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AN ABSTRACT OF THE THESIS OF RUSSELL FUNK for the Master of
Science in Psychology presented June 7, 1988.

Title: MMPI and the Juvenile Sex Offender

APPROVED BY MEMBERS OF THE THESIS COMMITTEE

Robert Jones, Chair

Hugo Maynard

Gerald Guthrie

This study examined the effectiveness of the MMPI in identifying juvenile sex offenders. This study examined the hypothesis that previously identified subscales of the MMPI (i.e., Toobert et al. (1959) Pe scale and Dolan (1986) Ic scale) could be used in discriminating juvenile sex offenders (n=102) (and subgroups of juvenile sex offenders i.e., pedophiles n=79, and incest perpetrators n=41) from a control group of 40 juvenile offenders who had been adjudicated for non-sex related crimes. The study yielded results which

indicate that the Pe subscale was not effective in discriminating pedophiles from non-pedophile sex offenders or from the control group. The results also indicated that the Ic subscale was not effective in discriminating incest perpetrators from non-incest sex offenders or the control group. The results from the data also indicate that the control group appeared more pathological than the sex offender group, based on their respective MMPI profiles. In addition, in comparison with previous research on adult sex offenders, there appears to be differences between adult sex offenders and juvenile sex offenders when comparing mean two point code scores. Problems in defining subgroups were discussed. A lack of research in the area of juvenile sex offenders was identified and a strong recommendation for further research in this area was made.

MMPI AND THE JUVENILE SEX OFFENDER

by

RUSSELL FUNK

A thesis in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE
in
PSYCHOLOGY

Portland State University

1988

TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH:

The members of the Committee approve the thesis of
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CHAPTER I

INTRODUCTION

Sex abuse has become a matter of national concern. The National Center on Child Abuse and Neglect (1981) estimates that over 100,000 children are sexually abused in the United States each year. Also the incidence of juveniles offending sexually appears to be increasing. For example, Guthman (1986) showed that the incidence of adjudicated juvenile sex offenders sentenced in the State of Washington doubled between 1982 and 1985. Whether this increase in juvenile sex offenses is the result of improvements in police reporting, collection of data, etc., or due to an overall increase in offending behavior is an issue of debate but is not within the scope of the present study.

Early detection and assessment of juvenile sex offenders is important, both for the education and treatment of the juvenile sex offender and in protection of society in general. There are several effective devices used for personality assessment. The Minnesota Multiphasic Personality Inventory (MMPI) has been found to be an effective tool in personality assessment.

The MMPI was developed in the early 1940's as an aid in differentiating diagnoses of psychiatric patients. A set of

504 T-F items (since enlarged to 566 items) that were scored either true or false were taken from earlier inventories, clinical reports, interviewing manuals, etc. and comprised the initial inventory. The inventory was administered to a normal group of subjects and to eight different clinically diagnosed psychiatric groups. The typical selection procedure involved contrasting the responses to the 504 items of the psychiatric groups with the normative sample. Items that had T-F endorsement frequencies that differed at or beyond the .05 level of significance were retained for the final scale. Thus, the original clinical scales were developed. Other scales initially added included the Masculinity-Femininity scale and the Social Introversion-Extroversion scale.

Subsequently, other scales, not empirically derived, were included as validity checks. The L scale was constructed to detect a deliberate attempt on the part of the subject to present him or herself favorable. These rationally derived L scale items expose rather minor flaws and weaknesses to which most people are willing to admit. However, individuals who are deliberately trying to present themselves in a favorable light are often not willing to admit even such minor faults.

The K scale was developed as a more subtle index of attempts by the subject to deny (or exaggerate) psychopathology or to present himself in a favorable (or

unfavorable) light. The K scale items tend to be more subtle than the items in the L scale, therefore, it is less likely that a defensive subject will recognize the purpose of the items and will be able to avoid detection.

The F scale was developed to detect deviant or atypical ways of responding to the test items. The items in the F scale are items that were answered in the scored direction by fewer than 10% of normal adult subjects. A subject with an elevated F score is usually assessed as not responding as most people would.

Originally the scales were addressed by the scale name of scale abbreviation. Due to the awkwardness inherent in the use of the scale names, and due to changes in attitudes regarding precise delineation of psychiatric categories, scales are now referred to in terms of numbers assigned to the clinical scales. Profiles are now typically referred to in terms of the two highest scale scores, i.e., 4-8 or 2-6.

The MMPI, originally developed for working with psychiatric populations, has evolved into a widely utilized clinical tool in working with a variety of populations. Dahlstrom (1974) cited over 6000 studies relating to the MMPI. Relying on any one instrument to describe a single individual, of course, has its limitation. However, because of the extensive research on the MMPI, it can provide a wealth of information regarding an individual for a relatively small investment of time and money.

THE MMPI AND SEX OFFENDERS

The MMPI, in addition to its extensive use in personality assessment, has been used in assessing broad criminal populations, and some efforts have been made to develop scales that might identify the specific population of sex offenders. For example, Panton (1958) attempted to discriminate between six criminal groups (including an "aggravated sex" group and a "sex perverse" group among others). His findings indicate that there is a distinct prison population MMPI profile. However, there was no marked difference between the profiles of the six major crime classification groups. Other studies (Persons and Marks 1971; Davis and Sines 1971) have indicated that an MMPI high pattern of 4-3 is associated with the commission of violent acts. Also, subjects with a 4-03 profile committed significantly more violence than the base rate of other inmates in institutions in general.

Generally, studies identifying personality characteristics of the sex offender have focused on adult sex offenders. More specifically, Langevin, Paitich, Freeman, Mann and Handy (1978) showed that Heterosexual Pedophiles tend to have an elevated 1 scale, indicative of feeling tense. In addition, scales 2,4,6,7,8,0 were raised significantly due, as they suggested, to a great deal of emotional disturbance. Langevin et al. (1978) also indicated that exhibitionists have an "unremarkable" profile with

"little evidence of significant pathology." Rader (1977) compared MMPI profiles of three groups: expositors, rapists and assaulters. His finding showed that the rapists were the most disturbed of the three groups; their mean raw scores were significantly greater than those of the exposer and assaulter groups.

Armentrout and Hauser (1978) compared MMPI group mean profiles of rapists of adults, rapists of children and non-rapist sex offenders. The results indicated that rapists of adults were most hostile, resentful, interpersonally alienated (elevated 8-4 profile), compared to rapists of children (4-8 profile), with a slightly lower 8 than rapist of adults. The non-rapist sex offender had a high 4 scale 8 elevated even less and showed less hostile and resentful characteristics than both groups of rapists. Hall Vitaliano and Procter (1986), in a study examining the utility of using the MMPI to identify men who have sexually assaulted children supported Armentrout and Hauser (1978). Their data showed an overall mean 2-point MMPI score (as well as an overall modal 2-point score) of 4-8. However, they did qualify their results by noting that the 4-8 profile was present among only 7% of the total sample. Moreover, the score was not significantly more frequent than several other 2-point scores.

Anderson, Kuncie, and Rich (1979) analyzed MMPI profiles of 92 sex offenders. Their data yielded three profile peaks

in which 88 of the 92 scores could be placed: F-8, 4-9, 2-4. In that study, the researchers found that rapists in the F-8 category came off fairly well in the psychiatric interview, yet hospital staff observations of this group on the ward indicated that this group is the most likely to appear anxious, depressed and suspicious. This led Anderson et al. to conclude:

"When an alleged rapist has a profile similar to the F-Sc[8], it may signal relatively severe psycho-pathology that is not readily apparent during a psychiatric interview. We recommend in such instances that special attention be given to past history and ward observation before final diagnosis. (Anderson et al., 1979; p. 675)".

An attempt to differentiate sex offenders demographically was made by Ladd (1985). She used 17 demographic variables, e.g., age, education, drug and alcohol involvement, etc. Ladd found that the variables used did not discriminate between one group of pedophiles, two groups of incestuous fathers (from two different programs) and two groups of incestuous stepfathers (also from two programs). However, the MMPI did make some discrimination among the five groups; e.g., one of the groups of pedophiles differed significantly on scale 0 on the MMPI from all the other groups with the exception of one of the incestuous fathers groups.

Hartman (1967) compared MMPI profiles of sexual deviates with those of sociopaths without sexual deviation using the

11 standard MMPI scores and with 11 experimental scales. His results indicated that there were no significant differences between the groups, as indicated by the MMPI scores.

SEX OFFENDER SUBSCALES

Efforts to develop subscales within the MMPI to differentiate sex offenders from each other and non-sex offenders has led to several studies (Toobert, Bateline and Jones, 1959; Marsh, Hillard, Leichi 1955; Dolan 1985; among others). Each of these studies supplied results which indicate subscales can be derived to identify sex offenders. Toobert, et al. (1959) derived a scale to identify pedophiles. Marsh, et al. (1955) derived a scale to identify a broader population of sexual deviates; and Dolan (1985) a scale to identify incest offenders. However, research tends to indicate that the MMPI does not discriminate between subgroups of adult sex offenders. Sheck (1986) results indicated that the Sv, Pe and Ic subscales failed to differentiate a group of sex offenders from a group of alcoholics, raising questions as to the validity of these subscales.

However, there is little empirical information on personality characteristics of the juvenile sex offender. In fact, until recently, there has been little delineation between juvenile sex offenders and adult sex offenders. Davis and Leitenberg (1987) in a review of research

literature in the area of sex offenders found that even the most conservative estimates suggest that about 20% of all sex offenses committed in this country are committed by juveniles. Groth and Loredó (1981) reported that in 56% of the cases of child molestation referred to the Child Sexual Abuse Victim Assistance Program in Washington, D.C. the offender was under 18 years of age. This study also concluded that human service providers generally had not been adequately trained to work with such clients, often resulting in juvenile offense behavior being misdiagnosed as adolescent adjustment reaction. Longo (1982) stated that only recently have specialized intervention and treatment programs been developed specifically for juvenile sex offenders and at the time of his national study was able to identify only two institutions working specifically with adolescent sex offenders. The need for such a program appears to be urgent. For example, La Fond and Kahn (1986) state that there are approximately 140 youth with sex offense histories in the Washington State juvenile corrections systems at any one time. Also, in a study of 137 convicted rapists and child molesters, Groth, Logo and McFadin (1982) revealed that 47% of the offenders in their sample had committed their first sexual assault between the age of 8 and 18, with a modal age of 16.

Until recently there has been a lack of empirical data on the juvenile sex offender. However, this appears to be

changing. Smith, Monastersky and Deisher (1987), using the MMPI as their measuring instrument, found data that suggested that there are four distinct personality types within the population of juvenile sex offenders. Group I was identified as a less violent group which did not display major psychiatric problems, but did display social immaturity and would tend to isolate themselves from their peers. This group was the largest proportion of their sample. Group II was described as likely to be overtly emotionally disturbed. Group III was described as well-adjusted and outgoing, though over-controlled. Group IV was described as a group with major characterological problems that led them to "act out." Davis (1987) noted that research on juvenile sex offenders, their offenses and their victims is still in an early stage. He postulates that categories of offenders need to be separated and compared. He suggested such comparisons should include comparing juvenile sex offenders who offended against males vs. juveniles sex offenders who offended against females. Another comparison (Davis, 1987) which should be addressed is between juveniles who assault children vs. those who assault same age and older victims. It is imperative that research take place with the juvenile sex offender so personality characteristics can be addressed. Ultimately, what this area of research should lead to is to identify the most appropriate form of therapy for a specific form of sex offense.

AGE AND THE MMPI

Is the MMPI as effective a tool when assessing juveniles as it is in assessing adults? What influences does age have on the results of the MMPI? Hathaway and Monachesi (1951) indicated that the effectiveness of the MMPI is not found by age, but rather by reading and comprehension skill level. As far back as Capwell (1945), the MMPI was used to discriminate delinquents from non-delinquents, using females as subjects. Other research includes McKigney (1965), who examined whether an elevated F score necessarily invalidates a profile when assessing juvenile delinquents as a group. He obtained very high mean F scores of 15.4 in his sample, versus a mean of less than 4.00 in a normative population. A content analysis of all F scale items showed that most of the delinquents' F responses are concentrated on a limited number of items whose "content accurately and realistically reflects the attitudes, feelings and behavior of delinquents as a group." Smith et al., (1987) concluded that age-adjusted MMPI profiles can be useful in identifying sub-groups within a less disturbed non-psychiatric juvenile population. The research indicates that while the MMPI yields different normative data for juveniles than for adults, it is still a valid tool for personality assessment.

PURPOSE

The purpose of the present study is to identify characteristics of particular subgroups of juvenile sex offenders. I will attempt to cross-validate Toobert et al. (1959) Pe scale to see if it is effective in separating juvenile pedophiles from non-sexual offenders. Using Toobert et al. (1955) a pedophile will be defined as someone who commits a sexual offense against someone 12 years of age or younger. I will also attempt to cross-validate Dolan's (1985) Ic scale to see if it is effective in discriminating incest perpetrators from non-sexual offenders. The definition for an incest offender will be defined as an offender who engages in sexual contact with a family member, including step-siblings.

CHAPTER II

METHOD

SUBJECTS

The sex offender group consists of 102 males who had been referred for psychiatric evaluation to one of three clinics in the Pacific Northwest. One clinic, the Morrison Center (n=10) in Portland, Oregon, is an outpatient program, which provides specialized foster care placements along with an educational and counseling component. A second source of subjects was Comte and Associates (n=68), a psychological group in Tacoma, Washington which specializes in assessment and treatment of juvenile sex offenders. The third source of subjects was a psychologist in private practice (n=24) in Vancouver, Washington, who also specializes in the treatment and assessment of juvenile sex offenders. All subjects had been referred for assessment by juvenile law enforcement officials due to their sexual behavior. The sample from the Morrison Center did not include MMPI profiles of the subjects as the profiles were not readily available in their files. However, the complete MMPI answer sheets containing the 566 T-F responses were available.

The sex offender group was divided into the following subgroups: Incest offenders (n=41), non-incest offenders (n=61), whose mean ages were 14.9 and 14.6 respectively, and pedophile (n=74) and non-pedophile (n=23) whose mean ages were 14.6 and 15.1 respectively. The mean age for the sample of sexual offenders as a whole was 14.8 years, with a standard deviation of 1.57 years. The modal age for the same group was 16 years, with a range of 11 to 17 years.

The control group consisted of a sample of 40 male subjects (mean age 15.9 years; SD 1.20 years; modal age 16 years; age range 11-17 years). This group was comprised of non-sex offenders who had been referred to Dr. C. Kirk Johnson for evaluation and assessment by juvenile law enforcement officials due to non-sex relation offenses.

MATERIALS

Each subject from both the sex offender and the non-sex offender group had completed the group form of the Minnesota Multiphasic Personality Inventory. Raw scores were obtained for each scale of the test based on the number of items marked in the scaled direction. Raw scores were then converted to T-scores, using age-adjusted norms (Marks, Seeman, Haller, 1974). The scores in the present study were not K-corrected as is explained below.

PROCEDURE

All subjects were given the long form (566 items) of the MMPI. Demographic data was collected by the author of the present study from the Morrison Center group and from the offices of Dr. C.Kirk Johnson. A trained assistant obtained the demographic data from Comtes and Associates. All data was stored on the IBM main frame computer located at Portland State University and the SPSSx statistical package was employed for its analysis.

To protect the confidentiality of the subjects, all names of the subjects were withheld from entry into the data base and numerical values were assigned to each to facilitate identification. These subjects were chosen due to the availability and accessibility of their files. No personal contact was made with any of the subjects.

CHAPTER III

RESULTS

Scores were obtained on the 26-item Pe scale (Toobert, et al.1959) for all subjects in each group. These data were submitted to a one way analysis of variance (ANOVA) to see if there were any significant differences among a juvenile pedophile group (n=79; mean age 14.6 years, standard deviation 1.6 years), a juvenile non-pedophile sex offender group (n=23; mean age 15.7 years; standard deviation 1.6 years) and a control group (n=40; age 15.9 years; standard deviation 1.6 years). The data from this analysis indicates that there were no significant differences ($F(2,139)=0.562$; $p \leq .05$) among these three groups in scores on the Pe scale. (See Table I).

Similarly, scores were obtained on Dolan's (1985) 11-item Ic scale for all subjects in each group. These data were also submitted to a one-way ANOVA to see if there were any significant differences among juvenile incest perpetrators (n=41; mean age 14.9 years; standard deviation 1.4 years), non-incest sex offenders (n=61; mean age 14.9 years; standard deviation 1.6 years) and the control group (n=40; mean age 15.9 years; standard deviation 1.6 years). The data from the analysis indicated that there were no

significant differences among these three groups
($F(2,139)=0.417$; $p \geq .05$) in scores on Dolan's (1985) scale.
(See Table II).

TABLE I
FREQUENCY OF SCORES ON THE
Pe SCALE FOR EACH GROUP

<u>Score on Pe scale</u>	<u>Pedophile Group</u>		<u>Non-Pedophile Sex Offender Group</u>		<u>Control Group</u>	
	<u>n</u>	<u>cum. %</u>	<u>n</u>	<u>cum. %</u>	<u>n</u>	<u>cum. %</u>
16	1	100.0	1	100.0	0	100.0
15	0	98.7	1	95.7	0	100.0
14	0	98.7	1	91.0	0	100.0
13	1	98.7	0	87.0	4	100.0
12	9	97.5	1	87.0	3	90.0
11	10	86.1	2	83.6	2	82.5
10	7	73.4	3	73.9	8	77.5
9	11	64.6	1	60.9	4	57.5
8	12	50.6	6	56.5	5	47.5
7	10	35.4	2	30.4	5	35.0
6	8	22.8	3	21.7	5	22.5
5	7	12.7	0	21.7	2	10.0
4	3	3.8	1	8.6	1	5.0
3	0	0.0	1	4.3	1	2.5
<hr/>						
Σn	79		23		40	
$\bar{x}$	8.95		8.91		8.70	
S.D.	2.45		3.17		2.61	

TABLE II
FREQUENCY OF SCORES ON THE
Ic SCALE FOR EACH GROUP

Score on Ic Scale	Ic Offender Group		Non-Ic Offender Sex Offender Group		Control Group	
	n	cum. %	n	cum. %	n	cum. %
10	0	100.0	1	100.0	1	100.0
9	0	100.0	0	98.4	0	97.5
8	5	100.0	3	98.4	3	97.5
7	1	87.8	4	93.4	3	90.0
6	1	85.4	7	86.9	3	82.5
5	9	82.9	9	75.4	6	75.0
4	6	61.0	7	60.7	11	60.0
3	9	46.3	8	49.2	3	32.5
2	4	24.4	11	36.1	4	25.0
1	2	14.6	5	18.0	3	15.0
0	4	9.8	6	9.8	3	7.5

Σn	41	61	40
$\bar{x}$	3.88	3.74	4.18
S.D.	2.28	2.40	2.39

Another analysis that was a part of the present study compared scale scores of the following groups: A group of sex offenders (n=91), and a control group (n=40). In the present analysis 11 subjects from the sex offender group for some MMPI scales were not available were dropped from the sample.

To allow for comparisons between the two groups, all raw data for each subject's scale scores were converted to T-scores using norms established by Marks, Seeman and Haller (1974). Marks et al. (1974) established different norms for different age groups of adolescents, thus making it possible to compare the MMPI scores of adolescents of different ages. In the present study scale scores were non-K corrected as following guidelines established by Marks et al. (1974).

The overall group of sex offenders and the control group had the same mean two-point scores, i.e., 4-9.

There were differences noted in the scale scores and the profiles among the two groups.

A t-test comparing two independent means was used to compare the mean scale scores for the control group with the mean scale scores of the sex offender group. This comparison showed that the following scales had significantly higher ($p \leq .01$) non-K corrected mean T-scores for the control group than for all sex offenders: scales F, 1, 2, 3, 4, 5, 6, 7, 9.

The most frequent two-point code (i.e., the modal two point code) for the two groups were identical: the 4-9/9-4

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T-Score 44.8 49.5 44.6 48.6 52.0 50.0 57.2 49.9 49.2 51.8 43.9
S.D. 20.3 19.1 18.0 20.1 18.4 19.0 22.0 21.0 21.3 21.7 18.2

Figure 1. Profiles of mean MMPi scale scores for Incest Perpetrator group (n=40).

MMPITM

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T-Score 46.2 48.7 44.5 47.6 50.7 48.7 51.9 48.3 47.3 50.1 44.7
S.D. 21.5 19.4 18.2 19.8 19.4 19.1 21.7 20.4 20.6 20.8 18.5

Figure 2. Profiles of mean MMPI scale scores for Pedophile group (n=73).

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Figure 3. Profiles of mean MMPI scale scores for Combined Sex Offender group (n=91).

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T-Score 50.1 57.5 49.4 55.9 60.2 58.5 57.6 56.9 57.3 60.6 47.0
S.D. 9.5 13.6 12.8 15.9 10.1 9.9 12.5 9.5 10.3 14.5 13.5

Figure 4. Profiles of mean MMPI scale scores for Control group (n=40).

configuration, where the 4 or 9 scales had the greatest T-score followed by the 9 or 4 scale respectively.

In the sex offender group this profile (4-9/9-4) accounted for 13.1% of the total sample. In the control group, the 4-9/9-4 profile accounted for 25.0% of the sample.

A chi square analysis was used to see if the frequency of the 4-9/9-4 profiles differed between the sex offender group and the control group. There was no significant difference ($\chi^2=0.541$, Degrees of Freedom=1) between the two groups, i.e. the sex offender group and the control group, in which the 4-9/9-4 configuration occurred.

The second most frequent two-point code score for the sex offender group was a 4-5/5-4 configuration. The second most frequent two-point code score for the control group was a 3-4/4-3 profile. (See Table III).

Dahlstrom (1974), among others, stated that for a MMPI profile to be clinically significant, at least two of the T-scores had to have a value greater than 70. In the sex offender group 34.1% of the sample had profiles which could be called clinically significant by Dahlstrom's (1974) definition. In the control group 52.5% of the sample had profiles which could be called clinically significant.

A chi-square test was used to see if there were any significant differences between the two groups. The analysis yielded a chi-square score ($\chi^2=6.17$, $df=1$, $p \leq .05$) which

TABLE III
TWO MOST FREQUENT
TWO-POINT SCALE SCORES

<u>Sex Offenders (n=91)</u>	<u>Frequency</u>	<u>%</u>
4-9/9-4	12	13.1
4-5-5-4	8	8.8
<u>Control (n=40)</u>	<u>Frequency</u>	<u>%</u>
4-9/9-4	8	25.0
3-4/4-3	3	7.5

TABLE IV
MMPI 2-POINT CODES WHICH WERE
CLINICALLY SIGNIFICANT

Sex Offender Group	n	Control Group	n
8-F	2	4-9	5
8-2	1	5-4	1
F-6	2	5-1	1
F-1	1	5-K	1
O-2	1	5-2	1
3-1	2	3-1	1
F-9	1	6-4	1
8-6	1	4-1	1
7-8	1	2-1	1
4-8	1	F-1	1
2-1	1	4-2	1
5-7	1	0-6	1
5-4	3	F-8	1
6-1	2	6-F	2
4-3	1	7-8	2
9-4	4		
9-7	1		
4-7	1		
8-9	1		
3-2	1		
F-4	1		
L-1	1		
Σ n=31		Σ n=21	

indicate that there is a significant difference between the two groups (i.e. the sex offender group and the control group) in the percentage of clinically significant profiles included within each group (see Table IV).

CHAPTER IV

DISCUSSION

The results of the present study indicated that Tooberts (1959) Pe scale did not discriminate juvenile pedophiles from juvenile non-pedophiles. Toobert et al. (1950) found that a cutting score of 8 (out of 26 questions) identified 75% of his groups of pedophiles while producing a "false positive" rate of 20% to 40% of his control group. In the present study a cutting score of 8 correctly identified 50.6% of the pedophile group with "false positive" scores of 56.5% and 47.5% for the non-pedophile sex offender group and the control group respectively.

Also, it can be stated that the IC scale (Dolan, 1985) was not a valid instrument in discriminating juvenile incest perpetrators from non-incestual juvenile offenders in the present study. In Dolan's (1985) study 69% of incest perpetrators were identified using a cutting score of 4 on her scale, with a "false positive" rate of only 8%. In the present study a cutting score of 4 identified 60% of the incest perpetrator sample with a "false positive" rate of approximately the same percentage for the non-incest perpetrators sex offender group and the control group.

The present study indicates that previously identified scales (Ic and Pe) which might be effective in identifying adult sex offenders, are not effective in identifying juvenile sex offenders. This leads to the speculation that there might be distinct differences in personality characteristics between the two groups, i.e. adult and juvenile sex offenders.

In the present study the 4-9 profile was the most frequent two point profile for all four groups. However, it should be noted that only 25% of the non-sex offender group and 13% of the sex offender group had 4-9 profiles.

Marks et al. (1974) studied the personal characteristics of groups of individuals having the same two-point profile. He described the 4-9/9-4 as "defiant, disobedient, impulsive, provocative, mischievous, and truant from school" (p.219). As children, few were noted to be passive or inactive. They were well liked and have friends. They succeed outside of school in just about everything they attempted. In their study Marks et al. (1974) found approximately 50% of their group had been in trouble with the law, either had been put on probation or placed in detention. This contrasts with Hathaway and Monchesi's (1953) report, which found a 33% delinquent rate among those adolescents with both high points from among 4,8 or 9, i.e., 4-8,4-9 or 8-9. Delinquents with 4-9/9-4 profiles were described as insecure and resentful

towards authority figures. They undercontrolled their impulses and act without sufficient deliberation.

In the present study the other two-scale code score which appeared at greater than chance frequency in the sex offender groups was the 4-5/5-4 two-scale code. The frequency of this score was not significant in the control group. Marks et al. (1974), stated that 4-5/5-4 individuals have few problems in the area of interpersonal peer relations. They get along well with other students in a school setting. Marks et al. (1974) noted that therapists view a 4-5/5-4 individual as having a resilient ego system; i.e., a safe margin of integration and good control. A 4-5/5-4 individual utilizes acting out and rationalization as defense mechanisms. They typically do not use isolation and depression as defenses. They, like the 4-9/9-4 individual, tend to be impulsive and they seemingly like to appear well groomed.

It would appear from the Marks et al. study (1974) that the 4-5/5-4 individual is more secure, more psychologically intact, and presents himself to his environment more appropriately than the 4-9/9-4.

In the present study the control group of offenders who were adjudicated for non-sex offenses appeared to be more pathological than the adjudicated sex offenders. For example, in the present study the F-scale for the control group was significantly ($p < .003$) higher than the F-score for

the group of offenders. Graham (1977) has asserted that the F-scale seems to be the single best MMPI index degree of psychopathology. Also, Graham (1977) stated that the overall elevation of the clinical scales provide a meaningful index of adjustment, i.e. the greater the elevation of the scales the greater the probability that some serious psychopathology and poor levels of functioning are present. In the present study the control group scored significantly higher ($p<.01$) than the group of sex offenders on ten out of the thirteen scales. There were no scales in which the mean scores for the sex offender groups were higher than the control group.

Hall, Vataliano and Proctor (1986) found significantly elevated mean scale scores for their sample of 406 hospitalized pedophiles. The elevated scales were 4, 8 and 2. In the present study the average MMPI profiles for the sex offenders revealed no significantly elevated mean scores. Thus it appears that adult sex offenders as a group are more pathological than juvenile offenders.

Hall et al. (1986) found that 80% of their sample of adult pedophiles had at least two scale scores with T-scores greater than 70. In the present study, only 31.5% of the sample of juvenile pedophiles had at least two scales with T-scores greater than 70. There was a significant difference between these groups using a chi-square test for analysis ($\chi^2=40.32$, $df=1$, $p<.01$).

Anderson, Kuncie and Rich (1979) found that 88 out of their sample of 92 adult sex offenders (95.7%) could be placed in three categories: F-8, 4-9, and 2-4. Only 16.5% of the sample on the present study could be categorized in these three categories.

Analysis between the subgroups of sex offenders (i.e., pedophiles and incest perpetrators) was difficult as there was a great deal of overlap between the two groups; i.e., a large percentage of the sex offender group was categorized as both incest and perpetrators and pedophiles. the actual breakdown of the groups is as follows (total sample n=102): pedophiles (n=45, 44.1%); incest perpetrators (n=7, 6.9%); pedophile/incest perpetrators (n=34, 33.3%); non-incest non-pedophile offenders (n=16, 15.7%). The problem of developing discriminable categories appears inherent to the population of juvenile sex offenders.

The strengths of the present study include the analysis of a relatively large sample. Other studies, including Dolan (1985), Armentrout and Hauer (1978) and Anderson et al. (1979), relied on data from smaller groups.

When discussing juvenile pedophiles there is a problem in defining what constitutes an act of pedophilia. Due to its use in earlier studies, and in part because of its simplicity the present study relied on the definition used by Toobert (1955) who defined a pedophile as someone who sexually offends against someone who is 12 years of age or

younger. However, this definition lacks the precision necessary for studies of the present type because some 12 year olds are quite sexually mature, while some 13 year olds are not. A more accurate definition of a pedophile is one who offends against someone who is pre-pubertal. However, to use this definition it would be necessary to examine the victim, which was impossible given the retrospective nature of the present study. The way around this problem could be to identify three general population groups of victims of sex offenders: 1) age 11 and under; 2) age 11.5-13.5; 3) age 13.5 and older. This would lessen the possibility of a victim being mislabeled as a victim of a pedophile.

Another problem that arose from the attempts to define a pedophile stemmed from the one instance in the present study in which an 11 year old was classified as a pedophile, even though he molested a 12 year old. Using Toobert's (1959) definition, in this one case a classified pedophile was younger than his victim. However, in future research with juvenile sex offenders the relationship between the age of the offender and the age of the victim should be included in the parameters of the definition of a pedophilia.

In the literature concerning the application of the MMPI to juveniles there is a debate over whether K-score corrections should be applied to juveniles when scoring the MMPI. Hathaway and Monchesi (1963) state that the K

corrections should be applied to the clinical scales 1, 4, 7, 8, 9 to improve their validity.

Marks et al. (1974) states a strong case against using K-corrected scores with juveniles. First, they noted that the K-scale was developed on a small sample of adults, hence its applicability to adolescents is questionable. Second, they cited several sources which have repeatedly cautioned against K-correction with samples different from those from which K was developed.

Finally, Marks and Seeman (1962) found a negative correlation ($r=-0.53$, $p=0.05$) between derived validity coefficients (based on psychotherapist descriptions) and K-score magnitude for an adolescent sample. In essence, the higher the K score, the less likely the psychotherapist's assessment would agree with the MMPI-derived score. If the K score was omitted, the five correlation coefficients affected (coinciding with the five scales which had K score additions) increased without exception. Hence, the present study did not use K-corrected scores.

The present study focused on male sex offenders because virtually all known adolescent sex offenders are male. For example, Davis and Leitenburg (1987) reported that less than 5% of all known cases of juvenile sex offenders are female.

In recent years there have been a number studies on treatment and assessment of juvenile sex offenders. Smith and Monastersky (1986) investigated what might be the best

method to identify juvenile sex offenders who are likely to reoffend. They discovered that those who are likely to reoffend sexually appear more healthy, i.e., less defensive, less depressed and less likely to deny any sexual behavior in a naive manner, than either those who reoffend non-sexually or those who do not reoffend at all.

The issues regarding treatment and assessment of sex offenders are crucial. Borzecki and Wormth (1987) report that in some jurisdictions in the United States sex offenders account for up to 21% of the federal prison population. Early detection and assessment of juvenile sex offenders would appear to be very important.

Assessment in and of itself is very limited. There needs to be a connection between assessment and treatment. One can't provide specific treatment without appropriate assessment; and assessment without appropriate treatment is pointless. There are several treatment modalities currently in use, mainly with adult sex offender populations.

Quinsey, Chapin and Carregan (1980) attempted to modify sexual deviancy using biofeedback and a form of signaled punishment aversion therapy. They found that the combination of a biofeedback system with signaled punishment aversion therapy was a more effective form of treatment in altering the inappropriate sexual age preferences of child molesters than just a biofeedback procedure alone. However, their conclusions may not be justified in that they did not produce

any follow-up studies to see if the treatment had long-term effects on their sample (Quinsey et al., 1980).

Gagne (1981) studies the effects of a hormone, medrooxyprogesterone acetate, on deviant sexual behavior with 48 male patients who were categorized as having a long-standing history of hypersexuality. Hypersexuality was defined as having two or more of the following behaviors manifested: masturbation several times a day, active seeking of sexual partners, reported incapacity to refrain from engaging in deviant sexual activities, and abnormally high production of sexual fantasies and erotic dreams. Within three weeks 40 volunteer subjects reported diminished frequency of sexual fantasies and arousal, decreased desire for deviant sexual behavior, increased control over sexual urges and improvement in psychosocial functioning. There was no evidence that any permanent physiological damage took place.

Matek (1985) postulates that sex offenders can be helped by making use of fantasy training as an additional approach to traditional psychotherapy. He suggests that there is a relationship between deviant sexual fantasy and deviant sexual behavior. By retraining sex offenders to develop appropriate fantasies you will affect their dysfunctional sexual behavior.

A benefit from the present study is that it provides some information into a largely unknown area of research, i.e., characteristics of juvenile sex offenders.

When working with the population of juvenile sex offenders there are problems in defining terms. These issues should be dealt with in future research.

The results of the present study strongly suggest that at present it is impossible to use the MMPI to discriminate between juvenile sex offenders and any other class of juvenile offenders. No two point scale differences could be identified which discriminated between juvenile sex offenders and non-sex offenders, and the Pe and Ic scales, which had discriminated between adult offender groups previously did not discriminate in the present study.

It might prove fruitful to do a complete item analysis of the data from the present sample of juvenile offenders to see if a scale could be developed which discriminated between the sex offenders and control group. However, further research would require an additional pair of samples for cross validation purposes and is beyond the scope of the present study.

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APPENDICES

SCALES USED IN PRESENT STUDY

APPENDIX A

Toobert's Pedophile Scale

Items From Booklet Form of the MMPI

Item Number	Items From Booklet Form of the MMPI	Scored Response
16	I am sure I get a raw deal from life	T
20	My sex life is satisfactory	F
53	A minister can cure disease by praying and putting his hands on your head	T
57	I am a good mixer	F
67	I wish I could be as happy as others seem to be	T
76	Most of the time I feel blue	T
95	I go to church almost every week	T
106	Much of the time I feel as if I have done something wrong or evil	T
132	I like collecting flowers or growing house plants	T
133	I have never indulged in any unusual sexual practices	F
160	I have never felt better in my life than I do now	F
179	I am worried about sex matters	T
202	I believe I am a condemned person	T
206	I am very religious (more than most)	T
219	I think I would like the work of a building contractor	T
248	Sometimes, without any reason or even when things are going wrong, I feel excitedly happy, "on top of the world"	F
260	I was a slow learner in school	T
276	I enjoy children	F
332	Sometimes my voice leaves me or changes even though I have no cold	T
390	I have often felt badly over being misunderstood when trying to keep someone from making a mistake	T
435	Usually I prefer to work with women	F
458	The man who had most to do with me when I was a child (such as my father, stepfather, etc.) was very strict with me	T
490	I read the Bible several times a week	T
556	I am very careful about my manner of dress	F

APPENDIX B

Dolan's Incest Scale

Items From Booklets Form of the MMPI

Item Number	Items From Booklet Form of the MMPI	Scored Response
46	My judgement is better than it ever was.	F
61	I have not lived the right kind of life.	T
67	I wish I could be as happy as others seem to be.	T
82	I am easily downed in an argument.	T
106	Much of the time I feel as if I have done something wrong or evil.	T
138	Criticism or scolding hurts me terribly.	T
168	There is something wrong with my mind.	T
179	I am worried about sex matters.	T
260	I was a slow learner at school.	T
267	When in a group of people, I have trouble thinking of the right things to talk about.	T
329	I almost never dream.	T

APPENDIX C
Standard MMPI Scales

Scale Name	Scale Abbreviation	Scale Number
Lie	L	-
Frequency	F	-
Correction	K	-
Hypochondriasis	Hs	1
Depression	D	2
Hysteria	Hy	3
Psychopathic Deviancy	Pd	4
Masculinity- Femininity	Mf	5
Paranoia	Pa	6
Psychasthenia	Pt	7
Schizophrenia	Sc	8
Hypomania	Ma	9
Social Introversion- Extroversion	Si	0