diagnoses (Hooper et al., 1992). I also expect more item endorsement for pedophiles on Mf2 (Stereotypic Feminine Interests) which indicates feminine interests. The former qualities are consistent with descriptions given by Groth and Birnbaum (1978) in which the fixated type offenders stated that they were more attracted to young boys because of their feminine features and lack of

secondary sexual characteristics.

<u>The paranoia scale (Pa)</u>

I expect pedophiles and hebephiles to be paranoid. The pedophiles are expected to endorse more items on subscale Pa1 (Persecutory Ideas) which indicates an externalization of blame for problems and projecting responsibility for negative feelings on others on the part of pedophiles. I expect pedophiles to endorse more items on Pa2 (Poignancy) which indicates narcissistic and emotionally sensitive characteristics. These qualities are consistent with research that described children with a psychosis as "sensitive" (Hooper et al. 1992). This description is also consistent with Finkelhor and Araji's (1986) theory factor called "blockage" which helps explain why certain male adults cannot get their emotional and sexual needs met by other adults. They can be described as "timid, unassertive, and inadequate" (Finkelhor & Araji, p. 153). The childlike characteristics described above actually "block" the offender from engaging in adult sexual and social interactions.

I expect hebephiles to endorse more items on Pa3 (Naivete) which indicates a rather naive and overly trusting personality type. These qualities are consistent with the Smith et al. (1987) study that described hebephiles as "socially and sexually naive with a tendency to deny difficulties" (p. 422).

The schizophrenia scale (Sc)

Psychoticism is another quality that is expected to be more prevalent in the offenders of young children versus adolescents (Pacht & Cowden, 1974; Levin & Stava, 1987; and Kalichman, 1991). However, I expect to find the Sc scale elevated for pedophiles and hebephiles. With respect to clinical subscales, I expect pedophiles to endorse more items on the Sc1a (Social Alienation) subscale which indicates that the person has difficulty in social situations and developing appropriate sexual and emotional relationships with other adults. These characteristics are consistent with childhood psychosis research that described disturbed children as having "gross and sustained impairment of emotional relationships with other people" (Hooper et al., 1992, p. 27). I also expect more item endorsement for pedophiles on the Sc1b (Emotional Alienation), Sc2a (Lack of Ego Mastery-Cognitive), and Sc3 (Bizarre Sensory Experiences) subscales which are indicative of severe thought disturbance. Disturbed children were described as having abnormal perceptual experiences, feelings of depersonalization, and high levels of anxiety (Hooper et al., 1992). These characteristics are also supported by Groth and Birnbaum's (1978) study in which child molesters endorsed more items indicative of permissive beliefs and attitudes about sexual contact with children. I expect offenders of children to endorse more items on the Sc2c

(Lack of Ego Mastery-Defective Inhibition) subscale which indicates lack of impulse control and control over thoughts, emotions, sensations, and motor activities. All characteristics are consistent with Finkelhor and Araji's (1986) theory factor called "disinhibition" which refers to an individual's impulse disorder and indications of psychosis or severe thought disturbance. This type of person does not appear to be in touch with his emotions and lacks control over his impulses and internal perceptions and sensations. These characteristics are also consistent with those children who have psychotic diagnoses (Hooper et al., 1992).

With respect to hebephiles, I expect more item endorsement for the Sc2b (Lack of Ego Mastery Conative) subscale which indicates abulia, inertia, massive inhibition, and regression which is consistent with previous research that describes offenders of older victims as "regressed" (Groth & Burgess, 1979). This conclusion is also consistent with research that describes adolescent sex offenders as feeling inadequate and fearing rejection (Groth, 1977) and socially inhibited (Smith et al., 1987). Table 1 summarizes the predicted direction of scores for pedophiles and hebephiles for each clinical subscale.

Table 1 Hypotheses for Clinical Subscales (P=pedophile;
          H=hebephile)

Subscales	Description	Prediction
D1	Pessimism; Low self Esteem; Lack of energy	P=H
D2	Social isolation; Immobility	P<H
D3	Self Preoccupation; Somatic complaining	P<H
D4	Unresponsive; Lacks confidence in cognitions	P=H
D5	Brooding; Irritability; Rumination	P>H
Pd1	Family conflict	P<H
Pd2	Unconventional	P<H
Pd3	Denial of social anxiety and dependency needs	P<H
Pd4a	Isolated; Other blaming; Poor social relations	P>H
Pd4b	Self alienation; despondency	P>H
Mf1	Emotional hypersensitivity	P>H
Mf2	Feminine interests	P>H
Pa1	Externalizes of blame; Projects responsibility	P>H
Pa2	Narcissism; Sensitivity	P>H
Pa3	Naivete; Overly trusting	P<H
Sc1a	Social ineptitude	P>H
Sc1b	Thought disturbance; Flat affect	P>H
Sc2a	Thought disturbance	P>H
Sc2b	Abulia; Inertia; Regression	P<H
Sc2c	Poor impulse and motor control	P>H
Sc3	Feelings of depression and estrangement	P>H

CHAPTER II

METHOD

Subjects

Subjects are 108 men receiving outpatient treatment at a Midwestern medical center. All subjects had committed at least one sexual offense against one or more children (boys or girls) aged 16 and younger. 68 men offended against children age 13 and under. 40 men offended against children age 14 and older. Data for 50 of the men who offended against girls under the age of 13 were drawn from the Kalichman et al. (1992) dataset.

Measures

The following measures were given to each subject. The MMPI (Group Form), is a well known and extensively used objective test to evaluate psychological characteristics and psychopathology. Profiles were screened for validity based on scale L (Lie Scale) or K elevated above a T-score of 70 and/or F scale elevated above a T-score of 90, and Graham's (1987) invalid profile configurations.

Statistical Analysis

There are two parts to my analysis. First, analyses of variance (ANOVAS) was performed on each of the clinical scales of the MMPI with the expectation that there would be no significant differences between pedophiles and hebephiles

on these scales. Second, multiple analyses of variance (MANOVAS) with within subjects factors were performed on the subscales for those clinical scales elevated above a T-score of 60 which is lower than the criterion recommended by Graham (1987). The rationale for choosing a criterion T-score of 60 is that the offender population under study consists of outpatients in treatment who are expected to have lower mean MMPI clinical scale scores. These scores, although lower, are clinically relevant and worth examining. The MANOVAS are expected to answer three questions. First, are the offender groups (pedophiles and hebephiles) different from one another with respect to their clinical subscale scores? Second, are the individual subscales different from one another? Finally, is there a group by scale interaction?

CHAPTER III

RESULTS

Prior to carrying out an analysis to examine the differences between pedophiles and hebephiles on MMPI scales, the demographic characteristics of these groups were studied. All subjects committed at least one offense against at least one child age 16 or younger. These subjects were further classified according to the age of their victim. Pedophiles were identified as men who offended children aged 13 and younger. Hebephiles offended adolescents age 14 and older. The total sample consisted of 68 pedophiles and 40 hebophiles. The mean age of all subjects was 38.8 years (SD=11.62), 94% were White, 45% were married, 25% were never married, 92% had at least a high school education, and 57.4% had incomes above $15,000. Hebephiles (mean age 41.88 years) were slightly older than pedophiles (mean age 37.09 years), F (1,106) = 4.41, p<.05. As predicted and consistent with previous research, there were no significant differences between pedophiles and hebephiles on any MMPI clinical scales. Figure 1 depicts the mean clinical scale T-scores for both offender groups. Tables 2 and 3 list the means and standard deviations for each offender group for the clinical scales and clinical subscales respectively. Table 4 lists the results of the

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ANOVAS for each clinical scale by offender group.

Figure 1 Clinical Scale T-scores by Offender Type
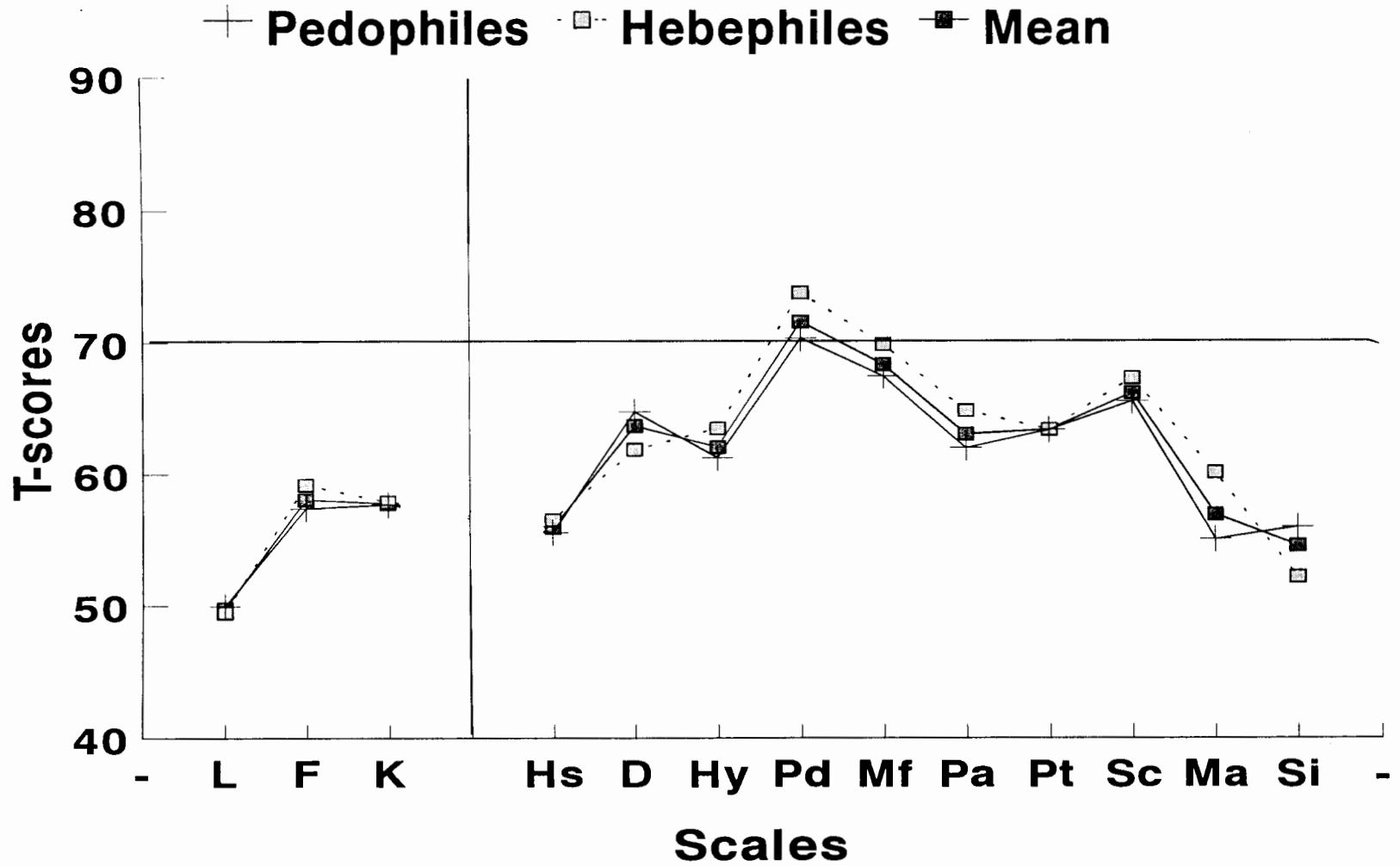
Table 2 <u>Clinical Scale Means and Standard Deviations by</u>

<u>Offender Type</u>

Scale	Pedophiles (n=68)	Hebophiles (n=40)
L (Lie)	49.97 (7.8)	49.4 (7.4)
F (Frequency)	57.41 (10.2)	59.20 (10.6)
K (Correction)	57.71 (10.6)	57.90 (10.4)
Hs (Hypochondriasis)	55.54 (12.4)	56.53 (14.1)
D (Depression)	64.76 (15.4)	61.88 (16.2)
Hy (Hysteria)	61.25 (8.1)	63.50 (9.9)
Pd (Psychopathic Deviate)	70.34 (12.3)	73.80 (14.2)
Mf (Masculinity\ Femininity)	67.47 (10.9)	69.88 (11.3)
Pa (Paranoia)	62.00 (9.8)	64.85 (11.9)
Pt (Psychasthenia)	63.38 (13.6)	63.40 (13.2)
Sc (Schizophrenia)	65.54 (14.8)	67.33 (17.1)
Ma (Hypomania)	55.04 (8.9)	60.13 (12.9)
Si (Social Introversion)	55.97 (13.4)	52.18 (11.2)

Table 3 <u>Means and Standard Deviations for Clinical</u>

<u>Subscales by Group</u>

Subscale	Pedophiles (n=68)	Hebophiles (n=40)
Subjective Depression	56.07 (16.9)	55.45 (16.6)
Psychomotor Retardation	58.04 (11.9)	55.68 (11.7)
Physical Malfunctioning	49.93 (8.8)	51.45 (10.5)
Mental Dullness	55.31 (16.4)	55.88 (15.6)
Brooding	55.04 (14.6)	53.10 (14.9)
Deny Social Anxiety	50.32 (11.8)	51.83 (10.3)
Need for Affection	60.96 (11.6)	61.88 (11.6)
Lassitude-Malaise	54.97 (13.2)	56.28 (14.8)
Somatic Complaints	48.76 (9.4)	48.98 (12.1)
Inhibition of Aggression	55.75 (9.5)	57.40 (8.9)
Familial Discord	54.88 (12.7)	56.03 (16.4)
Authority Conflict	60.16 (11.8)	65.03 (11.2)
Social Imperturbability	46.84 (11.9)	50.85 (10.2)
Social Alienation	55.87 (11.1)	57.90 (12.7)

Table 3 Continued

Self Alienation	57.25 (14.8)	57.20 (14.2)	
Narcissism-Hypersensitivity	63.41 (20.3)	68.83 (20.7)	
Feminine Interests	59.18 (14.9)	63.05 (16.6)	
Deny Masculine Interests	57.31 (13.1)	56.10 (14.8)	
Heterosexual Discomfort	48.66 (9.1)	50.03 (12.6)	
Introspective-Critical	54.87 (12.8)	52.33 (9.9)	
Socially Retiring	53.94 (12.2)	50.23 (13.1)	
Persecutory Ideas	53.62 (10.1)	55.43 (13.5)	
Poignancy	52.72 (11.9)	53.25 (11.1)	
Naivete	57.18 (10.7)	57.73 (9.8)	
Social Alienation	50.12 (13.9)	50.73 (16.1)	
Emotional Alienation	43.59 (14.4)	44.80 (13.0)	
Lack of Ego Mastery-COG	52.39 (14.5)	50.58 (15.8)	
Lack of Ego Mastery-CON	54.28 (16.4)	54.45 (14.9)	
Lack of Ego Mastery-DEFINH	50.29 (9.9)	50.90 (11.8)	
Bizarre Sensory Experiences	48.53 (8.9)	47.88 (12.9)	
Amorality	49.65 (7.9)	52.00 (9.1)	

Table 3 Continued

Psychomotor Acceleration	57.68 (14.0)	59.93 (15.7)
Imperturbable	48.97 (10.9)	50.75 (9.7)
Ego Inflation	49.75 (10.4)	54.30 (12.2)
Inferiority	58.13 (32.6)	51.80 (28.6)
Discomfort With Others	53.35 (17.2)	48.63 (14.3)
Staid-Personal Rigidity	53.78 (15.6)	48.03 (16.9)
Hypersensitive	50.25 (15.9)	49.50 (15.1)
Distrust	46.60 (16.2)	47.80 (16.4)
Physical-Somatic Concerns	57.76 (16.9)	55.38 (18.6)

Table 4 <u>Analyses of Variance for MMPI Clinical Scales</u>

Scale	Source	Df	SS	MS	F	p
L	Group	1	6.19	6.19	.106	.745
	Scale	106	6177.92	58.28		
F	Group	1	80.54	80.54	.749	.389
	Scale	106	11404.87	107.59		
K	Group	1	.9490	.9490	.008	.926
	Scale	106	11715.72	110.53		
Hs	Group	1	24.23	24.23	.142	.707
	Scale	106	18126.84	171.01		
D	Group	1	210.30	210.3	.853	.358
	Scale	106	26128.61	246.5		
Hy	Group	1	127.50	127.50	1.64	.203
	Scale	106	8228.75	77.63		
Pd	Group	1	301.80	301.80	1.77	.186
	Scale	106	18081.62	170.6		
Mf	Group	1	145.6	145.6	1.18	.280
	Scale	106	13077.32	123.37		
Pa	Group	1	204.60	204.60	1.81	.181
	Scale	106	11965.10	112.88		
Pt	Group	1	.0078	.0078	.000	.995
	Scale	106	19169.66	180.85		
Sc	Group	1	79.88	79.88	.325	.570
	Scale	106	26071.64	245.96		
Ma	Group	1	650.20	650.20	5.80	.018
	Scale	106	11889.24	112.16		
Si	Group	1	362.80	362.80	2.27	.135
	Scale	106	16959.72	159.99		

A within subjects factors by offender group MANOVA was performed to test for group effects on the subscales for those clinical scales which were elevated above 60. The clinical scales included in this analysis were $\underline{D}$ (Mean T-score=63.69 SD=15.69), $\underline{Hy}$ (Mean T-score=62.08, SD=8.84), $\underline{Pd}$ (Mean T-score=71.62, SD=13.12), $\underline{Mf}$ (Mean T-score=68.36, SD=11.12), $\underline{Pa}$ (Mean T-score=63.06, SD=10.66), and $\underline{Sc}$ (Mean T-score=66.20, SD=15.63). Results indicated no main effects for offender group on any set of subscales; pedophiles' T-scores were not significantly different from those of the hebephiles for any of the clinical subscales. Also, no offender group by subscale interactions were found. However, a main effect for subscales was found for each clinical scale examined: $\underline{D}$ subscales $F(4,424) = 8.15$, p< .001; $\underline{Hy}$ subscales $F(4,424) = 17.55$, P< .001; $\underline{Pd}$ subscales $F(4,424) = 17.70$, P< .001; $\underline{Mf}$ subscales $F(5,530) = 18.43$, p< .001; $\underline{Pa}$ subscales $F(2,212) = 3.79$, p< .05; $\underline{Sc}$ subscales $F(5,530) = 18.14$, p< .001. Table 5 depicts the main effects for clinical subscales of the above clinical scales. Figures 2 through 7 depict the mean T-scores for each subscale by offender group. Child molesters as a group scored higher on certain subscales relative to other subscales within a clinical scale. Follow-up paired t-tests were performed on subscale means under a modified Bonferroni criterion in order to detect differences between subscales within clinical scales. Table 6 lists the means, standard

deviations, t-scores, Bonferroni corrected p-values and effect sizes for those subscales which were significantly different from one another.
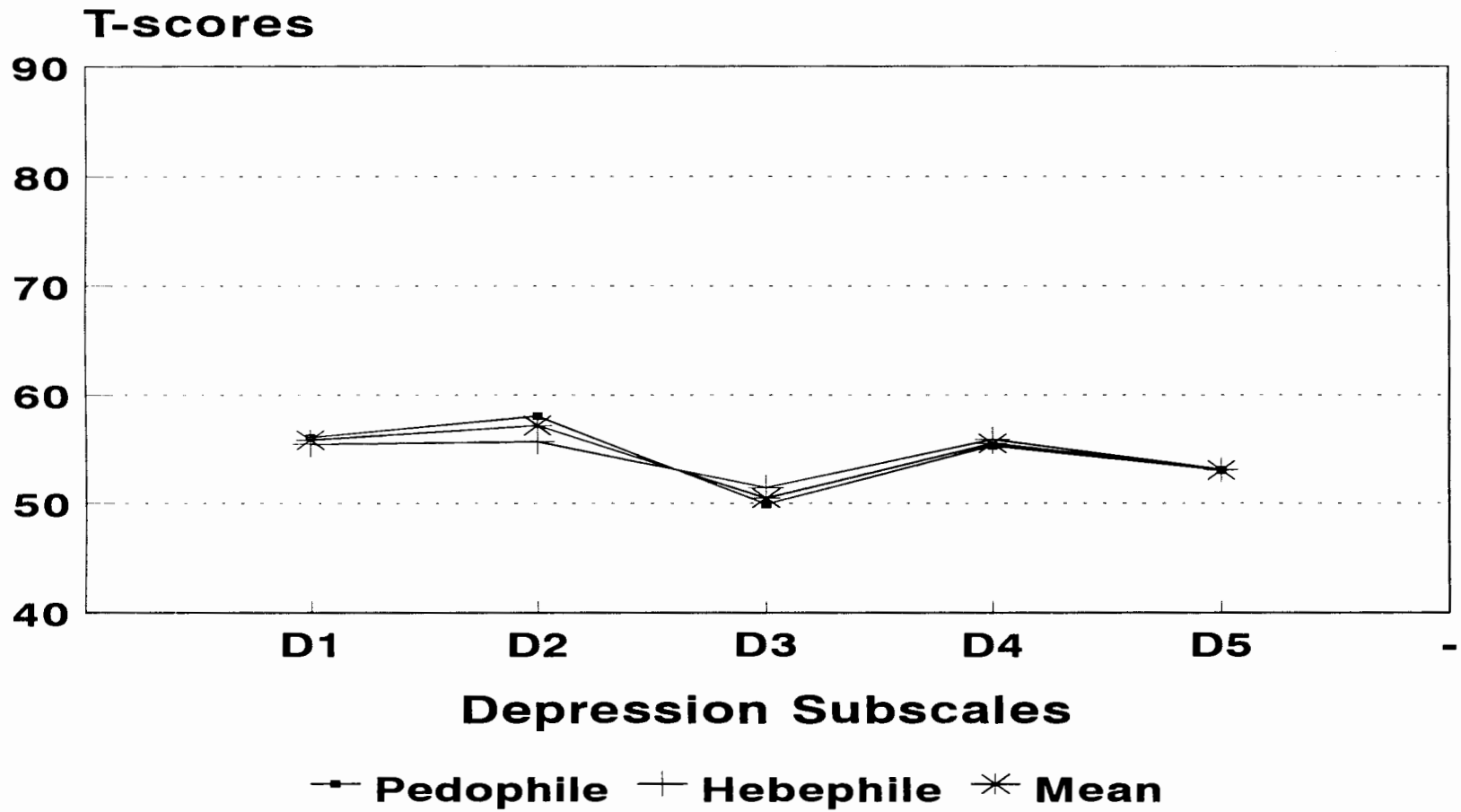
The results indicate that for the Depression scale, Harris and Lingoes subscales D2 and "Mental Dullness" (D4) contribute more to the overall elevation of $\underline{D}$ than does subscale D3. Subjects scoring at the mean of D3 score to the 73.2 percentile for D2 and the 64.8 percentile for D4.
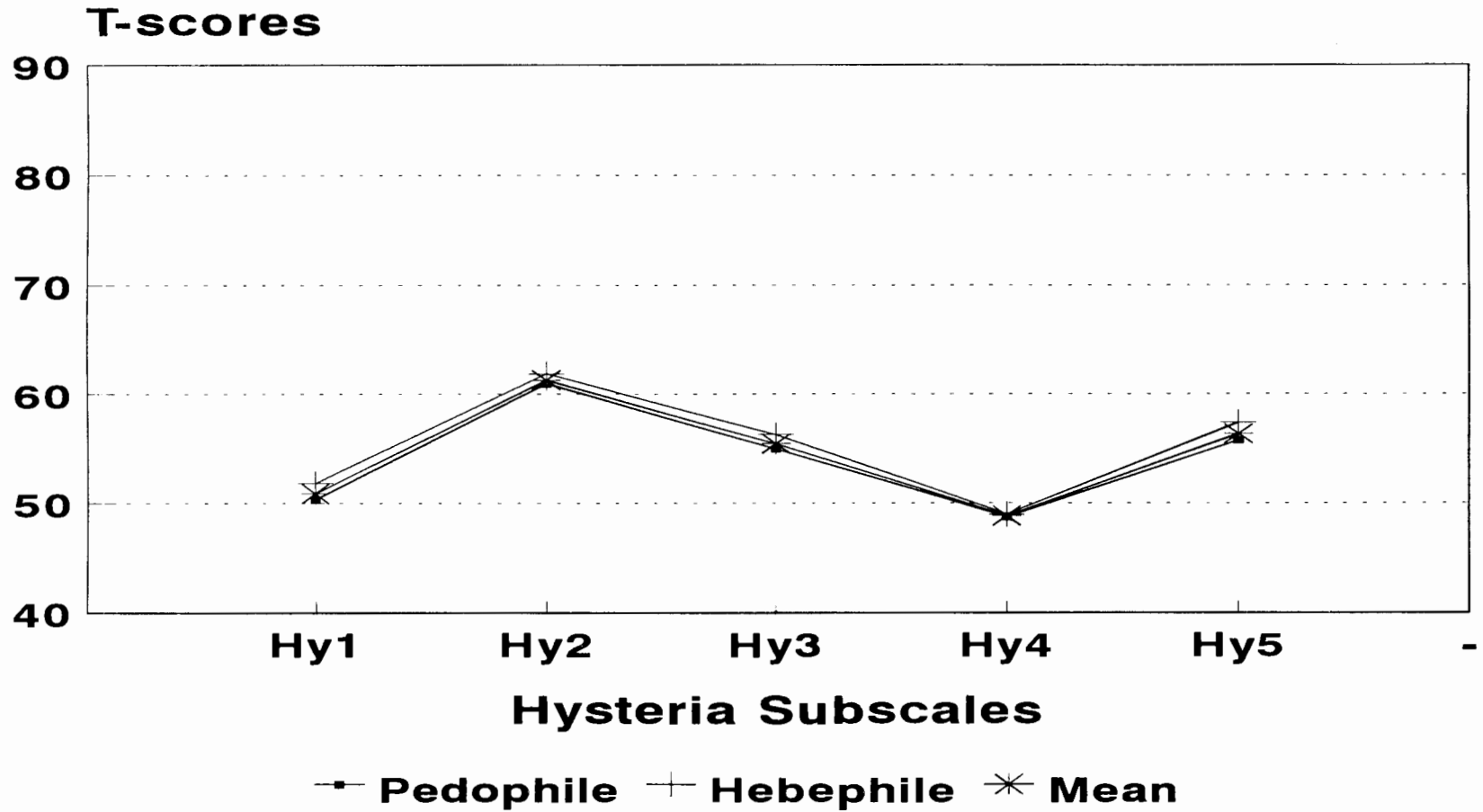
For the $\underline{Hy}$ scale, the Harris and Lingoes "Need for Affection" (Hy2) subscale accounted for most of the clinical scale elevation while "Somatic Complaints" (Hy4) accounted for the least. Effect sizes indicate that subjects scoring at the mean for subscales Hy1, Hy4, and "Inhibition of Aggression" (Hy5) scored to the 81.1, 87.0, and 68.0 percentiles for Hy2 respectively.

For the $\underline{Pd}$ scale, Harris and Lingoes subscale Pd3 contributes the least to the elevation of $\underline{Pd}$. Pd1, Pd2, Pd4a, and "Self Alienation" (Pd4b) contribute more to the $\underline{Pd}$ scale elevation than Pd3, however they are not significantly different from each other. Effect sizes indicate that subjects scoring at the mean of Pd3 score to the 70.5 percentile for Pd1 and to the 69.4 percentile for Pd2. Subscale Pd2 contributes more to the $\underline{Pd}$ scale elevation than Pd4a. Subjects scoring at the mean of Pd2 score to the 67.7 percentile for Pd4a.

Table 5 Main Effects for MMPI Clinical Scales

Scale	Source	Df	SS	MS	F	p
D	Subscale	4	2504.92	626.23	8.15	.000
	Group	1	3.61	3.61	.01	ns
	Subscale by Group	4	214.15	53.54	.70	ns
Hy	Subscale	4	9731.58	2432.89	17.55	.000
	Group	1	157.13	157.13	1.66	ns
	Subscale by Group	4	33.45	8.36	.06	ns
Pd	Subscale	4	9778.96	2444.74	17.70	.000
	Group	1	727.11	727.11	2.81	ns
	Subscale by Group	4	411.70	102.93	.75	ns
Mf	Subscale	5	19442.39	3888.48	18.43	.000
	Group	1	1476.85	1476.85	1.23	ns
	Subscale by Group	5	1667.62	333.52	1.58	ns
Pa	Subscale	2	1036.99	518.50	3.79	.024
	Group	1	69.89	69.89	.68	ns
	Subscale by Group	2	27.02	13.51	.10	ns
Sc	Subscale	5	5907.77	1181.55	18.14	.000
	Group	1	.06	.06	.00	ns
	Subscale by Group	5	150.59	30.12	.46	ns

Figure 2 Mean T-scores for D Subscales

Figure 3 Mean T-scores for Hy Subscales

T-scores

Hysteria Subscales

-•- Pedophile -+- Hebephile -*- Mean

Figure 4 Mean T-scores for Pd Subscales

T-scores

Psychopathic Deviate Subscales

─■─ Pedophile ─┼─ Hebephile ─✳─ Mean
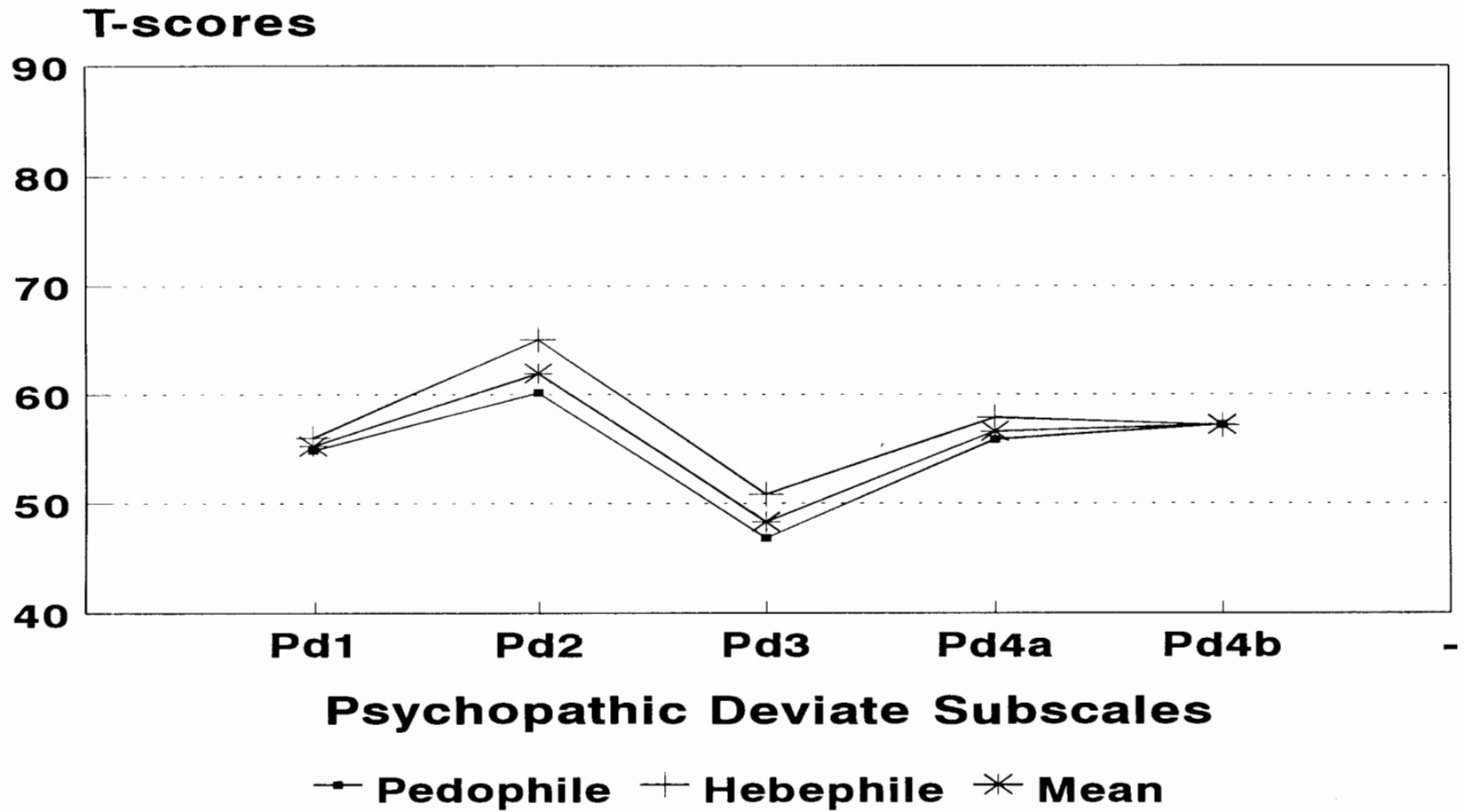
Figure 5 Mean T-scores for Mf Subscales

T-scores

Masculinity\Femininity Subscales

Pedophile + Hebephile * Mean
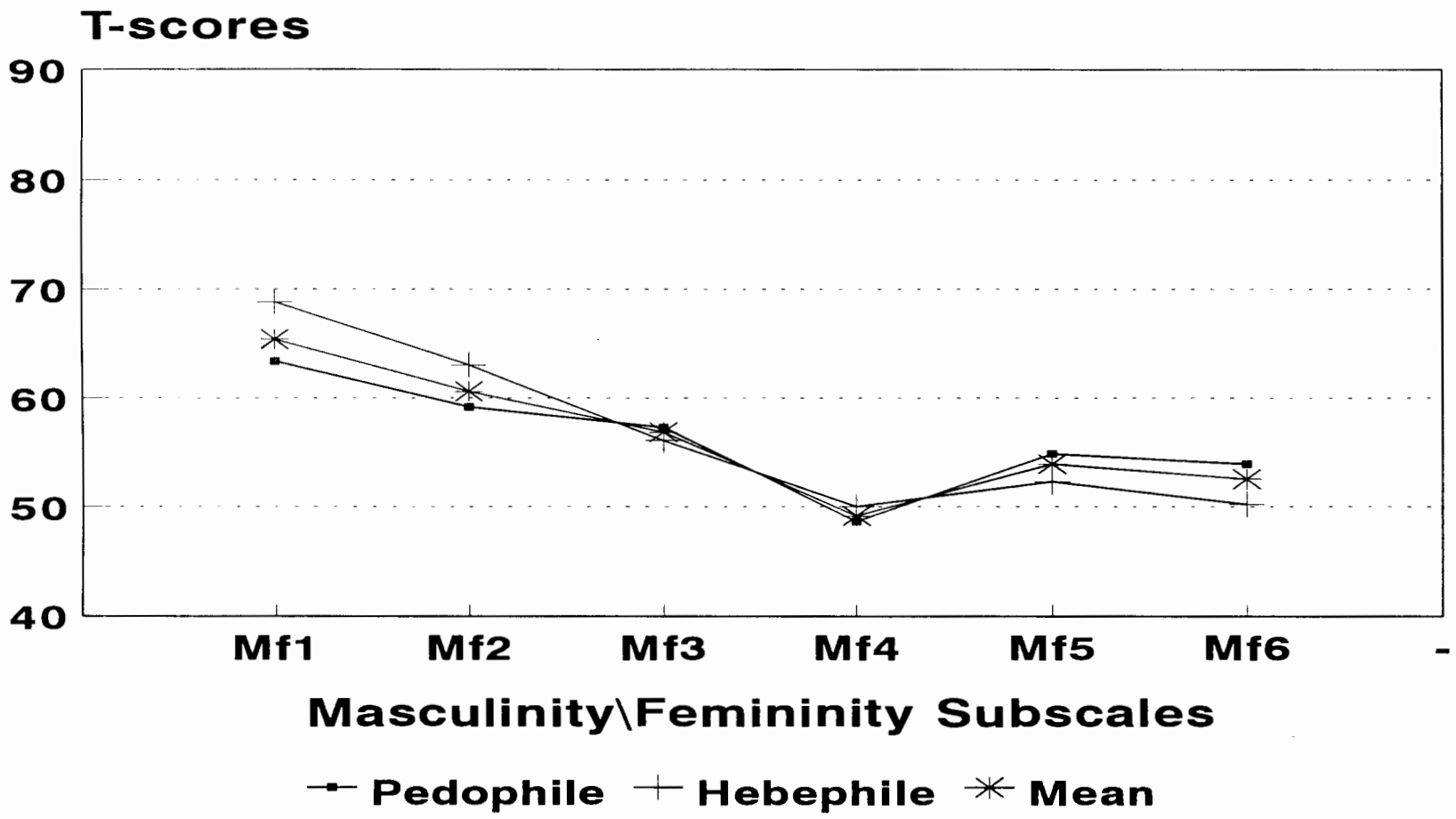
Figure 6 Mean T-scores for Pa Subscales
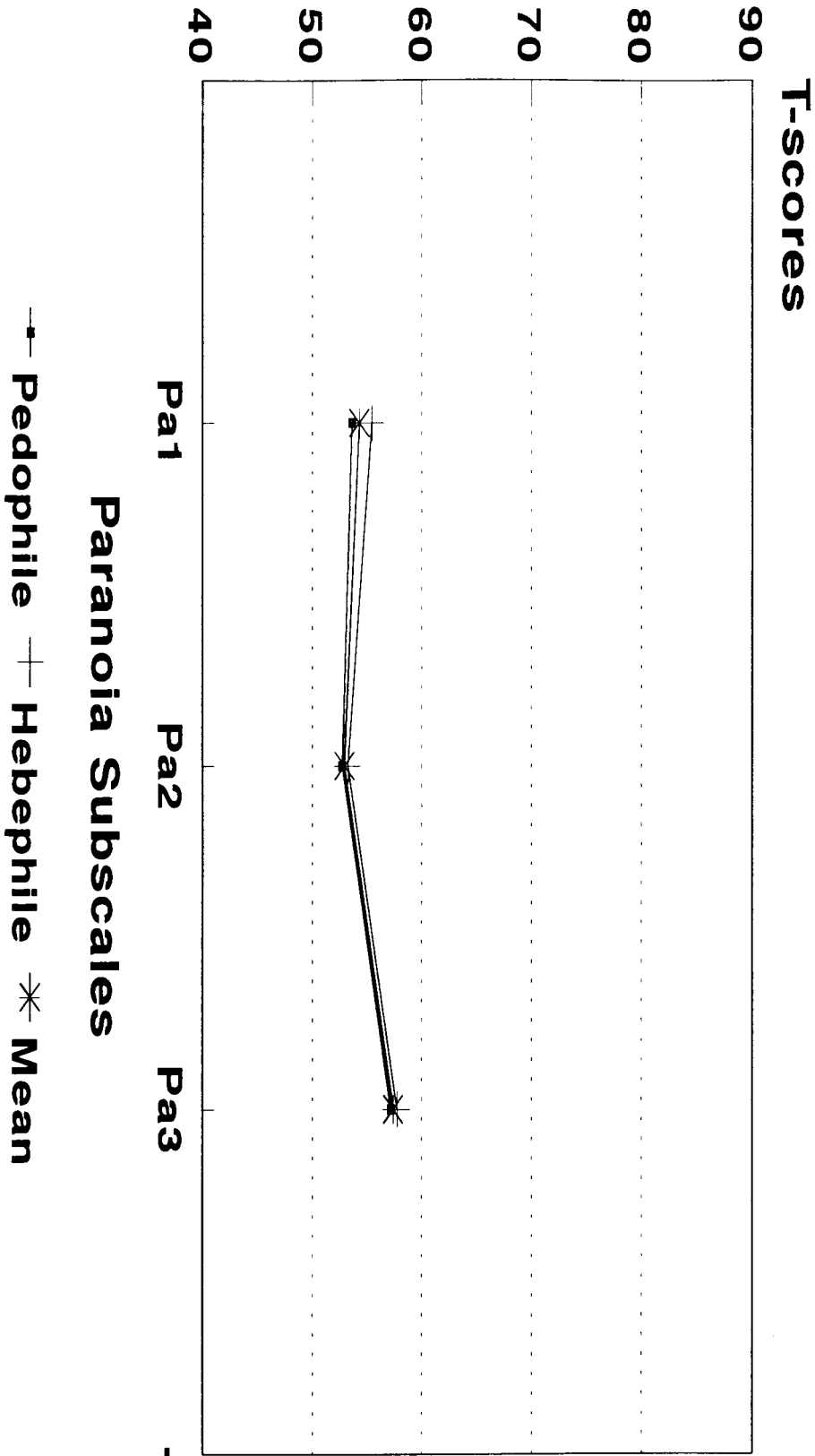
Figure 7 Mean T-scores for Sc Subscales

T-scores

Chart plotting T-scores (y-axis from 40 to 90) against Schizophrenia Subscales (x-axis: Sc1a, Sc1b, Sc2a, Sc2b, Sc2c, Sc3) for Pedophile, Hebephile, and Mean.

Schizophrenia Subscales

Legend: ■ Pedophile + Hebephile ✳ Mean
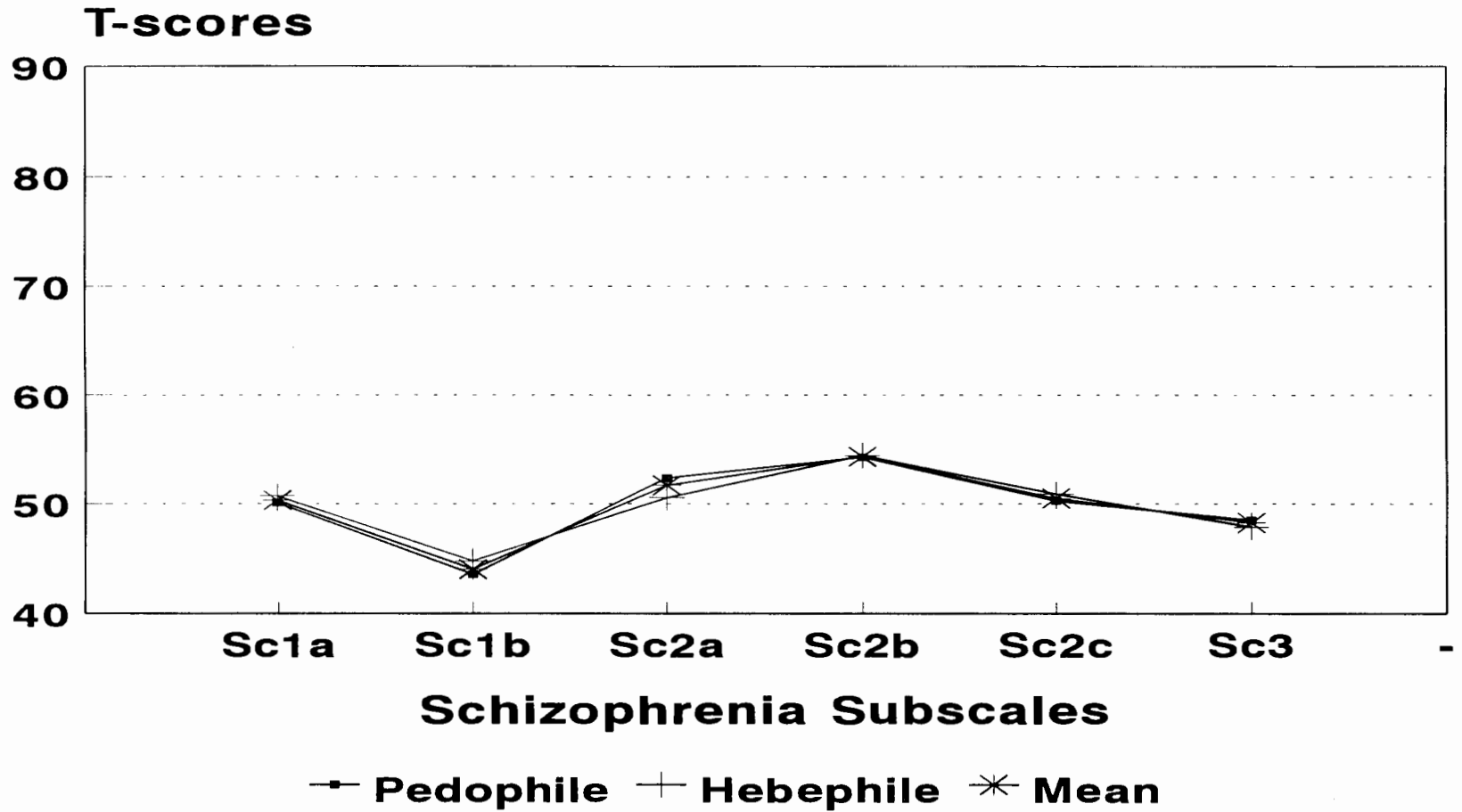
Table 6 <u>Significance Tests for Subscales with Corrected</u>
<u>Significance Levels</u>

Scales	Means	Std.Dev.	t	p	ES
D2/D3	57.17/50.49	11.87/9.43	5.02	.000	.624
D4/D3	55.52/50.49	16.08/9.43	3.81	.000	.382
Hy2/Hy1	61.29/50.88	11.54/11.27	9.86	.000	.913
Hy5/Hy1	56.36/50.88	9.31/11.27	4.35	.000	.530
Hy2/Hy4	61.29/48.84	11.54/10.42	7.02	.000	1.13
Hy2/Hy5	61.29/56.36	11.54/9.31	4.28	.000	.470
Hy3/Hy4	55.45/48.84	13.77/10.42	6.37	.000	.541
Hy5/Hy4	56.36/48.84	9.31/10.42	5.17	.000	.761
Pd2/Pd1	61.96/55.29	11.79/14.11	3.87	.000	.512
Pd1/Pd3	55.29/48.32	14.11/11.40	3.57	.000	.544
Pd2/Pd3	61.96/48.32	11.79/11.40	9.96	.000	1.18
Pd2/Pd4a	61.96/56.62	11.79/11.69	3.60	.000	.455
Pd4a/Pd3	56.62/48.32	11.69/11.40	4.47	.000	.719
Pd4b/Pd3	57.23/48.32	14.49/11.40	4.07	.000	.684
Mf1/Mf3	65.42/56.86	20.55/13.69	3.84	.000	.490
Mf1/Mf4	65.42/49.17	20.55/10.50	6.83	.000	.996
Mf1/Mf5	65.42/53.93	20.55/11.83	5.12	.000	.685
Mf1/Mf6	65.42/52.56	20.55/12.57	4.98	.000	.755
Mf2/Mf4	60.61/49.17	15.59/10.50	6.18	.000	.861
Mf2/Mf5	60.61/53.93	15.59/11.83	3.30	.001	.483
Mf2/Mf6	60.61/52.56	15.59/12.57	3.54	.001	.569

Table 6 Continued

Mf3/Mf4	56.86/49.17	13.69/10.50	4.64	.000	.630
Mf5/Mf4	53.93/49.17	11.83/10.50	3.41	.001	.426
Sc1a/Sc1b	50.34/44.04	14.71/13.86	5.90	.000	.441
Sc2a/Sc1b	51.72/44.04	14.97/13.84	7.45	.000	.532
Sc2b/Sc1b	54.34/44.04	15.84/13.87	15.68	.000	.692
Sc2c/Sc1b	50.52/44.04	10.62/13.86	5.49	.000	.525
Sc3/Sc1b	48.29/44.04	10.56/13.86	3.46	.001	.345
Sc2b/Sc3	54.34/48.28	15.84/48.29	4.75	.000	.449
Pa3/Pa2	57.38/52.92	10.32/11.62	2.52	.013	.406

Note: P values are all significant using Bonferroni
correction for Type-I errors in each subscale set.

The Serkownek subscales Mf1 and Mf2 contribute the most to the elevation of the Mf scale while "Heterosexual Discomfort-Passivity" (Mf4) contributes the least. The means for Mf1 and Mf2 are not significantly different from each another indicating that one does not contribute to the overall scale elevation more than the other. Subjects scoring at the means of subscales Mf3, Mf4, "Introspective-Critical" (Mf5), and "Social Retiring" (Mf6) score to the 68.7, 84.1, 75.4, and 77.6 percentiles for Mf1 respectively. Subjects scoring at the mean of Mf4, Mf5, and Mf6 score to the 80.5, 68.4, and 71.5 percentiles for Mf2.

Only Harris and Lingoes Subscales Pa2 and Pa3 were significantly different for the Pa scale; Pa3 contributes more to the elevation of the Pa scale than Pa2. Subjects scoring at the mean of Pa2 score to the 65.9 percentile for Pa3.

Finally, Harris and Lingoes subscale Sc2b is endorsed more often than Sc3, however the elevation of this clinical scale is due primarily to the endorsement of several subscales. Subscale Sc1b contributes the least to this elevation. Effect sizes indicate that subjects scoring at the mean for subscale Sc1b score to the 67.0 percentile for Sc1a, 70.1 percentile for Sc2a, 75.4 percentile for Sc2b, 70.1 percentile for Sc2c, and 63.6 percentile for Sc3.

CHAPTER IV

DISCUSSION

The results of this study do not support the hypothesis that there are differences between child molesters as a function of victim age. As predicted and consistent with previous research, no significant differences between pedophiles and hebephiles were found on the 10 MMPI clinical scales. Contrary to our hypotheses, no significant differences were found between pedophiles and hebephiles on any of the clinical subscales whose overall scale was elevated above a T-score of 60.

There are a few possible explanations for the lack of significant findings. First, pedophiles and hebephiles may not differ from one another with respect to their psychopathology as measured by the MMPI. Second, the MMPI alone may not be a sensitive enough instrument with which to detect differences in psychopathology of different offender types. Future research may want to study other measures of personality and psychopathology in combination with the MMPI which may provide more helpful information with which to distinguish between child molesters as a function of victim age.

Finally, the sampling problems within this study warrant caution in making clinical interpretations and may

significantly limit the generalizability of results. First, there is no guarantee that offender group membership in this study is completely independent. Issues of multiple undetected offenses, plea bargaining, and reduced sentences may limit the accuracy of placing offenders into subgroups. Second, the sample was drawn from a single outpatient treatment center in the midwest and only valid MMPI profiles were selected for study. This fact may explain why the validity ($\underline{L}$, $\underline{K}$, and $\underline{F}$) scales are lower than what might be expected for a sample of child molesters. Third, since a majority of the offenders are White, the results may not be representative of other cultures. Fourth, little information was available with respect to the criminal histories of the offenders in this sample. As a result, there may be several variables that explain the lack of significant findings. Given sampling limitations, the results of this study are unlikely to generalize beyond this particular group of offenders. Future research should utilize more rigorous methods to group offenders so as to minimize variability due to sampling error. Another problem is that all the offenders in this study were part of a treatment program, potentially indicating that the nature or frequency of their offenses did not warrant a prison sentence. The psychopathology in this population may therefore be different from that found among incarcerated samples. Future studies could compare incarcerated and non-

This score suggests a general unhappiness about something that may not be recognized as a state of depression, further suggesting that the degree of unhappiness is mild and congruent with the actual level of discomfort produced by a situation or an adaptation to feeling chronically depressed. An examination of subscales D2 and D4 (mental dullness) which contribute most to the elevation of the D scale indicate social withdrawal and isolation (Greene, 1980). Elevations on D2 may indicate low levels of energy for daily coping and denial of hostility and aggression (Graham, 1987). Elevations of D4 indicate feelings of tension, a sense of inferiority and lack of self confidence, as well as limited savoring of life events (Graham, 1987). Although depression is apparent, lack of morale or self esteem is not necessarily indicated. An examination of the depression subscales in conjunction with the Pd subscales provides a more specific explanation of offender characteristics.

The Pd subscales assess a person's general level of social adjustment. The mean T-score for the entire offender sample is 71.62 which may indicate angry feelings, impulsivity, and unpredictable antisocial behavior and attitudes. Individuals with this elevation are likely to be perceived as unconventional, brooding, and hostile. When a spiked Pd is accompanied by an elevation on the depression scale, as is likely to be the case in this sample, a person may have depressive thoughts and feelings but not

necessarily accompanied by the physical, vegetative signs of depression. A high Pd score along with an elevated D score can indicate a person's dissatisfaction with limit setting on his or her behavior and not necessarily actual concern for his or her behavior (Greene, 1980). This is quite relevant for an offender population in treatment. Offenders with this pattern may show signs of depressed thoughts and feelings because their treatment programs are placing limits on their freedom and behavior not because they feel guilty about their crimes. Endorsement of items on subscales Pd1, Pd2, Pd4a, and Pd4b are indicative of family problems, problems with authority, social and self alienation respectively (Greene, 1980). Elevations on Pd1 may indicate that a person's home life was unpleasant, disruptive, and unsupportive of individual growth. Parents may have been overly critical and lacked understanding for their children (Greene, 1987). High scorers on Pd2 may have had problems with authority as manifested in school problems and resentment or noncompliance to parental standards or rules in addition to problems with the law. Individuals endorsing items on Pd4a may feel isolated or alienated from others and, as a result, feel unloved and lonely. These individuals may show concern for how others view them as well as blame others for their problems. Finally, elevations on Pd4b may be indicative of self alienation in that a person may be able to articulate a sense of guilt for

their misbehavior, but not fully understand the nature of such behavior. In other words, a person may not grasp the meaning and implications of their behavior with respect to its effects on other people (Graham, 1987).

The Hysteria (Hy) scale assesses a person's somatic complaints and level of feeling socialized and adjusted. A moderate T-score mean elevation on this scale of 62.08 indicates that scorers may be "exhibitionistic, extroverted, superficial, naive, self-centered, and deny problems" (Greene, p. 81). The elevation of this scale can be explained mostly by offenders' endorsement of Harris and Lingoes subscale Hy2. Elevations on Hy2 suggest denial of resentment and negative feelings toward others; self righteousness; and a naively trusting attitude toward others (Greene, 1980; Graham, 1987). Individuals who endorse Hy2 may be using denial as a defense mechanism. Hy4 was the least endorsed subscale for this scale. These offenders do not appear prone to somatic complaining of the kind which indicates affective repression (i.e. head or chest pain, faintness, dizziness, nausea, or shakiness) (Graham, 1987).

The Mf scale was the second highest scale score for this sample with a mean T-score of 68.63, a moderate elevation (Greene, 1980). The Mf scale assesses vocation and hobby interests, religious preferences, and levels of sensitivity and passivity. For males, scorers in the T-score range of 60-69 may have aesthetic vocational and

hobby interests. They may be described as passive with a tendency to solve problems in an "indirect way" (Greene, p.92). An examination of the Serkownek subscales indicates greater endorsement for items on Mf1 and Mf2 which are indicative of hypersensitivity and feminine interests respectively. Sensitivity to others' criticism is likely, and so is the tendency to be easily upset, and exhibit chronic worry (Greene, 1980). High scorers on Mf1 may also show a tendency to perceive others as insensitive or dishonest (Graham, 1987). These characteristics are inconsistent with those indicated by subscale Hy2. A possible explanation for the discrepancy is that individuals who endorse both subscales may actually harbor negative feelings toward others but vehemently deny these feelings due to their concern over the perception of others. High scorers on Hy2 may also fear rejection from others as a result of expressing true feelings, therefore they deny negative feelings or attitudes toward others in order to avoid such rejection (Graham, 1987). Endorsement of subscale Mf2 is indicative of stereotypical feminine interests. The endorsement of feminine interests may be indicative of some gender identity/role confusion which is consistent with offenders' sexual arousal directed at a socially inappropriate age group. Subscale Mf4 was the least elevated, suggesting a denial of homosexual impulses further supporting the use of denial as a defense mechanism.

Consistent with Serkownek subscale Mf1, an elevation on the Pa scale is indicative of hypersensitivity to criticism with a tendency to take words and actions toward the self very personally. Offenders in this population endorsed Harris and Lingoes subscale Pa3 (naivete) more than subscale Pa2 (poignancy), suggesting a self righteousness concerning ethical issues; underestimating the motives of others and denying others' hostility toward them (Greene, 1980; Graham, 1987). The description of self righteousness seems consistent with an elevated Pd scale which can indicate a "perfectionistic / narcissistic" sense of self. A possible interpretation then is that these offenders may feel superior to others and thus rationalize their behavior based on this superiority.

Finally, the Sc scale assesses thought processes, perceptions, impulsivity, self identity, concentration, social isolation, and family relationship problems. The overall clinical scale is moderately elevated with a mean T-score of 66.20. This elevation indicates unconventional thought processes that may be characterized by "strange and puzzling ideas" (Greene, p. 103). There may also be an avoidance of dealing with reality due to insufficient coping abilities by fantasizing or daydreaming. High scorers on this subscale may also worry excessively. Harris and Lingoes subscale Sc1b appears to characterize the Sc elevation the least. Offenders did not endorse items

indicative of a dissociation of the self or flat and distorted affect. Subjects endorsed items for subscale Sc2b more than for Sc3 and Sc1b. Endorsement of Sc2b is indicative of excessive worry, a withdrawal response to stress, and an immobility in dealing with difficulties (Greene, 1980; Graham, 1987).

In summary, the child molesters in the sample studied here present as a very heterogeneous group with respect to characteristics of psychopathology. The following is an attempt to summarize the findings of this study, however, caution is given against making sweeping generalizations about child molesters based on the following description.

With respect to affect, scores suggest that the offenders in this sample present as depressed and angry. Their depression may be more of a manifestation of their dissatisfaction with the limits placed upon them in treatment than guilt or remorse over past crimes. Offenders' anger may stem from possible feelings that life has been unfair and that other people including family members are hostile, dishonest, and insensitive.

Behaviorally, scores indicate that these offenders may be impulsive, antisocial, and hypersensitive to criticism. These characteristics seem reasonable considering the endorsement of items suggesting family problems which may include a disruptive home life, critical and unsupportive parents, and feelings of not being loved. Their inability

to develop relationships with age appropriate peers could be due to limited social skills learning. Thus, offenders may find children more attractive targets to get their needs met.

Cognitively, the thought processes of this sample appear unconventional and may be characterized by unusual or bizarre ideas. Although, there is no indication of a full blown psychosis, difficulties with concentration and use of fantasizing and daydreaming as a means of avoiding reality are apparent.

Finally, scores indicate that these offenders use denial as a defense mechanism. Subscales suggesting denial of hostile feelings and attitudes toward others are endorsed in addition to subscales indicating that others are perceived as unreasonable, dishonest, and insensitive. Offenders may have a tendency to deny negative feelings for fear that expression of true feelings will lead to rejection.

An examination of the clinical subscales of the MMPI has provided useful, meaningful, and specific information which has implications for treatment of child molesters. First, one should remember that the aforementioned interpretations were based on T-score means for the entire child molester sample studied here. Thus, not every offender, as an individual, will have the characteristics described here. As stated previously, subscales are useful

interpretive tools for clinical scales elevated between T-scores of 60 and 70 (Greene, 1980; Graham, 1987). They can help clinicians understand the exact nature of the elevations exhibited in clinical profiles. Although the MMPI was unable to distinguish between pedophiles and hebephiles, it may be a useful instrument for providing specific characteristics of child molesters to be targeted in treatment plans. This study lends further support to the heterogeneity of sex offenders and points to the importance of utilizing objective measures to describe the complex personality and psychopathology of child molesters. In the formulation of treatment plans, clinicians may want to utilize the MMPI in conjunction with other assessment measures in order to fully understand the dynamics of the individual sex offender in treatment.

REFERENCES

Anderson, W. P., Kunce, J. T., & Rich, B. (1979). Sex
     offenders: Three personality types. Journal of
     Clinical Psychology, 35, 671-672.

Armentrout, J. A. & Hauer, A. L. (1978). MMPI's of rapists
     of adults, rapists of children, and non-rapist sex
     offenders. Journal of Clinical Psychology, 34,
     330-332.

Bard, L. A., Carter, D. L., Cerce, D. D., Knight, R. A.,
     Rosenberg, R., & Schneider, B. (1987). A descriptive
     study of rapists and child molesters: Developental,
     clinical, and criminal characteristics. Behavioral
     Sciences and the Law, 5, 203-220.

Butcher, J. N. & Tellegen, A. (1978). Common
     methodological problems in MMPI research. Journal of
     Consulting and Clinical Psychology, 46, 620-628.

Davis, G. E. & Leitenberg, H. (1987). Adolescent sex
     offenders. Psychological Bulletin, 101, 417-427.

Duthie, B. & McIvor, D. L. (1990). A new system for
     cluster-coding child molester MMPI profile types.
     Criminal Justice and Behavior, 17, 199-214.

Erickson, W. D., Luxenberg, M. G., Walbek, N. H., & Seely,
     R. K.(1987). Frequency of MMPI two-point code types
     among sex offenders. Journal of Consulting and
     Clinical Psychology, 55, 566-570.

Finkelhor, D. & Araji, S. (1986). Explanations of
     pedophilia: A four factor model. The Journal of Sex
     Research, 22, 145-161.

Friedman, A. F., Webb, J. T., & Lewak, R. (1989).
     Psychological assessment with the MMPI. New Jersey:
     Lawrence Erlbaum Associates.

Gilberstadt, H. & Duker, J. (1965). A handbook for
     clinical and actuarial MMPI interpretation.
     Philadelphia: Saunders.

Graham, J. R. (1987). The MMPI: A practical guide, 2nd.
     Ed. New York: Oxford University Press.

Groth, A. N. (1977). The adolescent sex offender and his
     prey. Journal of Offender Therapy and Comparative
     Criminology, 21, 249-254.

Groth, A. N. & Birnbaum, H. J. (1978). Adult sexual
     orientation and attraction to underage persons.
     Archives of Sexual Behavior, 7, 175-181.

Groth, N. A. & Burgess, A. W. (1979). Sexual trauma in
     the life histories of rapists and child molesters,
     Victimology, 4, 10-16.

Hall, G. C. N., Maiuro, R. D., Vitaliano, P. P., Proctor,
     W. C. 1986). The utility of the MMPI with men who
     have sexually assaulted children. Journal of
     Consulting and Clinical Psychology, 54, 493-496.

Hall, G. C. N. (1989). WAIS-R and MMPI profiles of men who
     have sexually assaulted children: Evidence of limited
     utility. Journal of Personality Assessment, 53,
     404-412.

Hall, G. C. N., Graham, J. R., & Shepherd, J. B. (1991).
     Three methods of developing MMPI taxonomies of sexual
     offenders. Journal of Personality Assessment, 56,
     2-13.

Hall, G. C. N., Shepherd, J. B., & Murdak, P. (1992). MMPI
     taxonomies of child sexual and nonsexual offenders:
     A cross-validation and extension. Journal of
     Personality Assessment, 58, 127-137.

Hooper, S. R., Hynd, G. W., & Mattison, R. E. (Eds.)
     (1992). Child psychopathology: Diagnostic criteria
     and clinical assessment. New Jersey: Lawrence
     Erlbaum Associates.

Kalichman, S. C., Szymanowski, D., McKee, G., Taylor, J., &
     Craig, M. E. (1989a). Cluster analytically derived
     MMPI profile subgroups of incarcerated adult rapists.
     Journal of Clinical Psychology, 45, 149-155.

Kalichman, S. C., Craig, M. E., Shealy, L., Taylor, J.,
     Szymanowski, D., & McKee, G. (1989b). An empirically
     derived typology of adult rapists based on the MMPI:
     A cross-validation study. Journal of Psychology and
     Human Sexuality, 2, 165-181.

Kalichman, S. C. (1990). Affective and personality
     characteristics of MMPI profile subgroups of
     incarcerated rapists. Archives of Sexual Behavior,
     19, 443-459.

Kalichman, S. C. (1991). Psychopathology and personality characteristics of criminal sexual offenders as a function of victim age. <u>Archives of Sexual Behavior</u>, <u>20</u>, 187-197.

Kalichman, S. C. & Henderson, M. C. (1991). MMPI profile subtypes on nonincarcerated child molesters: A cross validation study. <u>Criminal Justice and Behavior</u>, <u>18</u>, 379-396.

Kalichman, S. C., Dwyer, M., Henderson, M. C., & Hoffman, L. (1992). Psychological and sexual functioning among outpatient sexual offenders against children: A Minnesota Multiphasic Personality Inventory (MMPI) Cluster Analytic study. <u>Journal of Psychopathology and Behavioral Assessment</u>, <u>14</u>, 259-276.

Langevin, R., Wright, P., & Handy, L. (1990). Use of the MMPI and its derived scales with sex offenders: II. Reliability and criterion validity. <u>Annals of Sex Research</u>, <u>3</u>, 453-486.

Levin, S., & Stava, L. (1987). Personality characteristics of sex offenders: A review. <u>Archives of Sexual Behavior</u>, <u>16</u>, 57-79.

Marks, P. A. & Seeman, W. (1963). <u>The actuarial description of abnormal personality</u>. Baltimore: Williams and Wilkins.

Milligan, G. W., & Cooper, M. C. (1987). Methodology review: Clustering methods. <u>Applied Psychological Measurement</u>, <u>11</u>, 349-354.

Money, J. (1988). <u>Gay, straight, and in-between: The sexology of erotic orientation</u>. New York: Oxford University Press. Page 203.

Pacht, A. R., & Cowden, J. E. (1974). An exploratory study of five hundred sex offenders. <u>Criminal Justice and Behavior</u>, <u>1</u>, 13-20.

Panton, J. H. (1958). MMPI profile configurations among crime classification groups. <u>Journal of Clinical Psychology</u>, <u>14</u>, 305-308.

Panton, J. H. (1979). Personality differences appearing between rapists of adults, rapists of children, and non-violent sexual molesters of female children. <u>Research Communications in Psychology, Psychiatry, and Behavior</u>, <u>4</u>, 385-393.

Quinsey, V. L., Arnold, L. S., & Pruesse, M. G. (1980).
    MMPI profiles of men referred for pretrial
    psychiatric assessment as a function of offense type.
    Journal of Clinical Psychology, 36, 410-417.

Rader, C. M. (1977). MMPI profile types of exposers,
    rapists, and assaulters in a court services
    population. Journal of Consulting and Clinical
    Psychology, 45, 61-69.

Shealy, L., Kalichman, S. C., Henderson, M. C.,
    Szymanowski, D., McKee, G. (1991). MMPI profile
    subtypes of incarcerated sex offenders against
    children. Violence and Victims, 6, 201-211.

Smith, W. R., Monastersky, C., & Deisher, R. M. (1987).
    MMPI-based personality types among juvenile sexual
    offenders. Journal of Clinical Psychology, 43,
    422-430.

Swenson, W. M. & Grimes, B. P. (1958). Characteristics of
    sex offenders admitted to a Minnesota state hospital
    for pre-sentence psychiatric investigation.
    Psychiatric Quarterly Supplement, 31, 110-123.

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<u>APPROVAL SHEET</u>

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Masters of Arts.

12/6/93
Date

Director's Signature