

OFFENDER TREATMENT

The Perils and Pitfalls of Profiling Child Sex Abusers

-by William D. Murphy,
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Case report: A mother notices, while bathing her three-year-old daughter, that the girl has a vaginal discharge. Pediatric exam and laboratory tests indicate gonorrhea and physical findings consistent with child sexual abuse. The mother feels the child's father, from whom she is separated and who has visitation rights, is the offender. The child is unable or unwilling to identify the offender. The father vehemently denies the abuse. The CPS worker and law enforcement officer investigating the case find the father to be resistant and hostile. Through further investigation, they determine that the father has a significant alcohol problem and was physically abusive to the child's mother during the marriage. Both the CPS worker and law enforcement officer, with many years' experience in investigating child sexual abuse cases, feel strongly that the father is the offender. The prosecutor feels that there is insufficient evidence to charge the father. The investigative team decides to refer the father to the local "expert" in offender evaluation.

Professionals working in the field of child sexual abuse (including CPS workers, law enforcement officers, prosecutors, judges, physicians, and mental health professionals) share the common goal of protecting children. The above case, however, makes us all face the professional and scientific limitations of our disciplines. Such cases require us to face the harsh reality of these professional limitations within the compelling urgency of a child at risk for further abuse.

In numerous other cases, for whatever reason, insufficient evidence exists for prosecution. In many of these cases, investigators are tempted to refer the alleged offender for evaluation. Whatever is explicitly stated in such referrals, the implicit hope is that the evaluation will somehow provide evidence that the alleged offender fits some profile of known offenders, or that the evaluator can make some statement of the likelihood that the individual is guilty of a certain crime. However, both from a legal standpoint (Peters & Murphy, 1992) and from a scientific standpoint (Murphy & Peters, 1992), evaluation of the denying offenders in such cases will be of little to no assistance to investigating authorities. This article will discuss the scientific evidence underlying the evaluation of child sexual abusers, clarifying what these evaluations can and cannot do. A recent article in *The APSAC Advisor* (Chaffin & Milner, 1993) reviews many of the general psychometric principles that underlie the current article, and this review will not be repeated here.

General Considerations

Although our knowledge has increased significantly over the last 20 years, there is still much we do not know about sexual offenders against children. In any case, much of what we have learned

has refuted early clinical descriptions which suggested that all offenders against children shared certain characteristics. What we now know is that offenders against children are a very diverse group, showing a range of psychological dysfunction from none to severe and a variety of sexual arousal patterns from normal to quite deviant. On many psychological instruments they overlap considerably with general psychiatric and criminal populations (Murphy & Peters, 1992; Levin & Stava, 1987).

There is moderate consensus in the field of offender evaluation and treatment regarding important areas for evaluation (Murphy & Smith, in press). In general, offender evaluation involves assessment across a variety of areas, including: (1) intellectual functioning, (2) assessment of personality/psychopathology, (3) assessment of social competence, (4) determining the level of denial, (5) identifying risk factors, (6) identifying the degree of cognitive distortion used, (7) assessing the degree of understanding of victim impact/empathy, (8) assessing marital and family functioning, and (9) assessing deviant sexual arousal. There is not necessarily agreement within the field regarding which specific instruments should be used to assess each of the areas, but there is general agreement that the above are prime areas to be included in a comprehensive offender assessment. Nevertheless, there are still significant limitations with regard to how evaluation information can be legally and ethically used. The inherent limitations of using offender assessment to profile offenders will now be outlined using examples of the most commonly used assessment methods.

Specific Assessment Approaches

The MMPI. One of the most frequently used instruments in the assessment of sexual offenders is the Minnesota Multiphasic Personality Inventory (MMPI). The MMPI and the recently revised MMPI-2 each contain 10 scales assessing various types of psychopathology and 3 scales assessing validity (that is, any attempt by the patient to place him/herself in a "good" or "bad" light, or potentially reflecting the patient's inability to comprehend items).

Numerous studies tend to suggest a consistent MMPI "profile" among child sexual abusers, with the "4-8" profile being most commonly found (Anderson & Kuncze, 1979; Armentrout & Hauer, 1978; Kalichman, 1991; Kirkland & Bauer, 1982; Quinsey, Arnold, & Pruesse, 1980). The 4-8 profile, or one showing elevations on Scales 4 and 8, is clinically interpreted as an individual who is resentful, irritable, impulsive, and hostile, who fears emotional involvement, distrusts others, and has strong needs for attention. Although this pattern has been found consistently across studies, there are a number of problems in interpreting group profiles

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In summary, what the MMPI literature actually suggests is that individual offenders against children vary tremendously in their psychological functioning, as measured by the MMPI. No particular profile predicts a propensity for sexual offending. A significant proportion of offenders may exhibit no measurable psychopathology.

The first problem is that the most common (or modal) profile of a group may not accurately reflect individuals within the group. For example, two recent studies with large samples (Erickson, Luxenburg, Walbek, & Seely, 1987; Hall, Maiuro, Vitaliano, & Proctor, 1986) both found that the modal MMPI profile was represented by the 4-8 pattern. However, this pattern was found in only 13% of the sex offenders in the Erickson et al. study and in only 7% of the child molesters in the Hall et al. study. Furthermore, almost every possible MMPI profile was observed in the individuals within these two samples, and a substantial percentage of the individual profiles were clinically normal (19% in Erickson et al., 1987; and 7% in Hall et al., 1986). When one looks at the individual profiles within these larger groups, it is quite clear that no one profile characterizes even the majority offenders.

A second problem is that the 4-8 profile is not unique to child sexual abusers and has been observed in other forensic groups. Quinsey et al. (1980) compared child sexual abusers to rapists, murderers of family members, murderers of non-family members, arsonists, and property offenders, and found no differences between any of these groups, as measured by their MMPI scale elevations.

A third major problem is that most of the MMPI research to date has examined individuals who have been convicted and are in correctional facilities. The applicability of these findings to an outpatient population, to a population of denying individuals, and to those with no prior legal history is limited. For example, Scott and Stone (1986), investigating outpatient incest offenders, found basically "normal" profiles, that is, their clinical scales were not elevated. McCreary (1975), comparing child molesters with no arrests to those with one or more arrests, found that those with no prior legal history exhibited normal mean profiles, while those with previous convictions showed the typical 4-8 mean profile. Lanyon and Lutz (1984), comparing subjects who were admitting their offense versus those who are in partial or full denial, found that the most common profile among those in some denial was a normal one, while those admitting their offenses produced the 4-8 modal profile.

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measurable psychopathology.

Penile Plethysmography. A second assessment approach with the most empirical support and the one that may be the most appealing in terms of face validity is the use of penile plethysmography. This assessment method involves measuring changes in penis size and/or volume while the individual is exposed to sexual material in a controlled laboratory situation. The sexual material tends to be slides of various age male and female children and/or audiotapes describing various sexual acts with children. As with the MMPI, numerous studies have shown significant differences between the responses of sexual offenders against children and nonoffenders (Frenzel & Lang, 1989; Freund, 1965, 1967; Freund & Blanchard, 1989; Freund & Watson, 1991; Lang, Black, Frenzel, & Checkley, 1988; Marshall, Barbaree, & Butt, 1988; Marshall, Barbaree, & Christophe, 1986; Quinsey, Chaplin, & Carrigan, 1978; Quinsey, Steinman, Bergensen, & Holmes, 1975). However, this is again based upon aggregate data and the picture is much different if one looks at the actual number of subjects who show such deviant patterns. Using fairly stringent criteria, Marshall et al. (1986) could only correctly classify 40% of the non-familial child molesters, while classifying the vast majority of nonoffenders and incest offenders as normals. Using less stringent criteria, they still classified only 60% of the child molesters correctly and misclassified 18% of the nonoffenders. Similarly, Frenzel and Lang correctly classified 42% to 50% of extra-familial child molesters, while just less than 10% of the incest cases showed pedophilic arousal patterns. Although other studies have shown classification rates in the 70% to 80% range (Abel, Becker, Murphy, & Flanagan, 1981; Murphy, Haynes, Stalgaitis, & Flanagan, 1986), neither study had adequate control groups to examine misclassification.

It also appears that incest offenders are more likely to show normal arousal patterns (Murphy et al., 1986; Marshall et al., 1986; Frenzel & Lang, 1989). Although there are exceptions to these findings, particularly when audiotapes are used as stimuli (Abel et al., 1981; Murphy et al., 1986), the weight of the evidence clearly indicates that nondeviant arousal patterns are expected in incest cases.

A third issue, similar to that observed with the MMPI, is that much of the research has been based upon individuals who were admitting their offenses or where there was clear evidence that the offenses were committed. Arousal measures become much less useful in nonadmitters. For example, Freund and Blanchard (1989) found that only 55% of nonadmitters could be identified as pedophiles. Somewhat better classification rates in nonadmitters (44% to 88%) were reported by Freund & Watson (1991), depending upon the number, age and sex of

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There is also no known historical variable that consistently differentiates child molesters from others. Although one of the most commonly cited historical variables is a history of sexual abuse in the background of sex offenders, there are numerous problems in generalizing this to the legal arena.

the victims. However, between 14% and 27% of the patients had to be excluded because of low responding or documented faking. Thus, it must be recognized that erection responses can be faked; this has been well documented in the literature for a number of years (Laws & Holmen, 1978; Laws & Rubin, 1969).

As one can see, there is very limited evidence for the use of sexual arousal data to profile an offender. Again, group data do not necessarily reflect the individual. Furthermore, in incest cases or in cases of the denying offender, the most frequently observed profiles are probably a nondeviant arousal pattern or a pattern of low arousal to all of the stimuli. Such findings will be of little help when protective services and legal investigations cannot establish and/or substantiate the abuse.

Historical Data

There is also no known historical variable that consistently differentiates child molesters from others. Although one of the most commonly cited historical variables is a history of sexual abuse in the background of sex offenders, there are numerous problems in generalizing this to the legal arena. Considering that between 1 in 8 to 10 young males are probably sexually abused before the age of 18 (Finkelhor, 1984), it is highly unlikely that the vast majority of these males grow up to be sexual offenders. It is more likely that most children who are sexually abused never become offenders. Furthermore, it appears that the prevalence rates of sexual abuse within offender populations have been overestimated. Hanson and Slater (1988) reviewed the findings from 18 different studies involving over 1700 offenders and found that reported prevalence rates of sexual abuse varied from 0% to 60%. The smaller the sample size, the greater the variability. As sample sizes became larger (i.e., samples of at least 100), the rates became quite consistent, with between 20% and 30% of the offenders reporting childhood abuse. Although this is higher than what would be expected in the general population, this rate is much lower than is often reported. From a statistical standpoint, it should be recognized that the most valid and reliable data come from larger sample sizes, where the sample is most likely to reflect the general population than from small, potentially idiosyncratic, samples.

The above review clearly indicates that no profile is characteristic of, or unique to, child sexual

professionals working with victims or in other youth-related assessment and intervention systems where they may have contact with these teenagers

abusers and that evaluation data provide little useful information in making legal or child protective decisions in cases involving denying offenders. It should also be recognized that any psychological testing approach, regardless of how reliable and valid, can never determine whether an individual has committed a specific offense. Even if our test instruments could reliably classify 100% of child molesters as child molesters and misclassify no nonabusers, we would still be unable to make statements regarding whether an individual child molester committed a specific crime.

Usefulness of Evaluation Data

Even though evaluation data provide little useful information in the denying offender, evaluation of the admitting offender can play a very useful role in decision-making in child sexual abuse cases. The evaluation of the offender post-conviction or the evaluation of an admitting offender can assist in making child protection and safety plans. A thorough and detailed evaluation can identify risk situations for the offender and identify antecedents to offending behavior to assist in planning external controls and what types of monitoring. Offender evaluations can be useful in assessing offenders' motivation for and amenability to treatment, thereby addressing community safety issues. Furthermore, an evaluation can determine the presence of psychological difficulty or a personality pattern that may adversely affect the treatment process, making community-based treatment more difficult.

The evaluation can also assist in developing individualized treatment plans and targeting specific areas needing remediation. These issues are very important given the heterogeneity of offenders. Evaluation prior to treatment provides a baseline for which repeated assessment can be used to monitor progress in treatment and change in a specific treatment area. The availability of baseline assessment allows the treatment provider to determine areas that are not changing. Failure to show progress in treatment has implications for risk of reoffending and for community safety. Furthermore, baseline and ongoing assessment of offenders allows treatment programs to monitor their overall effectiveness. Evaluation of the offender also allows us to expand our knowledge base, with the ultimate goal being the development of primary and secondary prevention programs.

In summary, evaluators of child sexual offenders should not promise more than they or their tests can deliver. The case outlined above causes an-

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guish for all who share the desire to stop abuse. However, consumers of psychological evaluations should not be seduced into thinking that psychological test data can substitute for facts, investigation, and legal evidence. Nevertheless, the evaluation of these offenders can be important and useful as a component of planning and monitoring of treatment, with the ultimate goal of preventing child sexual abuse.

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RESOURCE

A new computer network, Abuse-L, has been formed as a forum for professionals to discuss child abuse issues. Professionals may subscribe, free of charge, if they are linked to most computer networks. To subscribe to ABUSE-L, send the command, SUB ABUSE-L followed by your first and last name to LISTSERV@UBVM interactively or LISTSERV@UBVM.CC.BUFFALO.EDU via a mail message (as the first line in the body of the mail, not the subject line).

Once you have subscribed, you will be able to contribute to the discussions by sending mail to ABUSE-L@UBVM.CC.BUFFALO.EDU.

For more information about this service contact, Ann S. Botash, MD, Director, Child Abuse Referral & Evaluation (CARE) Program, SUNY Health Science Center at Syracuse, 750 East Adams Street, Syracuse, NY 13210, 315-464-5800, (BOTASHA@VAX.CC.HSCSYR.EDU).