

THE EVALUATION OF SEXUAL OFFENDERS

RISK FACTORS

BROWNE, K.D., FOREMAN, L., & MIDDLETON, D. (1998). PREDICTING TREATMENT DROP-OUT IN SEX OFFENDERS. *CHILD ABUSE REVIEW*, 7, 402-419.

Researchers attempted to evaluate the impact of 30 risk factors upon treatment drop out in a sample of 96 sex offenders. Of these factors, nine showed significance in discerning those offenders who would comply with treatment from offenders who would drop out. These factors were organized in a manner that allowed them to address criminal history, present situation, history, psychological problems, and responsiveness to treatment. Among the factors that showed significance included having spent time in prison, having a violence-related index offense, non-contact offenses, unemployment, substance abuse, and delinquent/disruptive behavior during treatment. However, the authors found that a history of sexual offending or childhood victimization did not affect treatment outcome.

GRUBIN, D. (1999). ACTUARIAL AND CLINICAL ASSESSMENT OF RISK IN SEX OFFENDERS. *JOURNAL OF INTERPERSONAL VIOLENCE*, 14 (3), 331-343.

In this article, the author reviewed clinical and actuarial methods of risk assessment and discussed the impact of fantasy on offending behavior. Grubin posited that neither are capable of providing reliable results when used on their own due to the heterogeneity of the population and the low base rate of incidence. However, when used in conjunction they may prove to be more reliable. The literature review concerning actuarial assessments included a discussion of studies conducted by Marshall (1994), Thornton and Travers (1991), and Quinsey, Rice, & Harris (1995). The article then went on to evaluate clinical assessments and posited that a problem with this technique is that clinicians arrive at their conclusions through an inductive manner, which is based primarily upon their experiences with a few offenders. The author then discussed the role of fantasy in violent crimes and the risk attributed to

them. Through citation of a study conducted by Prentky et al. (1989) in which it was found that fantasy was related to offending in serial killers, Grubin argued that while fantasy is a risk factor it is not clear why certain people act upon them and others do not. This point is supported by discussion of the study conducted by Gosselin and Wilson (1980) in which it was found that sadistic fantasy was incredibly common but it does not always lead to sexual offending. In order to understand the impact fantasy has on behavior, clinicians must evaluate other risk factors. Grubin claimed that the presence of personality disorders, pervasive inadequacy, historical/behavioral variables, isolation, and empathy may play a role in facilitating that link. There was a discussion of the studies conducted by Grubin (1994) and Grubin & Gunn (1991) in which the sexual murderers in their sample differed from the rapists in the degree of social and emotional isolation they experienced. The author urged that this variable be examined in conjunction with other variables contributing to risk and serve as an indicator of underlying disorder, particularly in regards to empathy. In essence, a hybrid of actuarial and clinical assessment would be necessary in order to evaluate the importance of social and emotional isolation.

HANSON, R.K. & HARRIS, A.J.R. (2000). WHERE SHOULD WE INTERVENE? DYNAMIC PREDICTORS OF SEXUAL OFFENSE RECIDIVISM. *CRIMINAL JUSTICE AND BEHAVIOR*, 27 (1), 6-35.

This study attempted to evaluate the uses of dynamic factors in assessing risk. The authors differentiated between stable dynamic risk factors (those expected to remain unchanged for a substantial period of time) and acute dynamic risk factors (factors that change rapidly). The sample consisted of 208 sexual offense recidivists and 201 non-recidivist sex offenders classified as being rapist, boy-child molester, or girl-child molester. The study was retrospective in nature and focused on those offenders who recidivated while under surveillance and those who did not. Information was collected

through interviews with parole officers and analysis of files at two points (six months and one month before recidivism occurred). Risk of recidivism was then gauged through use of the SIR, Psychopathy Checklist-Revised (PCL-R), Violence Risk Appraisal Guide (VRAG), and the Rapid Risk Assessment for Sexual Offense Recidivism (RRA-SOR) on the data available in the files. The researchers also coded for sexual offense history, sexual deviancy, treatment history, antisocial personality disorder, and miscellaneous variables. During the interviews with supervisors the variables evaluated were social influences and any problems during supervision. It was found that the recidivists had poor social support, attitudes tolerant of sexual assault, antisocial lifestyles, poor self-management strategies, and difficulties complying with supervision. The recidivists showed similarities with the non-recidivists concerning general mood, but the recidivists showed more anger and subjective distress before re-offending. The authors noted their concern over the influence of retrospective recall bias and rater bias on the results. The authors concluded that the stable dynamic risk factors showed the greatest potential in differentiating the recidivists from the non-recidivists and that criminal lifestyle variables were the strongest predictors of recidivism. An interesting observation was the finding that all of the offenders in this sample who were subjected to hormonal therapy as a requirement of their community supervision recidivated.

PRENTKY, R.A., KNIGHT, R.A., & LEES, A.F.S. (1997). RISK FACTORS ASSOCIATED WITH RECIDIVISM AMONG EXTRAFAMILIAL CHILD MOLESTERS. *JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY*, 65 (1),141-149.

The researchers attempted to evaluate the predictive accuracy of ten specific risk factors for child molesters. The risk factors examined were: amount of contact with children, degree of sexual preoccupation with children, impulsivity, juvenile and adult antisocial behavior, frequency of prior sexual offenses, paraphilias, history of alcohol use, social competence, and victim gender. Researchers analyzed the files of 111 child molesters released from the Massachusetts Treatment Center between 1960 and 1984. They determined that the degree of sexual preoccupation with children, paraphilias, and

number of prior sexual offenses were the strongest predictors of sexual recidivism. In examining the risk factors associated with violent recidivism/victim-involved recidivism, juvenile and adult antisocial behavior coupled with paraphilia and a low amount of contact with children showed significance.

PROULX, J., TARDIF, M., LAMOUREUX, B., LUSSIER, P. (2000). HOW DOES RECIDIVISM RISK ASSESSMENT PREDICT SURVIVAL? IN LAWS, D.R., HUDSON, S.M., & WARD, T. (EDS.). *REMAKING RELAPSE PREVENTION WITH SEX OFFENDERS: A SOURCEBOOK* (PP. 466-484). THOUSAND OAKS, CA; SAGE PUBLICATIONS, INC.

This chapter provided a brief overview of what constitutes recidivism as well as the static and dynamic predictors of sexual recidivism. The overview paid particular attention to the meta-analysis compiled by Hanson & Bussière (1998) that determined that the best predictors were sexual deviancy as measured by penile phallometer (PPG), history of sex crimes, psychological characteristics, negative relationship with mother, failure to complete treatment, and the presence of depression and anxiety. These findings were similar to the findings of the Quinsey, Khanna & Malcolm (1998) study of 483 sexual offenders. However, both studies only focused upon mixed groups of offenders and not specific types of sexual offenders that the chapter attempted to address by reviewing the literature pertaining to sexual aggression towards women and children. The overview then addressed the pros and cons of actuarial and acute dynamic predictors of sexual recidivism. These predictors were then placed within the context of the relapse prevention model and management in the community.

EVALUATIVE PARADIGMS

GRUBIN, D. (1997). INFERRING PREDICTORS OF RISK: SEX OFFENDERS. *INTERNATIONAL REVIEW OF PSYCHIATRY*, 9 (2-3), 225-231.

This article addressed the value of actuarial risk assessment instruments. The low base rate of sexual offending, diversity of the offender population, and probabilistic confusion hinder these instruments. Grubin suggested that actuarial instruments provide little information pertaining to causation/

management and say nothing about the individual. The article addressed various risk factors associated with sexual recidivism and referred to the meta-analysis conducted by Hanson & Bussière (1998) in which the majority of the risk factors found to be significant were static in nature. While clinical assessments paint a more conclusive picture of the individual, it is a technique essentially based upon "untested and unsound theoretical foundations." Clinical risk factors are idiographic in nature, sensitive to environmental and time factors, and do not exist in isolation. The use of deductive and inductive processes was recommended when assessing an individual's risk of recidivism (i.e., rapist typologies developed by Knight & Prentky, 1990 or the longitudinal research conducted by Malmuth [1986, 1991] on non-offender males).

HANSON, R.K. (1998). WHAT DO WE KNOW ABOUT SEX OFFENDER RISK ASSESSMENT? *PSYCHOLOGY, PUBLIC POLICY, & LAW*, 4 (1-2), 50-72.

This article described different approaches to risk assessment (guided clinical, pure actuarial, and adjusted actuarial), summarized the literature concerning risk factors, and reviewed recent attempts to create actuarial instruments to assess sex offender recidivism. The article raised the issues that while numerous studies have evaluated the static (stable) risk factors, the literature is practically void of studies devoted to the evaluation of dynamic (changeable) risk factors. Hanson postulated that the research is more useful for identifying high-risk offenders than determining release.

EVALUATIVE INSTRUMENTS

BARBAREE, H.E., SETO, M.C., LANGTON, C.M., & PEACOCK, E.J. (2001). EVALUATING THE PREDICTIVE ACCURACY OF SIX RISK ASSESSMENT INSTRUMENTS FOR ADULT SEX OFFENDERS. *CRIMINAL JUSTICE & BEHAVIOR*, 28 (4), 490-521.

This article compared the efficacy of the Violence Risk Appraisal Guide (VRAG), Sex Offender Risk Appraisal Guide (SORAG), Rapid Risk Assessment of Sexual Offense Recidivism (RRASOR), Static-99, Minnesota Sex Offender Screening Tool-Revised (MnSOSTR), Psychopathy Checklist-

Revised (PCL-R), and the uses of guided clinical assessments in determining recidivism. The sample consisted of 215 sex offenders who had been released between the years of 1989 and 1996. Half of the offenders committed crimes against females 14 or older while the other half offended against male or female children younger than fourteen. Recidivism rates were followed for 4.5 years during which 38% reoffended (24% serious reoffenses and 9% for sexual reoffenses). The authors concluded that the VRAG, SORAG, RRASOR, and Static-99 predicted general, violent, and sexual recidivism. MnSOST-R scores and guided clinical interviews were able to indicate general recidivism, but showed little sensitivity in discerning between serious or sexual reoffending. Out of all of these measures, the PCL-R when used alone was sensitive to predicting general and serious recidivism but was unable to predict sexual recidivism.

ROBERTS, C.F., DOREN, D.M., & THORNTON, D. (2002). DIMENSIONS ASSOCIATED WITH ASSESSMENTS OF SEX OFFENDER RECIDIVISM RISK. *CRIMINAL JUSTICE & BEHAVIOR*, 29 (5), 569-589.

The authors conducted two studies in order to explore the different dimensions of actuarial risk assessment. The first study explored the structure underlying the interrelationships between actuarial instruments on a sample of 103 male sexual offenders being evaluated for civil commitment in Wisconsin. Examiners were told to score the entire case record using the PCL-R, RRASOR, Static-99, MnSOST-R, VRAG, and diagnostic information from *DSM-IV*. It was found that: (1) the PCL-R, MnSOST-R, VRAG, and Static-99 were strongly intercorrelated with one another as well as with the non-RRASOR items on Static-99, (2) the PCL-R, MnSOST-R, VRAG, Static-99, and non-RRASOR items on the Static-99 were positively associated with a diagnosis of antisocial personality disorder and negatively associated with a diagnosis of pedophilia, (3) the RRASOR was only modestly positively correlated with the MnSOST-R and the VRAG, and (4) the emergence of two dimensions of underlying risk inherent in the interscale intercorrelation matrix: an Antisocial/Violence component (weighed most heavily on the PCL-R, MnSOST-R, VRAG, non-RRASOR Static-99 items, and diagnosis of antisocial personality disorder) and a

Pedophilic Deviance/Sexual Repetitiveness component (weighed most heavily on the RRASOR and diagnosis of pedophilia). The second study was comprised of 393 adult males released from prison in 1979 in England and Wales. The individual variables used to assess risk were taken from Static-99 and Risk Matrix 2000. The variables were comprised of the following: prior conviction for sexual offenses, any non-contact sexual offense, any male victim of a sex offense, any conviction for a sexual offense against a stranger, burglary involved in index conviction, prior convictions including burglary, prior convictions including nonsexual assault, index convictions including nonsexual assault, age on release between 18-34, and marital status listed as being single (never married). The measure of sexual recidivism was sexual reconviction data that was recorded for 29% of the sample. Variables were added and three dimensions were discovered including Sexual Deviance (any prior sex offense + any male victims + any non-contact offenses), General Criminality (any prior burglary + any prior nonsexual attack; similar to the Antisocial/Violence dimension of study 1), and Detachment (youth + stranger victim + single). The second study replicated the two dimensions developed in the first study and demonstrated that each dimension makes an independent contribution to the prediction of sexual recidivism. The General Criminality/Antisocial-Violence dimensions support the ideas developed by Knight (1999) while the Pedophilic Deviance/Sexual Repetitiveness dimensions support the work developed by Proulx (2000). The third dimension, Detachment, is consistent with work conducted by Smallbone & Dadd (2000). While actuarial instruments measure multiple dimensions, the issue is how the interaction of these dimensions influences risk. The authors suggested that future research examine the development of tools that focused specifically on one dimension or are equipped to address multiple dimensions individually in one instrument as well as address the issue of risk management.

ABEL SCREENING TOOL

ABEL, G.G., LAWRY, S.S., KARLSTROM, E., OSBORN, C.A., & GILLESPIE, C.F. (1994). SCREENING TESTS FOR PEDOPHILIA. *CRIMINAL JUSTICE AND BEHAVIOR*, 21(1), 115-131.

This article compared the different methods used to screen individuals for pedophilia. The authors asserted that by identifying those who are high risk, organizations can be proactive in addressing a potential problem. The article cited case studies in order for the reader to gain an understanding of the nature of pedophilia. Screening methods for pedophilia have existed for years (interviews, questionnaires, home visits, police reports, etc.), and institutions have even implemented various policies aimed at managing child molestation (education/training, elimination of individual staff-child interactions), yet these methods all have their pros and cons. The article discussed the importance of true positives, true negatives, and false positives in establishing an effective screening device. The Abel Screen displayed high specificity (77%-98%), sensitivity (76%-91%), and efficiency (77.5%-96.9%) when applied in a setting that assumes a 5% prevalence rate of child molestation. The volumetric phallometer (sensitivity 86.7%; specificity 95%; and efficiency 94.6%) and circumferential plethysmograph (sensitivity 47.5%; specificity 100%; efficiency 97.4%) also displayed respectable sensitivity, specificity, and efficiency but are much more intrusive, expensive, and problematic than the Abel Screen. The Abel Screen entails a questionnaire and slides depicting children, adolescents, and adults. The individual then rates these images based upon how sexually arousing they are. A psycho-physiological hand monitor then records physiological responses. The efficacy of the instrument was established by comparing the responses of a self-selecting sample of "normal" participants to those of pedophiles that had molested pubescent males and prepubescent males/females. The question as to whether an individual can fake pedophilia on the Abel Screen is still being investigated, but preliminary data suggested that there is no difference between those instructed to fake and those who disclose. Through cross-validation it was found that the Abel Screen has a false positive rate of 2%, which may be reduced further through use of other screening techniques. The authors cautioned that while the Abel Screen is able to identify most pedophiles, its sensitivity is below the 90th percentile.

SEX OFFENDER NEED ASSESSMENT RATING

HANSON, R.K. & HARRIS, A.J.R. (2001). A STRUCTURES APPROACH TO EVALUATING CHANGE AMONG SEXUAL OFFENDERS. *SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT*, 13 (2), 105-122.

This study attempted to extrapolate upon the findings of Hanson & Harris (2000) by creating an instrument to evaluate dynamic risk factors. The Sex Offender Need Assessment Rating (SONAR) consists of items that evaluate intimacy deficits, negative social influences, sexual self-regulation, general self-regulation, and acute risk factors (substance abuse, negative mood, anger, and victim access). The scale was then used to analyze the data present in the files of 208 sex offender recidivists and 201 non-recidivists. The scale showed moderate reliability and was capable of discerning between the two groups. Findings indicated that dynamic risk factors may play an important role in risk assessment, but it is not clear as to the extent of their importance in predicting long-term recidivism.

STATIC-99

HANSON, R.K. & THORNTON, D. (2000). IMPROVING RISK ASSESSMENTS FOR SEX OFFENDERS: A COMPARISON OF THREE ACTUARIAL SCALES. *LAW AND HUMAN BEHAVIOR*, 24 (1), 119-136.

This study compared the predictive accuracy of the RRASOR (weighs factors related to sexual deviancy most heavily) and the SACJ-Min (some items deal with sexual deviancy but the focus is upon factors dealing with nonsexual criminal history). A goal of the researchers was to combine the two scales in order to evaluate whether or not predictive accuracy would be greater than either of the original scales. This hybrid scale was dubbed Static-99 because it included only static risk factors. These three instruments were then applied across four data sets that had been used in previous studies. The RRASOR and SACJ-Min were roughly equivalent when it came to predictive accuracy and the combination of the two scales (Static-99) was more accurate than either original scale. Any variations that were encountered were no more than would be expected by chance. Static-99 also showed reasonable accuracy in the prediction of any violent recidivism among sex offenders. While these results have shown promise for Static-99, the authors contend

that the inclusion of dynamic risk factors is necessary in order to assess treatment needs and predict when and under what circumstances offenders are at risk.

SJÖSTEDT, G. & LÅNGSTRÖM, N. (2001). ACTUARIAL ASSESSMENT OF SEX OFFENDER RECIDIVISM RISK: A CROSS-VALIDATION OF THE RRASOR AND THE STATIC-99 IN SWEDEN. *LAW AND HUMAN BEHAVIOR*, 25 (6), 629-645.

The goal of this study was to cross-validate the RRASOR and Static-99 in a different sociocultural and legal context than the original constructions samples. The sample consisted of all sex offenders released from Swedish prisons from 1993-1997 (1,400 subjects in total, of which 43% were child molesters and 45% rapists). Sexual offenses were operationally defined according to Swedish penal code that accounts for crimes involving physical and noncontact offenses. Researchers acquired files from the national Prison and Probation Administration and then coded the data according to the risk factors of each instrument. The follow-up period lasted for 3.69 years and files were coded for sexual reconviction according to Swedish penal code, any violent reconviction, and violent nonsexual reoffenses. The authors found that both instruments displayed moderate predictive accuracy regarding short-term sexual recidivism. However, Static-99 was found to have greater predictive accuracy when it came to assessing violent recidivism, but not for sexual recidivism. Seven out of the 10 risk factors individually contributed to an increased risk of sexual reoffending. Young age, any male victim, and index nonsexual violence appeared not to be related to sexual recidivism. The authors suggested that their findings illustrated that these two instruments should not be used as stand-alone devices for rule-out decisions due to their low validity. The article included a brief discussion of other actuarial instruments including suggestions on their use. Limitations of this study included a short follow-up period, focus only upon offenders sentenced to prison, and a statistical analysis that increased the risk of Type I errors.

VIOLENCE RISK APPRAISAL GUIDE

RICE, M.E. & HARRIS, G.T. (1997). CROSS-VALIDATION AND EXTENSION OF THE VIOLENCE RISK APPRAISAL GUIDE FOR CHILD MOLESTERS AND RAPISTS. *LAW AND HUMAN BEHAVIOR*, 21 (2), 231-241.

This study used the VRAG on a sample of 159 child molesters and rapists who were not involved in the original scale construction sample. The scale was also used to evaluate its performance on a 10-year follow-up using the original construction sample and the new sample. The men were serious offenders with criminal histories, poor childhood adjustment, and inadequate adult social adjustment. One hundred and four had received psychiatric treatment in a maximum security psychiatric facility, but few met diagnostic criteria for mental illness. All study variables were coded from clinical files with the exception of those pertaining to recidivism. Sexual recidivism was operationally defined as the subject being charged with a new sexual offense while violent recidivism was defined as being charged with or returning to prison for a violent offense. Reoffense time was from the subject first being at risk to January 1993 (mean =119.3 months). The results supported use of the VRAG in predicting violence among high risk offenders and it performed well upon cross-validation and follow up when the two samples were combined. The authors posited that from a practical standpoint the focus should be placed upon predictions of future violence, not necessarily a differentiation between sexual and nonsexual violence. The results also yielded evidence supporting an interaction between psychopathy and sexual deviancy resulting in sexual recidivism. Those who offend against women and children are at a higher risk of violent recidivism while child molesters are at a higher risk for sexual recidivism. Limitations of the study include the fact that the two samples were drawn from one Canadian maximum-security psychiatric facility (yet previous studies have illustrated that this population was similar to other prison populations). Future research possibilities focus on the development of a scale similar to the VRAG but pertaining solely to sex offenders.

EVALUATING CLERIC OFFENDERS

CIMBOLIC, P., WISE, R.A., ROSSETTI, S., & SAFER, M. (1999). DEVELOPMENT OF A COMBINED OBJECTIVE EPHEBOPHILE SCALE. *SEXUAL ADDICTION & COMPULSIVITY*, 6 (3), 253-266.

The authors attempted to develop a combined scale (11 items from the MCMI-II and 16 items from the MMPI-2) that would differentiate same-sex ephebophile clerics from priests with nonsexual psychiatric disorders. The sample consisted of 165 adult male Catholic priests in treatment who had participated in two prior studies. The results showed that when used individually both scales are capable of differentiating these groups. However, a combination of the two scales showed greater accuracy and internal consistency on the MCMI-II. Regardless of the accuracy of this combined scale, it was still unable to identify many of the ephebophiles in this sample. The authors urge that a multidimensional approach be utilized when assessing child molesters.

GONSIOREK, J.C. (1999). FORENSIC PSYCHOLOGICAL EVALUATIONS IN CLERGY ABUSE. IN T.G. PLANTE (ED.). *BLESS ME FATHER FOR I HAVE SINNED: PERSPECTIVES ON SEXUAL ABUSE COMMITTED BY ROMAN CATHOLIC PRIESTS*. (PP. 27-57). WESTPORT, CT: PRAEGER PUBLISHERS.

This chapter provided a discussion of two evaluative methods used to assess clergy who abuse children. In discussing the population of professional perpetrators, the author described the priests as fitting into one of the following typologies: naïve, normal and/or mildly neurotic, severely neurotic and/or socially isolated, impulsive character disorders, sociopathic or narcissistic character disorders, psychotics, classic sex offenders (true pedophiles), medically disabled, and masochistic/self defeating. These typologies were created for health professionals and thus may differ when applied to clerics. The first assessment discussed evaluates the potential for rehabilitation. The main purpose of this evaluation was to ascertain the facts of what led to the offending behavior and what can be done to rectify the situation. Different types of evidence may be evaluated in order to formulate a hypothesis. Once the hypothesis as to why the cleric offends is developed, rehabilitation potential and goals are expanded upon. A religious superior then evaluates this outline and the cleric must decide whether or not they are willing to undergo the treatment process. Once treatment is in place, steps must be taken in order to ensure compliance. It is also important that the mental health professionals and religious superiors

keep in mind that treatment and punishment are two separate notions. A discussion of professional sexual misconduct recidivism is included and the rate estimate varies. The second type of evaluation discussed deals with damages allotted in civil cases. The assessment for damages is standard in most civil trials. The mental health professional should obtain a complete personal and family history from the victim. Inquiry should be made into the victim's level of functioning as well as utilization of validated psychological tests. A discussion of the standard of care and delayed discovery controversies are also included.

IRONS, R. & LAASER, M. (1994). THE ABDUCTION OF FIDELITY: SEXUAL EXPLOITATION BY CLERGY-EXPERIENCE WITH INPATIENT ASSESSMENT. *SEXUAL ADDICTION & COMPULSIVITY*, 1 (2), 119-129.

This article presented the results of the five-day long assessments of 25 male clerics who had been referred for sexual misconduct, primarily with adults. Assessments included administration of the MMPI, MCMI, Thematic Apperception Test, Rorschach, WAIS-R, and sentence completion tasks. Each patient's history was recorded (although the authors believe that much of it was incomplete, especially in regard to childhood abuse or family dysfunction) and clinical diagnoses were based on DSM-III-R criteria. The results of the study were so diverse that a classification system or treatment model could not be created. However, the authors found various commonalities concerning the background of these clerics. They came from rigid backgrounds and lacked insight into their problems and professional boundaries. It was also found that the clerics had no training in the area of transference/countertransference or training concerning sexual abuse. Most of the individuals in the sample met the diagnosis for personality disorders with features of antisocial/psychopathic traits or paranoid, sadistic, or schizoid features. The results illustrated that narcissistic and dependant traits cluster together and were modeled in an exploitive way. The authors suggested the use of multidisciplinary evaluations. If these evaluations are conducted early enough in the process, the prognosis of rehabilitation improves.

MUSSER, P., CIMBOLIC, P., & ROSSETTI, S. (1995). EPHEBOPHILIA AND THE MCMI-II. *SEXUAL ADDICTION & COMPULSIVITY*, 2 (3), 214-222.

Researchers used the MCMI-II to determine if it was capable of differentiating same-sex priest ephhebophiles (N=101) from priests with psychiatric illnesses of a nonsexual nature (N=99). Through analyses of variance, it was determined that the MCMI-II was not able to differentiate between the groups. Item-level analyses were then conducted in order to determine which items would discriminate the offenders from the non-offenders in the hopes of constructing a priest ephhebophile scale. The results suggested that the MCMI-II cannot distinguish between sexually offending clerics and those with mental illnesses. Since the sample consisted of only Catholic priests, the authors suggested that the MCMI-II may be effective when used on a sample of non-priest sex offenders.

WASYLIW, O.E., BENN, A.F., GROSSMAN, L.S., & HAYWOOD, T.W. (1998). DETECTION OF MINIMIZATION OF PSYCHOPATHOLOGY ON THE RORSCHACH IN CLERIC AND NON-CLERIC ALLEGED SEX OFFENDERS. *ASSESSMENT*, 5 (4), 389-397.

The goal of this study was to examine the ability of the Rorschach in assessing defensiveness. The hypothesis was based on prior research that illustrated that minimization on the Rorschach would be reflected by higher P, D, A, Lambda, PER, and lower R, Blends, and ZF. The sample consisted of 33 clergymen and 27 non-cleric sex offenders who had been referred for forensic evaluations. Eighty percent of the participants in the sample were facing allegations of child sexual abuse. The clerics were significantly older and more educated than the non-clerics. All participants were administered the MMPI or MMPI-II and the Rorschach. The Rorschach failed to detect minimization or was not sensitive to the same type of response bias as the MMPI validity scales. There was no difference in scores between those who admitted to their crime and those who denied their involvement. Interestingly, the authors reported that two participants exaggerated psychopathology. The authors asserted that minimization and education have been shown to be correlated on certain MMPI validity scales, but this was controlled for in the present study. The authors recommended that other well-established psychometric instruments that are used in the detection of minimization be utilized as opposed to reliance upon Rorschach scores.