MMPI-2 Profile Comparison of Intrafamilial and Extrafamilial Sexual Offenders Against Children

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Abstract
Previous research indicates that incest offenders and sexual offenders against unrelated children represent two clinically distinct subtypes. Specifically, incest is thought to be situation ally-mediated and the result of dysfunctional family dynamics, whereas offenses against unrelated children are thought to represent a fixated sexual preference and underlying interpersonal pathology. Other studies have found that a fixated sexual preference for children is correlated with psychopathy. However, to date, no studies have attempted to assess these differences using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), despite its widespread clinical use with this population. In this study, scores of convicted perpetrators of sexual offenses against children were compared. Nine incest offenders were compared with six offenders of unrelated children. The extrafamilial offender group obtained higher mean scores on scale 4 of the MMPI-2, the Psychopathic Deviate scale. These results suggest that extrafamilial offenders have more psychopathic characteristics than do incest offenders, however the Psychopathic Deviate construct as assessed by the MMPI-2 is broad, and attempts to gain a more detailed understanding of what specific aspects of the construct applied to this population were unsuccessful.

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MMPI-2 PROFILE COMPARISON OF INTRAFAMILIAL
AND EXTRAfAMILIAL SEXUAL OFFENDERS AGAINST CHILDREN

A THESIS
SUBMITTED TO THE FACULTY
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ABSTRACT

Previous research indicates that incest offenders and sexual offenders against unrelated children represent two clinically distinct subtypes. Specifically, incest is thought to be situationally-mediated and the result of dysfunctional family dynamics, whereas offenses against unrelated children are thought to represent a fixated sexual preference and underlying interpersonal pathology. Other studies have found that a fixated sexual preference for children is correlated with psychopathy. However, to date, no studies have attempted to assess these differences using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), despite its widespread clinical use with this population. In this study, scores of convicted perpetrators of sexual offenses against children were compared. Nine incest offenders were compared with six offenders of unrelated children. The extrafamilial offender group obtained higher mean scores on scale 4 of the MMPI-2, the Psychopathic Deviate scale. These results suggest that extrafamilial offenders have more psychopathic characteristics than do incest offenders, however the Psychopathic Deviate construct as assessed by the MMPI-2 is broad, and attempts to gain a more detailed understanding of what specific aspects of the construct applied to this population were unsuccessful.
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INTRODUCTION

The existence of statutes that mandate psychological services for sex offenders, and the desire to provide cost-effective and efficacious services, have spurred interest in developing a reliable typology of sex offenders. A deeper understanding of distinguishing characteristics of sex offender sub-populations can result in more effective treatment and reduce recidivism (Heersink & Strassberg, 1995; Mann, Stenning & Borman, 1992). Knight, Carter and Prentky (1989) noted that classification of sexual offenders has important clinical and administrative consequences, including informing treatment decisions as well as release and supervision conditions. Developing more effective treatments is in the public interest with regard to all sex offenders, but particularly for those who offend children. Studies show that the effects of sexual assault prior to the age of 18 extend into adulthood, and that victimization in childhood or adolescence can have greater negative effects than victimization as an adult. In particular, victimization prior to age 18 is associated with greater risk of developing Post-Traumatic Stress Disorder (Masho & Ahmed, 2007), Borderline Personality Disorder, Dissociative Disorders (Sar, Akyuz, Kugu, Ozturk, & Ertem-Vehid, 2006), and suicide (Joiner, Sachs-Ericsson, Wingate, Brown, Anestis & Selby, 2007) in adulthood. Knight et al. also argue that developing a reliable means of classifying child sexual abusers into homogeneous groups would contribute to understanding the etiology of sexual abuse, and thus inform efforts at prevention.
However, attempts to construct such a typology have had mixed results, the conclusion of most being that sex offenders represent an exceedingly complex and heterogeneous group who are not easily classified according to conventional means (e.g., Erickson, Luxenberg, Walbek, & Seely, 1987). In an early study, Davies (1969) suggested that, "the type of criminal activity is itself a reflection of problems presented and a key to treatment needs." This was one of the earliest acknowledgments that sexual offending behavior might be the result of more complex underlying psychological issues than simply a general antisocial tendency. Davies identified the following characteristics that distinguished sexual offenders from other criminal populations: higher rates of mental retardation, immaturity, emotional disturbance and personality problems. However, his study relied solely on subjective reports from parole officers, and did not include the use of any standardized measures, nor did he attempt to distinguish between sub-groups of sexual offenders.

There is substantial evidence to indicate that offenders against children represent a clinically and theoretically distinct sub-population of sexual offenders. Mann and Hollin (2007) examined self-reported reasons a population of admitted sexual offenders gave for their offending behavior, and found striking differences between offenders against children and offenders against adults. The most commonly cited reasons among the child molester group were sexual pleasure, alleviation of negative affect, and intimacy-seeking. This is in contrast to the group who were convicted of offenses against adults; the most commonly cited reasons among this group were grievance (which included revenge and feeling as though they had been wronged by the victim), lack of impulse control, and need for respect and/or control. Self-report data in forensic
populations are generally less reliable than in community samples, due to offenders' tendencies to minimize offending behavior and to attempt to present themselves in a more socially acceptable light. However, the authors note that because sex offenders often experience social isolation, and because participants had not yet entered a treatment program, they may have had less opportunity to learn what sort of responses were more socially desirable. The authors conclude that interpersonal and intimacy deficits, and emotional dysregulation are more important factors in the child molesters' offending behavior, rather than cognitive distortions, which predominated in the adult offender group. However, they propose that other cognitive schema may operate for child molesters, such as beliefs that children enjoy and are not harmed by sex with adults, reflected in their finding that 10.8% of their child molester sample stated that victims provoked or encouraged the offenses.

Although offenders against children represent a distinct sub-population of sexual offenders, they are by no means a homogenous group. Menard and Johnson (1992) described two types of offenders: fixated and regressed. They stated that fixated offenders have an underlying, pervasive sexual preference for children that develops in adolescence. In contrast, regressed offenders generally prefer age-appropriate sexual relations, but develop a preference for underage victims later in adulthood. The authors further state that life stressors are often a precipitating factor for regressed offenders' offending behavior, and that this pattern is most often seen in incest offenders. It has been argued that incest is more a crime of opportunity than an indication of deviant sexual preference by the offender. The authors cite examples such as marital difficulties, when lack of intimacy in a marriage can result in a father projecting unfulfilled sexual and
intimacy needs onto his daughter. They argue further that because incest is most often an opportunistic crime, and that frequently incest perpetrators are one-time offenders, they most often represent the regressed type. Conversely, extrafamilial offenders seek victims outside the family unit, and tend to have multiple victims; therefore the authors classify them as being of the fixated type. They argue that this makes sense, given that incest offenders are generally married or have been married, and thus have the ability to function in an age-appropriate relationship. Conversely, they argue that extrafamilial offenders are less likely to be married or in a significant, age-appropriate relationship, because the overriding sexual preference is for children.

Bickley and Beech (2002) describe a typology of child molesters that is based on beliefs, cognitive processes, and self-regulation in the events leading up to an offender’s offending behavior. They describe two parallel pathways, one which delineates the offender’s goals with regard to deviant sexual behavior, and one which describes an offender’s self-regulatory capabilities. The two types of goal orientation can be described as approach or avoidant. Avoidant offenders have as their goal the reduction or elimination of a particular state or situation, whereas approach offenders are concerned with the achievement of these particular states or situations. In the self-regulatory dimension, offenders are described as either passive or active. Combining these two dimensions, Bickley and Beech describe four types of offenders: avoidant-passive, avoidant-active, approach-passive, and approach-active. They argue that these distinctions are important, as most treatments programs that follow the Relapse Prevention model (and the authors claim that most do), begin from an assumption that offending behavior results from self-regulatory failure and negative emotional states.
They report that this is due to the fact that the Relapse Prevention model was originally designed to be used in the treatment of alcohol abuse, and has not been sufficiently studied in use with sex offenders. They argue that while some offenders do indeed meet the criteria mentioned above (this would be an example of their avoidant-passive type), many sex offenders do not. Bickley and Beech describe another type of offender, one whose offending behavior is associated with careful and systematic planning, and positive affect. The authors argue that for these offenders the issue of self-regulation is moot, because this is a group that is likely to have entrenched beliefs that sex with children is legitimate, that children are sexually sophisticated, and that children are not harmed by sexual contact with adults. Further, this group reports higher levels of emotional identification with children, tend to have a pervasive preference for children as both sexual partners and social companions, and are more likely to offend outside their families. The authors report that these offenders correspond to the fixated typology reported elsewhere in this study, whereas the passive-avoidant type represents the regressed incest offender. Thus, there is strong evidence that extrafamilial offenders are not only more deviant than incest offenders, but that they are more likely to reoffend.

Further evidence for increased deviant arousal in extrafamilial vs. incest offenders is found in a study by Marshall (1997), who found that incest offenders have lower levels of deviant arousal to children than do extrafamilial offenders. Further, Marshall found that phallometric studies indicate that extrafamilial offenders have greater arousal to children than nonoffender controls and other types of sexual offenders, such as rapists. Thus, of all sexual offenders, those who offend unrelated children can be considered the most deviant.
A more detailed study was conducted by Blanchard, Kuban, Blak, Cantor, Klassen, and Dickey, (2006). These authors hypothesized that offenders who differ in their degree of relatedness to victims may also differ in degree or prevalence of pedophilic sexual preference. They utilized penile plethysmography, a psychophysiological assessment technique used to assess erotic interest, in which changes in penile blood volume are measured while subjects are shown a standardized set of visual and auditory stimuli depicting male and female children, adolescents, and adults. They found that extrafamilial offenders and those who were biologically related to their victims but were not the victims’ fathers or stepfathers had the greatest levels of pedophilic arousal, and that there was a statistically significant difference between this group and controls. Subjects whose victims were their daughters or stepdaughters had levels of arousal that were higher than controls, but this difference did not achieve statistical significance. The authors conclude that the existence of a paternal relationship between offender and victim increases the likelihood that offending behavior occurred for reasons other than pedophilic preference. However, several problems exist with this study that impact its generalizability. First, only offenders with a single, known female victim younger than age 12 were selected. While it is common for incest offenders to have a single victim (reflecting the situational nature of many of these crimes), it is more common for extrafamilial offenders to have multiple victims. Thus, the inclusion criteria were more representative for incest than extrafamilial offenders. Second, restricting the sample to offenders with only female victims reduces applicability of the study’s findings to offenders with male victims. Third, the “nonoffender” control group consisted of individuals referred for treatment of other sexual concerns, primarily hypersexuality or
type. However, this author failed to find a correlation between attachment style and emotional identification with children.

Albert (2007) found significantly greater degrees of affiliation-intimacy motivation among offenders with child victims than among those who offended adults, but failed to find a difference in attachment styles between the two groups. This may be because this author failed to classify child molesters into intra- and extrafamilial subcategories, and also because this study failed to use nonoffender controls.

Jamieson and Marshall (2000) claim that most perpetrators of sexual assault, regardless of victim age, are deficient in achieving and maintaining intimacy in adult relationships. They report that the result is loneliness, isolation and poor self-esteem. They provide a self/other framework of attachment, wherein secure attachment is associated with a positive view of both self and others, and the various insecure attachment styles are the result of disturbances in one or both. Specifically, the Anxious-Ambivalent attachment (elsewhere referred to as Preoccupied) is characterized by a negative view of the self and a positive view of others, resulting in dependence and strong need for approval. Fearful-Avoidant attachment is characterized by a negative view of both self and others, resulting in a high degree of interpersonal anxiety that interferes with these individuals' desire for intimacy, and leads them to maintain emotional distance in intimate relationships. Dismissive-Avoidant attachment is characterized by a positive view of self and negative view of others; these individuals downplay the importance of others and of relationships, instead emphasizing independence as a way of shutting out negative feelings. The authors state that the latter category is most likely associated with psychopathy, as it provides a fertile ground for
empathic failure. Given the results of studies indicating increased psychopathy among extrafamilial offenders (see above, for example, Firestone et al., 2000), it can be expected that extrafamilial offenders would most commonly exhibit the Dismissive-Avoidant style. However, this does not correlate with other findings of intimacy-seeking motivation among extrafamilial offenders (e.g. Albert, 2007; Mann & Hollin, 2007), which would correlate more closely with the Fearful-Avoidant style, wherein the individual attempts to cope with high levels of interpersonal anxiety in adult relationships by projecting these needs onto a less threatening object, such as a child.

Jamieson and Marshall (2000) compared attachment styles in a sample of incarcerated extrafamilial child molesters, incest offenders, and nonsexual offenders with a community control group. They found significant differences between extrafamilial offenders and the other three groups; specifically, extrafamilial offenders were significantly more likely to have an insecure attachment style, were most likely to endorse the Fearful-Avoidant subtype, and rated their degree of Fearful-Avoidant attachment higher than any of the other groups. Interestingly, the incest offender group was more similar to the nonsexual offender group and community controls than they were to the extrafamilial child molester group, and had significantly higher incidence of secure attachment.

Barnes (2001), examined the correlation between recidivism and completion of a mandated sexual offender treatment program. In accordance with the prior studies cited here, the author found that extrafamilial offenders reoffend at much higher rates than incest offenders. However, he found that treatment status did not significantly affect recidivism for either group. Following the argument that incest tends to be situational,
whereas extrafamilial offenders exhibit higher levels of psychopathy as well as a pervasive sexual preference for children, these results are particularly concerning with regard to the latter group because they indicate that treatment is frequently ineffective. They also indicate that greater emphasis needs to be placed on developing more effective treatment for extrafamilial offenders.

In summary, these studies provide both a theoretical framework and empirical evidence to support an understanding of extrafamilial offenders as having early life trauma and attachment wounds with resultant interpersonal and intimacy deficits, which result in a pervasive interpersonal and sexual preference for children. It can be argued that children are less likely to activate the intense interpersonal anxiety that is experienced by these individuals, and thus provide a less threatening means for the offender to get his needs for intimacy and sexual gratification met. However, this framework does not account for the elevated levels of psychopathy found by some researchers, and indeed seems to run contrary. One possible explanation lies in the rather loose definition of psychopathy. In the studies cited here, psychopathy was not operationally defined. Generally, it is construed as an inability to experience empathy or remorse, and a general disregard for the rules of society. However, it is possible that the description of extrafamilial offenders given above can account for this. Indeed, it paints a picture of an individual with extremely impoverished contact with the adult world, such that it seems possible that the individual has not integrated societal introjects effectively. Further, the loneliness they experience may be so profound, and their desire for intimacy so strong, that they project their needs onto their victims. This provides a plausible
explanation for the findings of psychopathy in this population, as well as a more interpersonal framework in which to view it.

Other attempts to understand and classify sexual offenders have centered around the use of psychological assessment tools. In an attempt at developing an instrument-based typology, Erickson, Luxenberg, Walbek and Seely (1987) studied a sample of 568 convicted sex offenders in an inpatient setting. They reported that most subjects had felony convictions for rape, incest, or extrafamilial child molesting. Subjects were given routine administrations of the Minnesota Multiphasic Personality Inventory, a well-validated assessment of personality and psychopathology that has been in use for more than half a century. The authors found no significant difference in MMPI two-point code types between incest and extrafamilial offenders against children, however they noted that elevations on scale 4 were common throughout the sample. They found that the most common (modal) two-point code types among both incest and extrafamilial offenders included scale 4, but that extrafamilial offenders more commonly had elevations on scale 8, whereas incest offenders had elevations on scale 3 or 7, depending on whether the offender was a biological or step father. They did not examine whether the degree of elevation on scale 4 differed between groups. Also, which aspects of this construct were common in Erickson’s sample is not clear.

Hall, Mauurn, Vitaliano and Proctor (1986), attempted to use the MMPI to create a sex offender typology based on victim gender, victim age, relationship of victim to offender, use of physical force, and type of offense. In this last category, they classified subjects as having committed molestation vs. rape. Using Chi Square analyses, they looked at differences in distributions of two-point code types on each categorical
variable. They found a significant main effect only for victim gender, where those who offended male children tended to score higher on scale 5 of the MMPI. Like Erickson et al (1987), Hall and colleagues found that the most common single point scale elevation occurred on scale 4, and the most common two-point code type was 4-8. In contrast with Erickson and colleagues' findings, Hall et al report that the 4-8 code type was modal across their sample. Given the evidence supporting significant differences between extrafamilial and incest offenders, it is surprising that these researchers did not find a significant effect of relationship of victim to offender.

In an early study, Panton (1979) compared MMPI profiles of sex offenders with child victims according to whether or not the victim and perpetrator were related. He examined only male perpetrators with female victims. He found that incest victims tended to be older (between 11 and 15 years) than extrafamilial victims (8-12 years). The author did not provide a hypothesis regarding this difference in victim ages. He found a significant difference between groups only on scale 0, with the incest sample having more elevated scores. All subjects were incarcerated at the time the MMPI was administered, and in most cases it was administered as part of the prison admission process. This is important to note, because Panton's results may have been influenced by situational stressors (such as being newly convicted and incarcerated), and may thus be more of a state, or situational representation of Panton's subjects' performance on the MMPI, rather than a stable, or state representation.

Further evidence for the heterogeneity of the sex offender population can be found in a study by Goeke and Boyer (1993). They attempted to create an MMPI content scale specific to outpatient incest perpetrators, using an itemmetric approach much like
that used to create the original MMPI scales. They did not find a reliable response set, and concluded that incest perpetrators cannot be identified by the MMPI at either the configural (two-point code type) or itemmetric level. However, they did not take any other variables into account, such as victim age, gender, or type of offense; nor did they use a comparison group, such as extrafamilial child molesters. These results are congruent with studies cited elsewhere in this paper that provide evidence for incest being a situationally-mediated offense, rather than representing stable traits or preferences of the offender.

A significant proportion of the literature regarding use of the MMPI with sex offenders has used the original edition of the instrument, and relatively few studies have addressed differences between the MMPI and the MMPI-2 with this population. Mann, Stenning and Borman (1992) pointed out the importance of addressing generalizability from the MMPI to the MMPI-2, given that the population used to norm the MMPI-2 was more educated and of higher socioeconomic status than the original Minnesota norms, and that sex offenders tend to have lower levels of education and be of lower SES. The authors argue for the importance of thorough assessment in developing effective treatments for pedophiles, and suggest that assessment should include assessing general psychopathology, personality characteristics, attitudes and beliefs, interpersonal style, coping strategies, neuropsychological deficits, psychosexual development, and sexual arousal patterns. They state that the MMPI-2 is useful for assessing psychopathology and personality, however it should not be used alone but rather as part of a comprehensive assessment process that addresses each of the dimensions mentioned above. The importance of the MMPI as a cornerstone of this assessment process is such that the
authors make a strong argument for addressing generalizability between the MMPI and MMPI-2. To study this, the authors used a mixed incarcerated sample of pedophiles, taken from state, federal, and military prisons. The authors did not differentiate whether offenses had been against related children (incestuous), or unrelated children. The state prison group was of lower education and lower SES than the other two groups.

Examining differences between these groups allowed the authors to, in a general sense, replicate the difference between the original Minnesota norms and the sample used to norm the MMPI-2, and do so in such a way as to be specific to the sex offender population. Results from the validity scales show that subjects tended to score highest on scale L and lowest on scale K, indicating selective endorsement of problems, lack of psychological sophistication, and desire of the subject to present himself as morally virtuous. This can be understood in terms of the defensiveness and denial of wrongdoing that are common among sex offenders. Additionally, elevated scores on scale L are more common among individuals with lower levels of education and SES. The state prison sample in this study followed this trend, as the elevated L and depressed K were particularly evident in this group.

Following many of the other studies on the use of the MMPI or MMPI-2 with sexual offenders, Mann et al. (1992) found that no single two-point clinical scale code-type was predominant. They found that 27.52% of their sample did not have any k-corrected T scores above the cutoff point for clinical significance, T=65. The unelevated profile was the most common among their sample. The most frequent elevated profile types they found were spike 4 (10.09%), and spike 0 (6.42%). Other profile types that occurred with a frequency greater than or equal to 3.67% were 20/02, 24/42, 34/43, and
40/04. However, together these clinically significant profiles account for only 31.2% of
the total sample. The authors noted that if the mean scores for the entire sample were to
be plotted, they would show an unelevated profile with scale 4 as the high point, and
scale 5 as the low point. That scale 4 was the most commonly elevated clinical scale in
these authors’ sample is in accordance with much of the other literature on using the
MMPI with sex offenders (Erickson et al, 1987, Hall et al, 1986, Armentrout &
The authors also reported that multiple analysis of variance (MANOVA) showed
significant overall profile differences between the three sample groups, and that separate
analysis of variance for each validity and clinical scale showed significant differences on
scales K, 1, and 5. However, they did not report which groups scored highest and lowest
on these scales, nor did they provide an explanatory hypothesis. It is also possible the
authors’ failure to differentiate intrafamilial and extrafamilial offenders disguised
potentially important differences between these two groups. The authors reported that
the most significant difference between previous results of use of the original MMPI with
sex offenders and their study of the MMPI-2 is the frequency of unelevated profiles and
overall lower elevations of K-corrected T scores. They note that this is in accordance
with findings that MMPI-2 profiles generally tend to be lower than MMPI profiles due to
the restandardization process (Butcher, 1990).

In summary, results of studies utilizing the MMPI and MMPI-2 with sex
offenders are inconclusive, and indicate that this is a complex and heterogeneous group
that has thus far defied attempts at constructing a reliable typology. However, research
with the MMPI and MMPI-2 has thus far failed to differentiate between intrafamilial and
extrafamilial offenders, despite a wealth of evidence indicating that these two groups
differ significantly. In spite of this, elevations on scale 4, also known as Psychopathic
Deviate, are common. Given other research that supports increased psychopathy among
extrafamilial but not incest offenders, it seems possible that extrafamilial offenders would
show more reliable elevations on this scale if examined apart from incest offenders.
Unfortunately, this information is of limited clinical utility, as the definition of a
psychopathic personality at the time the MMPI was constructed was broad, and included
not only antisocial and amoral trends, but also pathological emotionality and sexuality
(Friedman, Lewak, Nichols & Webb, 2001). Other studies indicate that there are
significant differences between extrafamilial and incest offenders, in terms of recidivism,
deviant arousal, scores on independent measures of psychopathy, and interpersonal and
intimacy deficits. These differences have important implications for treatment, as the
differences between the two groups indicate differing treatment needs. However, few
studies have examined differences between these groups with regard to the MMPI or
MMPI-2. Given that the MMPI-2 is frequently used in the assessment of sex offenders,
further research using the instrument with this population, and in particular examining the
differences between intrafamilial and extrafamilial offenders, is warranted.

The Harris-Lingoes subscales of scale 4 are of particular interest, since they give
more detailed information than is available from scale 4 scores alone. Friedman, Lewak,
Nichols and Webb (2001) provide the following descriptions of the subscales: Pd1
(Familial Discord) reflects current and historical family problems. Pd2 (Authority
Problems) reflects opposition to authority, dislike of institutions, and lack of constraint.
Importantly, it is more highly correlated with other measures of antisocial behavior, and
is considered to be a better indicator of primary psychopathy compared to the other subscales. Pd3 (Social Imperturbability) reflects extroverted tendencies that are free from the need for approval and reinforcement from others. Individuals who obtain high scores on this subscale tend to be manipulative and exploitative toward others, and show narcissistic qualities. Pd4 (Social Alienation) reflects both paranoid-type views of others, and a vulnerable, lonely and unhappy self. Elevated scores on Pd4 indicate a view of others as being uncaring and unreliable, but not overtly hostile. Elevations on Pd1 and Pd4 often co-occur, as the beliefs reflected in Pd4 are often first learned through interactions with primary caregivers. Pd5 (Self-Alienation) reflects guilt, self-blame, regret, hopelessness, and helplessness. The feelings of guilt experienced by high Pd5 scorers can be differentiated from general anhedonia by its characteristics of “self-flagellation with exaggerated culpability and ostentatious remorse (Nichols & Greene, 1995, as quoted in Friedman et al., 2001).

The purpose of this study is threefold: 1) to add to the current body of research regarding the use of the MMPI-2 with sex offenders, 2) to add to the body of research on the differences between intrafamilial and extrafamilial child molesters, with information specific to the MMPI-2, and 3) to attempt to parse the Psychopathic Deviate construct so as to gain a deeper understanding of potential differences in both level and type of psychopathy between intrafamilial and extrafamilial offenders. This may also provide additional insight into the hypothesis that psychopathy in extrafamilial offenders is related to early life attachment trauma and subsequently impoverished functioning in adult relationships. If this is true, elevations on one or more of Pd1, Pd4 and Pd5 are
expected. However, elevations on Pd2 and Pd3 would indicate a more classic type of psychopathy.
METHOD

Participants

Archival data were collected from a private practice in Eugene, Oregon, which specializes in the treatment of sexual offenders. Mandated treatment is frequently a condition of parole or probation for sexual offenders in Oregon, and this practice is contracted through Lane County to provide these services. Thus, all subjects were on post-prison supervision or probation while in treatment. Thus, this sample differs from those used by other researchers (e.g., Panton, 1979) who studied incarcerated offenders. This is important to note, because MMPI-2 data were obtained a significant amount of time after the subjects offended, in some cases many years later, and thus these data are likely to provide a more stable, or trait, representation of their personality, psychopathology and overall functioning.

Procedure

The MMPI-2 was administered routinely by computer, as part of the initial pre-treatment assessment process. Following the methodology of Erickson et al. (1987), profiles were deemed valid only if scores on the validity scales L and K did not exceed T=70, and scale F did not exceed T=100. Only valid profiles were included in the study sample. Analysis of Variance (ANOVA) was used to examine differences in validity and clinical scale scores between groups, as well as the Harris-Lingoes subscales for scale 4. Standard assumption testing was performed prior to running any analyses. In cases
where Levene's test for homogeneity of variance was violated, a more strict criterion of significance (p<.01) was used.
RESULTS

Demographic and offense data were gathered from client files; sources included client data forms, police reports, polygraph reports, presentencing investigation reports, and clinician notes. Following the work of Hall et al. (1986) and other cited evidence indicating increased pathology among extrafamilial offenders, subjects who had offended both related and unrelated victims were classified in the extrafamilial group. Clients were assessed and received services between 2000 and 2005.

Subjects (N=15) had a mean age of 41.87 years (SD=15.87), with a range of 17 to 70 years. The intrafamilial offender group (N=9) was slightly older (mean age= 44.44 years, SD= 13.584) than the extrafamilial offending group (mean age= 38.00 years, SD=19.483), however this difference was not statistically significant. Nine subjects identified as Euro-American, one identified as Multiracial/Other, and five did not indicate their racial identity. There was no significant age difference between victims of intrafamilial and extrafamilial offenders. In cases where an offender had multiple known victims, the age of the youngest victim was used to calculate means. For the extrafamilial offender group, mean victim age = 10.83 years (SD= 4.53) with a range of 5-14 years, and for the intrafamilial group, mean victim age = 9.56 years (SD= 3.40) with a range of 4-14 years. Offenders whose only known victims were older than age 15 were excluded, so as to ensure a minimum of three years’ age difference between victim and perpetrator. Three years’ difference is the minimum required for an offense to be considered statutory rape.
Of the nine subjects in the intrafamilial group, three had more than one known victim. Of these, one had two known victims, and the others had three. Among the extrafamilial group, a single subject had more than one known victim. However, it is important to note that it is common for sex offenders to have undisclosed victims, and thus it is difficult to ascertain the accuracy of these data. In the intrafamilial group, all perpetrator-victim relationships were either first degree (i.e. parent-child, sibling), or second degree (i.e. grandparent-grandchild, uncle-niece, or cousin). Offenders whose victims were of greater than second-degree relation were excluded from the study.

The K-corrected T-score means and standard deviations of the MMPI-2 validity and clinical scales for each group and the combined sample are presented in Table 1. The extrafamilial offender group scored significantly higher on scale 4 (Pd) than did the incest group (F= 6.905, p<.05). It is notable that this difference was such that the mean scale 4 score for the extrafamilial group was well into the clinically significant range (Mean= 73.17), while the mean score for the intrafamilial group was not elevated (Mean= 58.44). A result that approached significance was obtained on scale 8 (F=5.478, p<.05). However, these results should be interpreted with caution because this particular analysis violated the assumption of homogeneity of variance. Thus, were it subjected to a stricter criterion of significance, such as p<.01, it would no longer be significant. Further, although the extrafamilial group had a higher mean score on scale 8, this mean was just short of the cutoff for clinical significance (Mean= 64.83).
Table 1. MMPI-2 Means and Standard Deviations of the Validity and Clinical Scales

<table>
<thead>
<tr>
<th>MMPI-2 Scale</th>
<th>Intrafamilial</th>
<th>Extrafamilial</th>
<th>Combined Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>F</td>
<td>47.33</td>
<td>7.00</td>
<td>55.50</td>
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<tr>
<td>L</td>
<td>55.89</td>
<td>7.98</td>
<td>56.00</td>
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<td>8.00</td>
<td>56.00</td>
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<td>64.17</td>
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<tr>
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<td>9.752</td>
<td>46.67</td>
</tr>
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<tr>
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<td>51.22</td>
<td>5.78</td>
<td>62.00</td>
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<td>11.02</td>
<td>51.67</td>
</tr>
</tbody>
</table>

*p<.05  **This analysis violated the assumption of homogeneity of variance, therefore p<.01 was used

The plotted mean profiles for each group are presented in Figure 1. The mean profile for the incest offender group is an unelevated profile with the highest points on scales 4, 3 and 6. The mean profile for the extrafamilial offender group is a spike 4, with scales 8 and 1 falling just short of the cutoff for clinical significance. However, the difference between the mean k-corrected T scores for these scales is slightly less than the ten points required for a true spike profile.
Figure 1. Mean MMPI-2 Profiles of Intrafamilial and Extrafamilial Offenders
The K-corrected T-score means and standard deviations for the Harris-Lingoes subscales of scale 4 are presented in Table 2. There was a significant difference between groups only on Pd5, the Self-Alienation subscale (F=5.417, p<.05). This was the only subscale on which the extrafamilial offender group had a mean score above the T=65 cutoff for clinical significance.

Table 2. Harris-Lingoes Subscale Scores for Scale 4 of the MMPI-2

<table>
<thead>
<tr>
<th>Harris-Lingoes Subscale</th>
<th>Intrafamilial</th>
<th>Extrafamilial</th>
<th>F</th>
<th>p</th>
<th>Combined Mean</th>
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<td>Pd2</td>
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<td>59.00</td>
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<td>Pd3</td>
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<td>50.00</td>
<td>11.65</td>
<td>1.054</td>
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<tr>
<td>Pd4</td>
<td>53.11</td>
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<td>61.67</td>
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<td>1.558</td>
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<tr>
<td>Pd5</td>
<td>52.89</td>
<td>9.49</td>
<td>68.00</td>
<td>15.82</td>
<td>5.417*</td>
</tr>
</tbody>
</table>

*p<.05
DISCUSSION

The findings of scale 4 elevated above T=65 for the Extrafamilial group are in accordance with those of Erickson et al. (1987), Hall et al. (1986), and Mann et al. (1992). However, of these studies, only the former two examined differences between extrafamilial and incest offenders, and did not find significant differences in scale 4 between groups. Thus the current findings of a significant difference in mean scale 4 scores between groups, and that this difference was such that scale 4 was clinically significant for the Extrafamilial but not the Incest groups, are surprising. However, this is in accordance with findings of increased scores on a different measure of psychopathy among extrafamilial offenders (Firestone et al., 2002).

Individuals with elevations on scale 4 are characterized as having poor anticipation of the consequences of their behavior, and difficulty learning the anticipatory anxieties that serve to prevent most people from engaging in antisocial behavior. Further, these individuals tend to be psychologically immature, have impoverished abilities to form warm and stable relationships with others, to abide by societal rules and customs, and to learn from experiences with negative consequences. Characteristically, they experience strong feelings of self and social alienation (Friedman et al., 2001, p. 102). A spike 4 profile is associated with lack of empathy, difficulty maintaining behaviors directed toward long-term goals, low frustration tolerance, and difficulty delaying gratification (Friedman et al., 2001, p. 297). The characteristics of psychological immaturity and difficulty with intimacy in adult relationships are characteristic of the
fixated type of pedophile (Menard & Johnson, 1992), who are more likely to offend unrelated children. The inability to learn from negative behavioral feedback is represented in the repeat offending patterns of fixated pedophiles, which often continue despite interactions with the legal system and other negative outcomes.

Elevated scores on the Harris-Lingoes subscales of scale 4 were obtained by the Extrafamilial group on Pd5, the Self-Alienation scale. However, the psychometric properties of the subscales, in particular their small item content and theoretically rather than empirically-based construction, makes it difficult to determine the significance of these results. At best, these results suggest the possibility of a difference in the type and/or etiology of psychopathy between groups that lends itself to further research using other instruments that are better suited for assessing these differences.

In summary, the results of this study support the hypothesis that extrafamilial perpetrators of sexual offenses against children score higher on the Psychopathic Deviate scale of the MMPI-2 than incest offenders. The hypothesis that the MMPI-2 could provide information about more specific differences in level and type of psychopathy between groups was not supported. This was due to the lack of specificity of the Psychopathic Deviate scale of the MMPI-2, and the poor psychometric properties of the Harris-Lingoes subscales. This study was also limited by its small sample size. Further studies, particularly those using larger samples and comparisons with other measures of early life attachment and interpersonal functioning, as well as brain-imaging studies to assess whether there is an organic basis for the characteristic lack of behavioral inhibition associated with these groups, may prove illuminating. Such studies have the potential to
provide valuable insight into the underlying pathology of sexual offenders against children, and to thus inform clinicians as they strive to develop more effective treatment.
REFERENCES


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