

## Psychopathy Among Pedophilic and Non-Pedophilic Child Molesters

Donald S. Strassberg, Angela Eastvold, J. Wilson Whittaker, & Yana Suchy

Running Head: PSYCHOPATHY AMONG PEDOPHILIC AND NON-PEDOPHILIC CHILD MOLESTERS

---

D.S. Strassberg and Y. Suchy

Department of Psychology, University of Utah

380 S. 1530 E., Room 502, Salt Lake City, Utah 84112, USA

e-mail: [donald.strassberg@psych.utah.edu](mailto:donald.strassberg@psych.utah.edu)

J.W. Whittaker

whittaker\_wilson@salkeiz.k12.or.us

A. Eastvold



## Abstract

Research is making increasing clear that, among men who sexually offend against prepubescent children, there are at least two subgroups, pedophiles and non-pedophiles, and that the groups differ in many important respects. Our ability to understand the etiology, nature, and most effective treatment for child molesters will depend, in no small part, on our ability to recognize the differences between these two groups of offenders. This paper reports on two studies which examined possible differences between the groups in psychopathy, a personality dimension long recognized as an important element in sexual offending. Utilizing a validated self-report measure of psychopathy, the Psychopathy Personality Inventory (PPI), both studies found non-pedophilic child molesters to score as significantly more psychopathic than their pedophilic counterparts.

As many as 200,000 - 300,000 children are estimated to be victims of sexual abuse each year in the US alone (Finkelhor, Hammer, & Sedlak, 2004). In the public mind, child molester is synonymous with pedophile. While it is true that many (perhaps most) of these offenses come at the hands of men with a primary sexual interest in children (pedophiles), many are committed by men for whom adults are the primary targets of their sexual interest (non-pedophiles) (Abel & Osborn, 1992). Increasingly, there is empirical evidence that these two groups of sexual offenders against children differ in a number of important ways. For example, compared to non-pedophiles, pedophiles tend to have more victims, respond more poorly to treatment and are more likely to reoffend (e.g., Cohen & Galynker, 2002; Hanson, 2000; Hanson & Morton-Bourgon, 2004). Recently, the two groups have been found to differ in a variety of elements of neurocognitive/executive functioning (e.g., Suchy, Whittaker, Strassberg, & Eastvold, 2009a,b; Eastvold, Suchy, & Strassberg, in press).

It has been well established that convicted sex offenders, including child molesters, show elevated scores on measures of psychopathy (Beggs & Grace, 2008; Cohen, Grebchenko, Steinfeld, Frenda, & Galynker, 2008; Jabbour, 2010). Further, psychopathy has been shown to be a relatively good predictor of reoffense among sex offenders (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2004). However, no prior study has compared pedophilic and non-pedophilic child molesters on this important personality dimension.

Our ability to understand the etiology, nature, and most effective treatment for child molesters will depend, in no small part, on our ability to recognize the differences between the pedophilic and non-pedophilic among them. This paper reports on two studies (parts of a larger project) which examined possible differences between these groups in psychopathy

## Methods

## Study 1

**Participants.** Participants were 74 males (M age = 32.1, SD = 7.4, range, 21-45; groups did not significantly on age), including 24 male controls (CNT) recruited from the community, and 50 men convicted of having sexually offended against a child less than 14 years of age, recruited from three sex offender residential treatment sites. Sex offenders were divided into two groups: (1) pedophiles (PEDs,  $n = 25$ ), those characterized by a primary sexual interest in prepubescent children, and (2) non-pedophiles (N-PEDs,  $n = 25$ ), those exhibiting a primary sexual interest in adults. Offenders' pedophilic status was established in three steps. First, those few child molesters who acknowledged to either their therapist or the study interviewer that they were primarily sexually interested in children were included in the PEDs group. Second, for offenders who did not admit to being pedophilic, penile plethysmography (PPG), administered routinely to the offenders as a part of treatment, was used for classification. Finally, for those offenders not classifiable by steps 1 and 2, the Screening Scale for Pedophilic Interests (SSPI) (Seto & Lalumiere, 2001) was used. Those scoring 4 or 5 on this five-point scale were considered to be PEDs, while those scoring 0 or 1 were considered to be N-PEDs; those scoring in the intermediate range were not included in the study.

**Measures.** The Psychopathic Personality Inventory (PPI; Lilienfeld & Andrews, 1996) is a 187 item, self-report measure, yielding a total score (i.e., a global index of psychopathy) as well as scores on eight subscales. It has demonstrated high internal consistency as well as good test-retest reliability and validity for the test as a whole and for its subscales (Benning, Patrick, Hicks, Blonigen, & Krueger, 2003; Berardino, Meloy, Sherman, & Jacobs, 2005; Poythress, Edens, & Lilienfeld, 1998). The eight subscales of the PPI (and the correlates for high scoring on each) are as follows: Impulsive Nonconformity (reckless, rebellious, unconventional), Blame

Externalization (blames others, rationalizes own transgressions), Machiavellian Egocentricity (aggressive and self-centered); Carefree Nonplanfulness (short-term oriented, lacks forethought and planning), Stress Immunity (experiences little anxiety), Social Potency (charm, persuasiveness), Fearlessness (risk taking, lacks concern for possible harmful consequences), and Coldheartedness (unsentimental, callous) (Lilienfeld & Andrews, 1996).

**Procedures.** All data were collected in compliance with IRB-dictated guidelines. All participants were recruited primarily through flyers placed either at residential treatment centers (PEDs and N-PEDs) or around the community (CNs). Participants from all groups completed a brief initial interview. Exclusion criteria for all groups included; (a) a history of significant neurological illness/injury, (b) a significant mental health history (including substance abuse), an IQ < 80. Post-screening, participants were administered the Psychopathic Personality Inventory (PPI, Lilienfeld & Andrews, 1996) and a brief IQ screen (Shipley; Zachary, 1986). A total of eight offenders and one control participant failed to pass the screening process. All participants were financially compensated.

## Study 2

Recruitment and other procedures in study 2 were identical to study 1 with one exception; instead of community volunteers, control participants were 25 men convicted of a non-sexual felony, serving time at a half-way house. There were 28 PEDs and 26 N-Peds in this study. Ages for all Study 2 participants were as follows:  $M = 32.07$ ,  $SD = 7.4$ , range = 21-45; groups did not significantly on age).

## Results

In both studies 1 & 2, the 9 PPI scales (8 subscales and a Total Score) were compared across the three groups (PEDs, N-PEDs, and CNTs) via a multivariate analysis of variance (MANOVA)

procedure. In both studies, the 9 scales, as a group, were significantly different across the three groups of men: Study 1, multivariate  $F(2, 128) = 2.31, p < .01$ ; Study 2,  $F(2, 138) = 1.83, p < .05$ .

Univariate tests of significance were then performed, on data from each study separately, for each of the 9 PPI scales. In Study 1, the groups differed significantly on four of the 9 scales; Social Potency, Fearlessness, Cold Heartedness, and Total Psychopathy (see Figure 1). Post-hoc comparisons revealed that, in the last three of these scales, the Non-Pedophilic child molesters scored as *significantly more psychopathic* than the Pedophilic child molesters; for the remaining scale (Social Potency), this difference just failed to reach significance ( $p < .10$ ) (see Figure 1).

In Study 2, univariate tests found the groups to differ significantly on three of the same four PPI scales on which they differed significantly in Study 1; specifically Social Potency, Fearlessness, and Total Psychopathy (see Figure 2). In all three of these cases, post-hoc comparisons again revealed the Non-Pedophiles as *significantly more psychopathic* than the pedophiles (see Figure 2).

### Discussion

For decades, research has shown that sex offenders are a heterogeneous group. The results of the present study add to the growing body of literature demonstrating that, even within a more restrictive group of offenders (i.e., men who molest prepubescent children), at least two quite distinct groups can be meaningfully distinguished; pedophiles and non-pedophiles. Research has shown these groups to differ on the behavioral level (e.g., risk for reoffense; Hanson, 2000), the psycho-neurocognitive level (Suchy et al., 2009) and, now in the studies reported here, the personality level.

The pedophilic and non-pedophilic child molesters were reliably and meaningfully different of several dimensions of psychopathy. Importantly, these differences were present across two separate samples, speaking to the generalizability of the findings. Why would any adult male choose to behave sexually with a child? Certainly, some such men appear to be driven by an intrinsic sexual desire for young children, the origins of which are still far from clear (Seto, 2008). But what about those men who molest young children but do not evidence pedophilic interests? Here too, their motivations (e.g., availability of vulnerable targets) have yet to be definitively established (e.g., Ward & Keenan, 1999). Yet, it is not hard to imagine that, no matter why else they may choose to molest, some degree of psychopathy could play a role. If you tend to be self-centered, impulsive, uncaring of others, manipulative, and free of conscience, all qualities typical of the relatively psychopathic, then many kinds of antisocial acts become more likely, including sexually abusing young children.

Our data do not argue that non-pedophilic child molesters are among the most psychopathic of convicted felons: Even among our participants, they were far less psychopathic than the heterogeneous group of felons comprising the control group in Study 2. Rather, all we can say is that, compared to sex offenders for whom young children appear to be the objects of their sexual interest, other molesters of such children appear to be more psychopathic.

Our findings are consistent with those of Jabbour (2010), who found incest perpetrators to score significantly higher on PPI-assessed psychopathy than extra-familial child molesters (the latter group more likely than the former to be pedophilic; Quinsey, Chaplin & Carrigan, 1979). Results of our studies also provide additional evidence of the importance of distinguishing between these two types of child molesters in our attempts to understand and treat their offending behavior.



**Study Limitations.** Our sample sizes, while not small by the standards of much of the research in this area, are still not large. However, this is balanced by our finding virtually identical results using two independent samples of both pedophilic and non-pedophilic offenders. Also, our measure of psychopathy, the PPI, while valid, is still a self-report questionnaire. It would be valuable to attempt to replicate our findings using a more comprehensive measure of psychopathy, e.g., the Psychopathy Checklist (PCL-R, Hare, 2003).



## References

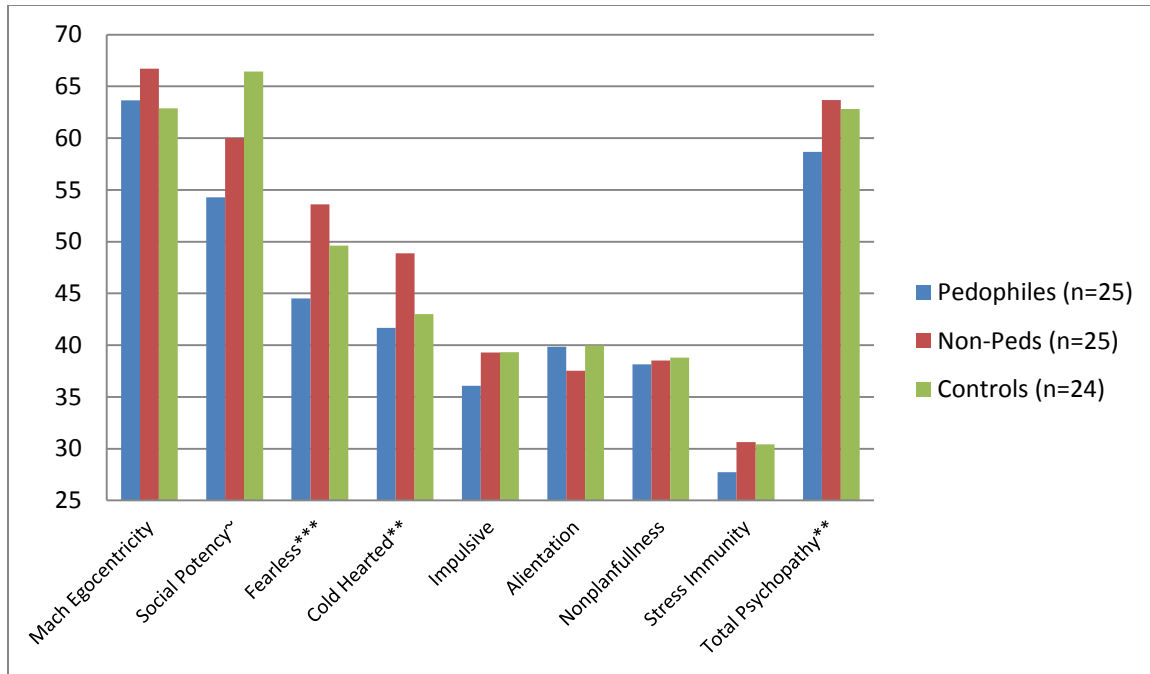
- Abel, G.G. & Osborn, C. (1992). The paraphilias: The extent and nature of sexually deviant and criminal behavior. *Psychiatric Clinics of North America*, *15*(3), 675-687.
- Beggs, S.M., & Grace, R.C. (2008). Psychopathy, intelligence, and recidivism in child molesters: Evidence of an interaction. *Criminal Justice and Behavior*, *35*, 683-695.
- Benning, S.D., Patrick, C.J., Hicks, B.M., Blonigen, D.M., & Krueger, R.F. (2003). Factor structure of the Psychopathic Personality Inventory: validity and implications for clinical assessment. *Psychological Assessment*, *15*, 340-350
- Berardino, S.D., Meloy, J.R., Sherman, M., & Jacobs, D. (2005). Validation of the Psychopathic Personality Inventory on a female inmate sample. *Behavioral Sciences and the Law*, *23*, 819-836.
- Cohen, L.J. & Galynker, I.I. (2002). Clinical features of pedophilia and implications for treatment. *Journal of Psychiatric Practice*, *8*(5), 276-289.
- Cohen, L.J., Grebchenko, Y.F., Steinfeld, M., Frenda, S.J., & Galynker, I.I. (2008). Comparison of personality traits in pedophiles, abstinent opiate addicts, and health controls: Considering pedophilia as an addictive behavior. *Journal of Nervous and Mental Disease*, *196* (11), 829-827.
- Eastvold, A.E., Suchy, Y., & Strassberg, D. (in press). Executive function profiles of pedophilic and nonpedophilic child molesters. *Journal of the International Neuropsychological Society*.
- Finkelhor, D., Hammer, H, & Sedlak, A.J. (2004). Sexually assaulted children: National estimates and characteristics. *OJJDP: Juvenile Justice Bulletin*, U.S. Department of Justice.
- Hanson, R. K. (2000). Will they do it again? Predicting sex-offense recidivism. *Current Directions in Psychological Science*, *9*, 106-109.

- Hanson, R.K., & Morton-Bourgon, K. (2004). Predictors of sexual recidivism: An Updated meta-analysis. Ottawa: Public Safety and Emergency Preparedness Canada.
- Hanson, R.K., & Bussiere, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, *66*, 348–362.
- Hare, R.D. (2003). *The Hare Psychopathy Checklist—Revised* (2nd ed.), Multi-Health Systems, Toronto, Ontario (2003).
- Jabbour, A. (2010). Instrumentality, reactivity and psychopathy in sexual offenses against children: An exploratory analysis. Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 70(11-B), 7211
- Lilienfeld, S.O., & Andrews, B.P. (1996). Development and preliminary validation of a self report measure of psychopathic personality traits in noncriminal populations. *Journal of Personality Assessment* *66*, 488–524.
- Poythress, N.G., Edens, J.F., & Lilienfeld, S.O. (1998). Criterion-related validity of the Psychopathic Personality Inventory in a prison sample. *Psychological Assessment*, *10*, 426–430.
- Quinsey, V.L., Chaplin, T.C., & Carrigan, W.F. (1979). Sexual preferences among incestuous and nonincestuous child molesters. *Behavior Therapy*, *10*(4), 562-565.
- Seto, M. (2008). Etiology of Pedophilia. In M. Seto, *Pedophilia and Sexual Offending Against Children: Theory, Assessment, and Intervention*. Washington, DC: American Psychological Association, 101-122.
- Seto, M. C., & Lalumière, M. L. (2001). A brief screening scale to identify pedophilic interests among child molesters. *Sexual Abuse: Journal of Research & Treatment*, *13*, 15-25.
- Suchy, Y., Whittaker, W.J., Strassberg, D.S., & Eastvold, A. (2009a). Neurocognitive Differences between pedophilic and nonpedophilic child molesters. *Journal of the*



*International Neuropsychological Society, 15 (2), 248-257.*

- Suchy, Y., Whittaker, W.J., Strassberg, D.S., Eastvold, A. (2009b). Facial and prosodic affect recognition among pedophilic and non-pedophilic criminal child molesters. *Sexual Abuse: A Journal of Research and Treatment, 21*, 93-110.
- Ward, T. & Keenan, T. (1999). Child molesters' implicit theories. *Journal of Interpersonal Violence, 14(8)*, 821-838.
- Zachary, R.A. (1986). *Shipley Institute of Living Scale: Revised Manual*. Los Angeles, CA : Eastern Psychological Services.



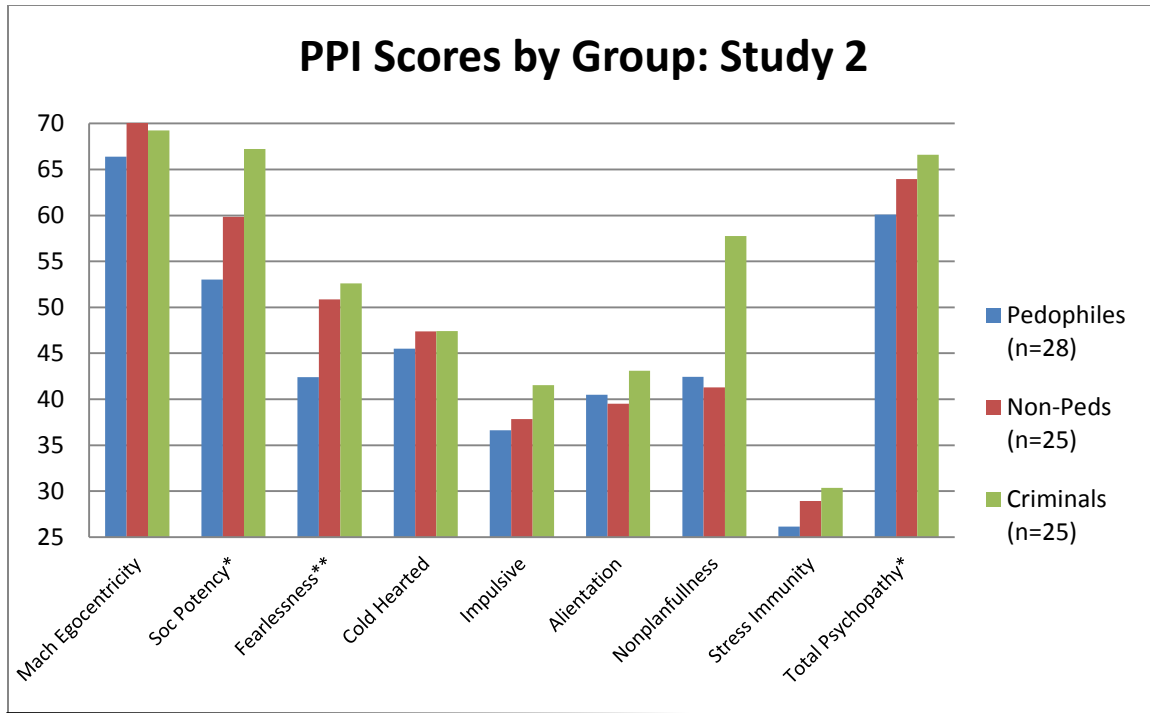
**Fig. 1** PPI Scores (8 subscales and Total Psychopathy Score) for the three Study 1 groups (Note: Total Psychopathy scores have been divided by 60% in order to include them on the same figure as the other scales).

~Non-Peds > Peds,  $p < .10$

\*Non-Peds > Peds,  $p < .05$

\*\*Non-Peds > Peds,  $p < .01$

\*\*\*Non-Peds > Peds,  $p < .001$



**Fig. 2** PPI Scores (8 subscales and Total Psychopathy Score) for the three Study 1 groups (Note: Total Psychopathy scores have been divided by 60% in order to include them on the same figure as the other scales).

\*Non-Peds > Peds,  $p < .05$

\*\*Non-Peds > Peds,  $p < .01$