

# Personality Impairment in Male Pedophiles

Lisa J. Cohen, Ph.D.; Pamela G. McGeoch, M.A.;  
Snieszyna Watras-Gans, Ph.D.; Sara Acker, B.A.; Olga Poznansky, M.S.W.;  
Ken Cullen, M.S.W.; Yelena Itskovich, M.D.; and Igor Galynker, M.D., Ph.D.

**Background:** Despite the large body of literature on the psychological sequelae of childhood sexual abuse, the literature on the psychopathology of pedophiles is surprisingly underdeveloped. The present article explores the hypothesis that pedophiles evidence deficits in interpersonal functioning (lack of assertiveness and empathy, passive-aggressiveness) and in self-concept, which might contribute to the motivation for pedophilic acts, as well as elevated sociopathy, impulsivity, and propensity for cognitive distortions, which might underlie the inhibitory failure.

**Method:** Twenty male heterosexual pedophiles (DSM-IV criteria) recruited from an outpatient clinic for sex offenders were compared with 24 demographically similar, healthy male controls using 3 personality instruments: the Millon Clinical Multiaxial Inventory-II, the Dimensional Assessment of Personality Impairment-Questionnaire, and the Temperament and Character Inventory.

**Results:** The data suggested that pedophiles have impaired interpersonal functioning, specifically, reduced assertiveness and elevated passive-aggressiveness, as well as impaired self-concept. Regarding disinhibitory traits, pedophiles demonstrated elevated sociopathy and propensity for cognitive distortions.

**Conclusion:** Our data are consistent with previous reports of pathologic personality traits in pedophiles and lend support to a hypothesis that such pathology is related to both motivation for and failure to inhibit pedophilic behavior. Such information could potentially have important treatment implications.

(*J Clin Psychiatry* 2002;63:912-919)

Although the relationship between childhood sexual abuse and severe personality pathology has received significant attention in both the popular and psychiatric literature, there has been surprisingly little systematic research on the personality impairment of pedophiles. A sizable literature on pedophilia does exist, but it is largely relegated to specialty journals. Clinical reports, although numerous, are limited by lack of psychometric data and preexisting theoretical vantage points.<sup>1-3</sup> Moreover, empirical studies of pedophiles tend to employ only 1 instrument at a time; typically, the Minnesota Multiphasic Personality Inventory (MMPI).<sup>4,5</sup> Thus, there is a clear need for systematic investigations of personality pathology in pedophilia using batteries of psychometric instruments.

Araji and Finkelhor<sup>3</sup> identified 4 lines of inquiry in the pedophilia literature, which they labeled *emotional congruence*, *blockage*, *sexual arousal*, and *disinhibition*. These lines of inquiry address, respectively, what motivates an adult to sexually relate to a child, why alternative sources of emotional and sexual gratification are not chosen, whether pedophilic sexual arousal is in itself abnormal, and why pedophilic behavior is not deterred by normal prohibitions. In this study, we will condense these 4 questions into 2: Can we identify personality traits in pedophiles that might contribute to (1) the motivation for and (2) the failure to inhibit pedophilic behavior?

That common personality traits can be identified at all in pedophilia is not universally accepted.<sup>1</sup> However, there are numerous reports in the literature suggesting that personality impairment plays some role in pedophilia, although its precise nature is yet unclear. As noted above, there are also several limitations to the extant literature. Furthermore, there is considerable heterogeneity in the pedophile populations studied. A variety of factors, including gender preference, forensic status, use of alcohol, incest, level of violence, and age of victims, can influence results.<sup>1-3</sup> Moreover, many investigations have studied general paraphilias as well as compulsive sexual behavior (CSB), the excessive practice of otherwise normal sexual behavior.<sup>6,7</sup> Although there is significant comorbidity between pedophilia and other paraphilias (29% of CSB patients reported pedophilia in one study),<sup>7</sup> diagnostic heterogeneity may influence personality profile. Despite these complications, the literature does provide some evidence of common personality traits.

Received Oct. 11, 2000; accepted Feb. 25, 2002. From Beth Israel Medical Center, New York, N.Y. (Drs. Cohen and Galynker); the New School for Social Research, New York, N.Y. (Ms. McGeoch); the Montefiore Medical Center, Bronx, N.Y. (Dr. Watras-Gans); the Massachusetts Professional School of Psychology, Boston (Ms. Acker); the Anna Freud Center, Hempstead, England (Ms. Poznansky); CAP Associates, Brooklyn, N.Y. (Mr. Cullen); and Queens Hospital Center, Queens, N.Y. (Dr. Itskovich).

Supported in part by Singer Grant 1480-410, Beth Israel Medical Center, New York, N.Y. (Dr. Galynker).

Corresponding author and reprints: Lisa J. Cohen, Ph.D., Beth Israel Medical Center, 6 Karpas, 1st Ave. and 16th St., New York, NY 10003 (e-mail: Lcohen@bethisraelny.org).

### Potentially Motivating Traits

Personality traits related to impaired interpersonal functioning and self-concept could potentially contribute to pedophilic inclinations. Despite the methodological limitations listed above, clinical and empirical reports show robust evidence of impaired interpersonal functioning. A number of older studies have reported shyness, introversion, and lack of assertiveness in pedophiles.<sup>3,8–10</sup> Fisher<sup>9</sup> demonstrated that female-object pedophiles scored higher on measures of deference, succorance, and abasement and lower on measures of achievement, autonomy, change, heterosexuality, and aggression than controls on the Edwards Personal Preference Schedule. Howells<sup>11</sup> demonstrated that pedophiles are particularly attuned to children's lack of dominance, suggesting that pedophiles' own assertiveness difficulties may attract them to children's relative powerlessness.

More recent studies have also provided support for pedophiles' anxious, inhibited personality traits and lack of assertiveness. In a study of 40 male pedophiles, 43% met criteria for a cluster C disorder according to Structured Clinical Interview for DSM-IV Axis II Disorders criteria.<sup>12</sup> In a study of 36 patients with CSB (29% of whom admitted to pedophilia), 19%, 17%, and 28% met Structured Interview for the DSM-III Personality Disorders (SIDP)/SIDP-Revised criteria and 15%, 21%, and 15% met Personality Diagnostic Questionnaire (PDQ)/PDQ-Revised criteria for avoidant, obsessive-compulsive, and passive-aggressive disorders, respectively.<sup>7,13</sup>

Pedophiles' lack of empathy for their victims has frequently been noted,<sup>10</sup> and there is some evidence that such empathic difficulties generalize beyond the pedophilic behaviors.<sup>14,15</sup> On the other hand, pedophiles do not appear to be characterized by disinhibited or impulsive aggression,<sup>2,16</sup> even those who commit sexually aggressive acts.<sup>17</sup> The presence of passive-aggressive traits, however, has been reported in several studies.<sup>7,12,13</sup>

Numerous studies suggest impaired self-concept in pedophiles.<sup>10,18,19</sup> A Rorschach study showed elevated reflection (r, Fr, and rF) and morbid (MOR) scores in 60 incarcerated pedophiles and non-sexual offenders compared with nonpatient norms and more diffuse shading (Y) and inanimate movement (m) responses in pedophiles than in non-sexual offenders, all of which are interpreted to reflect impaired self-esteem.<sup>18</sup> Elevated rates of narcissistic personality disorder have been reported in studies of pedophiles and other paraphiliacs.<sup>7,12,13</sup> Finally, self-esteem enhancement has been utilized as a treatment technique.<sup>20</sup>

### Disinhibiting Traits

Regardless of the source of pedophilic urges, however, the engagement in such behavior involves transgression against fundamental social values. Any personality traits that might underlie this inhibitory failure are therefore of

interest. In particular, sociopathy, impulsivity, and cognitive distortions may be relevant. If pedophiles display sociopathic traits, there may be inadequate motivation to inhibit destructive urges. Impulsivity would suggest a deficit in pedophiles' ability to inhibit pleasurable behavior. The propensity for cognitive distortions may contribute to schizotypal or cluster A personality traits and may underlie impaired evaluation of the implications of pedophilic behavior.

Sociopathic traits are consistently found in studies of pedophiles<sup>21,22</sup> and other aggressive sexual offenders.<sup>23</sup> Elevated psychopathic deviancy scores on the MMPI were found in a study of 113 pedophiles.<sup>24</sup> In Raymond and colleagues' study of 40 pedophiles,<sup>12</sup> antisocial personality disorder was the most common cluster B disorder (23%) and the second most common Axis II disorder. In a study by Black and colleagues,<sup>13</sup> 14% to 35% of CSB patients met criteria for antisocial personality disorder.

Regarding trait impulsivity, clinical reports of sexually aggressive paraphiliacs have noted lifestyles characterized by impulsivity.<sup>25,26</sup> These reports do not specifically assess pedophiles, however. In a 1967 study by Gebhard et al.,<sup>27</sup> across perpetrator subgroups, 70% to 85% of child molestation convictions were classified as planned, not impulsive. Further, a study of Rorschach inkblot test responses in pedophiles versus non-sexual offenders found that pedophiles had greater ideational productivity and complexity in their responses, which argues against the notion of a specifically impulsive processing style.<sup>18</sup> Moreover, we found no difference in executive functions in pedophiles versus healthy controls, which is also inconsistent with cognitive impulsivity.<sup>28</sup> Thus, as we discuss further in another report,<sup>29</sup> the literature is inconclusive about the role of impulsivity in pedophilia.

On the other hand, cognitive distortions and denial of the implications of pedophilic behavior have been widely documented.<sup>10,30</sup> In fact, challenging such distortions is a central component to many treatment protocols.<sup>30</sup> Consistent findings of elevated schizophrenia scores on the MMPI have led some investigators to postulate that pedophiles are schizotypal.<sup>24</sup> Likewise, 18% of 40 pedophiles met criteria for paranoid personality disorder.<sup>12</sup> Prevalence of paranoid (25%–32%) and schizotypal (3%–24%) personality disorders was also elevated in 36 CSB patients.<sup>7,13</sup>

In the present study, 20 male pedophiles were compared with 24 male healthy controls on 3 personality inventories. The degree and pattern of personality impairment are assessed with particular attention given to the following questions. Do pedophiles show impairment in personality traits potentially associated with the motivation for pedophilic behavior? Specifically, do pedophiles demonstrate deficits relative to controls in (1) interpersonal functioning (impaired assertiveness and empathy, elevated passive-aggressiveness) and (2) self-concept? Second, do

pedophiles evidence potentially disinhibitory forms of personality pathology, specifically, sociopathy, impulsivity, and traits associated with a propensity for cognitive distortions, such as cluster A personality features?

## METHOD

### Subjects

Twenty male subjects with a DSM-IV diagnosis of pedophilia were recruited from CAP Behavior Associates (Brooklyn, N.Y.), a facility specializing in outpatient treatment of court-referred sexual offenders. All of these subjects were diagnosed with pedophilia, heterosexual, nonexclusive (engages in sexual activity with adults as well as children), nonincest type, by psychiatric evaluation. (Incest refers to sexual activity with first-degree relatives.) To reduce the potential confounds of a heterogeneous subject population, we used strict inclusion and exclusion criteria. All pedophilia subjects had been convicted of a sexual offense against a prepubescent child (13 years of age or younger), which they committed when at least 18 years of age or 5 years older than their victim, and all were either on parole or on probation. In addition, all subjects admitted to committing the act for which they were charged. All subjects had committed more than 1 act against more than 1 victim, with the exception of 1 subject who denied having had direct sexual engagement with a child and was on probation for Internet trafficking of child pornography.

Twenty-four demographically similar healthy male control subjects were recruited through advertising in a local newspaper (New York, N.Y.). Exclusion criteria for both groups included diagnosis of a significant Axis I psychiatric disorder (psychotic disorder, major affective disorder, serious anxiety disorder), substance abuse/dependence within the past 6 months, major medical or neurologic disease, and mental retardation. Exclusion criteria for controls included any history of pedophilia or of sexual contact after the age of 16 years with a child 14 years or younger or after the age of 18 years with a child 16 years or younger.

### Procedure

This study was part of a larger, comprehensive investigation of neuropsychiatric function in pedophiles, which included positron emission tomography and plethysmographic methods. The 44 subjects who entered the current study were paid \$50.00 after they completed the battery of psychometric tests. Previous results from this data set have been published elsewhere.<sup>29</sup> The present article, however, is the only article to exhaustively analyze all personality data; other publications assess select personality scales and other, nonpersonality data.

**Recruitment.** To recruit pedophiles, a research assistant visited CAP Behavior Associates and spoke to the cli-

ents immediately prior to their group therapy appointment. The research assistant first described the project in general to the assembled group of CAP Behavior Associates clients. Pedophilic patients who expressed interest in the project were interviewed individually. Interested subjects were scheduled for an appointment at Beth Israel Medical Center (New York, N.Y.) for further evaluation and further explanation of study protocol. Control subjects were screened by phone for initial eligibility. After primary inclusive criteria were met, subjects were interviewed in person by research staff at Beth Israel Medical Center. Control subjects completed the Structured Clinical Interview for DSM-IV Axis I Disorders,<sup>31</sup> a sexual history questionnaire, and a clinical interview by a psychologist. All interested subjects who met inclusion and exclusion criteria were entered into the study after signing a consent form. This study was approved by the Beth Israel Medical Center Committee on Scientific Activities.

### Materials

**Millon Clinical Multiaxial Inventory-II.** This 175-item questionnaire measures DSM-III-R personality disorders as well as several Axis I disorders and syndromes. Scale scores were calculated according to the scoring key in the Millon Clinical Multiaxial Inventory-II (MCMI-II) manual.<sup>32</sup> No corrections were used in scoring. All Axis II diagnoses and 4 Axis I dimensions—thought, delusional, anxiety, and dysthymic disorders—were analyzed in this study.

**Temperament and Character Inventory.** Adapted from the Tridimensional Personality Questionnaire, the 240-item Temperament and Character Inventory (TCI)<sup>33</sup> assesses 4 dimensions of temperament and 3 dimensions of character.

**Dimensional Assessment of Personality Impairment-Questionnaire (DAPI-Q).** The Dimensional Assessment of Personality Impairment-Questionnaire (DAPI-Q)<sup>34</sup> is a 248-item questionnaire that measures personality impairment in 16 scales grouped into 6 function clusters: regulation of affect (3 scales), action (2 scales), cognition (2 scales), interpersonal function (4 scales), self-organization (3 scales), and societal function (2 scales). The DAPI-Q has been adapted from the Dimensional Assessment of Personality Impairment, a semistructured interview.<sup>29,34</sup>

Specific scales from each measure were identified to measure (1) potentially motivating traits, including interpersonal functioning and self-concept, and (2) disinhibitory traits, including sociopathy, impulsivity, and cognitive distortions. The TCI cooperativeness scale and the 4 DAPI-Q regulation of interpersonal function scales measured general interpersonal functioning. The MCMI-II cluster C scales specifically measured socially inhibited personality styles. Self-concept was measured with the 3 DAPI-Q organization of self-function scales, the MCMI-II narcissistic personality disorder scale, and

the TCI self-directedness scale. Sociopathy was measured using the MCMI-II antisocial personality scale and the 2 DAPI-Q regulation of societal function scales. Impulsivity was assessed with the TCI novelty-seeking scale and (inversely) the harm avoidance scale, the 2 DAPI-Q regulation of action scales, and the MCMI-II cluster B scales. Propensity for cognitive distortions was measured using the MCMI-II cluster A, thought and delusional disorder scales, the 2 DAPI-Q regulation of cognition scales, and the TCI self-transcendence scale.

### Statistical Analysis

Multivariate analyses of variance (MANOVAs) with follow-up univariate F tests compared pedophiles and controls on DAPI-Q function clusters and scales; MCMI-II Axis II clusters A, B, and C personality scores; and TCI scales. To maximize the generalizability of the data, MANOVAs were performed on personality instruments (e.g., all MCMI-II scales), rather than according to hypothesis-driven groupings of variables (e.g., all self-esteem variables). Significance was set at the  $p < .05$  level. Analysis was performed on a personal computer using SPSS for Windows, version 10.0.5 (SPSS, Inc., Chicago, Ill.).

## RESULTS

Pedophiles and controls did not significantly differ on age, marital status, employment status, or ethnicity (Table 1). Pedophiles did have significantly fewer years of education than controls ( $12.3 \pm 2.6$  years vs.  $14.5 \pm 1.5$  years,  $t = -3.51$ ,  $df = 42$ ,  $p = .001$ ). Pedophiles' mean age was  $39 \pm 9$  years. Twenty percent ( $N = 4$ ) were African American; 20% ( $N = 4$ ), European American; and 50% ( $N = 10$ ), Hispanic. Seventy percent ( $N = 14$ ) were employed, and 25% ( $N = 5$ ) were married. Controls' mean age was  $37 \pm 10$  years, and 88% ( $N = 21$ ) were employed. Twenty-one percent ( $N = 5$ ) were African American; 25% ( $N = 6$ ), European American; and 50% ( $N = 12$ ), Hispanic. Twenty-five percent ( $N = 6$ ) were married.

### MCMI-II

Pedophiles demonstrated severe and pervasive personality impairment on the MCMI-II (Table 2). Pedophiles scored higher than controls on cluster A (Hotelling  $T^2 = 0.24$ ,  $F = 3.2$ ,  $df = 3,40$ ;  $p = .035$ ), cluster B (Hotelling  $T^2 = 0.42$ ,  $F = 3.2$ ,  $df = 5,38$ ;  $p = .016$ ), and cluster C (Hotelling  $T^2 = 0.34$ ,  $F = 2.6$ ,  $df = 5,38$ ;  $p = .041$ ) scales. Univariate F tests were significant for all 3 cluster A scales, 3 of 5 cluster B scales, and 3 of 5 cluster C scales. The 4 Axis I disorders also differed between groups by MANOVA (Hotelling  $T^2 = 0.36$ ,  $F = 3.5$ ,  $df = 4,39$ ;  $p = .015$ ) and by each univariate F test.

With regard to specific hypotheses, pedophiles scored statistically significantly higher than controls on the avoidant and self-defeating scales; passive-aggressive,

**Table 1. Demographic Information of Male Pedophiles and Healthy Male Controls**

Demographic	Pedophiles (N = 20)	Controls (N = 24)	Significance <sup>a</sup>
Age, mean $\pm$ SD, y	38.75 $\pm$ 8.57	36.71 $\pm$ 9.7	NS
No. of years of education, mean $\pm$ SD	12.30 $\pm$ 2.6	14.54 $\pm$ 1.5	.001
Marital status, N (%)			NS
Single	7 (35)	12 (50)	
Married	5 (25)	6 (25)	
Separated	3 (15)	3 (13)	
Divorced	5 (25)	3 (13)	
Religion, N (%)			NS
Christian	15 (75)	17 (71)	
Jewish	2 (10)	2 (8)	
Other	1 (5)	2 (8)	
None	2 (10)	3 (13)	
Ethnicity, N (%)			NS
African American	4 (20)	5 (21)	
European American	4 (20)	6 (25)	
Asian	1 (5)	1 (4)	
Hispanic	10 (50)	12 (50)	
Other	1 (5)	0 (0)	
Employed, N (%)	14 (70)	21 (88)	NS

<sup>a</sup>Age and number of years of education compared using t tests; marital status, religion, ethnicity, and employment compared using chi-square tests.

but not aggressive-sadistic; antisocial, but not narcissistic personality scales; and all 3 cluster A scales as well as thought and delusional disorder scales.

### DAPI-Q

DAPI-Q results provide further evidence of severe and pervasive personality impairment in pedophiles (Table 3). When mean function cluster scores were entered into a single MANOVA, the overall MANOVA yielded significant differences between groups (Hotelling  $T^2 = 0.58$ ,  $F = 3.4$ ,  $df = 6,35$ ;  $p = .010$ ), as did all univariate F tests. When function clusters were assessed in separate MANOVAs, 5 of 6 differed significantly and 1 differed marginally. By follow-up univariate F tests, 12 of 16 scales significantly differed between groups. All findings showed greater impairment in pedophiles relative to controls.

Pedophiles demonstrated significantly greater impairment than controls on regulation of interpersonal function (3 of 4 scales), organization of self-function (3 of 3 scales), regulation of cognition (1 of 2 scales), regulation of action (2 of 2 scales), and regulation of societal function scales (2 of 2 scales). Although the groups did not differ on reality testing, they did differ on filtering of emotional information, which assesses the need to alter emotionally charged information. Of note, the groups differed most markedly on the organization of self-function scales.

### TCI

The 7 TCI scales did not differ between groups by overall MANOVA (Table 4). According to the univariate tests, only self-transcendence differed between groups



Table 2. MCMI-II Scores in Male Pedophiles and Healthy Male Controls<sup>a</sup>

Scale	Pedophiles (N = 20)		Controls (N = 24)		Statistic		p Value
	Mean	SD	Mean	SD	Result	df	
Cluster A					Hotelling T <sup>2</sup> = 0.24	3,40	.035
Schizoid	20.55	8.1	16.42	5.1	F = 4.21	1,42	.046
Schizotypal	20.90	17.7	8.79	6.3	F = 9.74	1,42	.003
Paranoid	30.90	16.2	21.50	12.9	F = 4.59	1,42	.038
Thought disorder <sup>b</sup>	14.25	12.7	5.29	5.9	F = 9.90	1,42	.003
Delusional disorder <sup>b</sup>	15.20	9.6	9.50	5.8	F = 11.68	1,42	.001
Cluster B					Hotelling T <sup>2</sup> = 0.42	5,38	.016
Histrionic	34.95	12.3	27.58	8.9	F = 5.27	1,42	.027
Narcissistic	40.05	14.1	34.96	11.0	F = 1.81	1,42	.186
Borderline	33.00	24.6	12.50	13.4	F = 12.28	1,42	.001
Antisocial	34.75	13.9	22.92	12.3	F = 8.93	1,42	.005
Aggressive-sadistic	33.00	12.7	26.04	12.2	F = 3.42	1,42	.072
Cluster C					Hotelling T <sup>2</sup> = 0.34	5,38	.041
Avoidant	22.30	16.6	10.38	6.9	F = 10.23	1,42	.003
Dependant	27.05	6.7	25.33	5.9	F = 0.081	1,42	.373
Obsessive-compulsive	37.35	8.1	37.54	7.1	F = 0.01	1,42	.934
Passive-aggressive	29.65	17.0	17.25	13.3	F = 7.35	1,42	.010
Self-defeating	21.25	16.4	8.92	8.0	F = 10.60	1,42	.002
Anxiety disorder <sup>b</sup>	11.40	12.0	3.25	3.9	F = 9.48	1,42	.004
Dysthymic disorder <sup>b</sup>	19.10	19.3	5.08	5.1	F = 5.91	1,42	.019

<sup>a</sup>Abbreviation: MCMI-II = Millon Clinical Multiaxial Inventory-II.

<sup>b</sup>Axis I scales analyzed separately: Hotelling T<sup>2</sup> = 0.36, df = 4,39; p = .015.

(F = 4.42, df = 1,40; p = .042). This scale measures the subject's ability to expand the experience of self beyond the limits of the individual to incorporate a larger reality. Although intended to measure spirituality, it can also reflect perceptual distortions and psychotic thinking.<sup>33</sup> Pedophiles scored marginally lower than controls on self-directedness (F = 3.96, df = 1,40; p = .053) and marginally higher on harm avoidance (F = 3.97, df = 1,40; p = .053).

## DISCUSSION

In the present study, 20 male pedophiles were compared with 24 demographically matched controls on 3 personality inventories, the MCMI-II, the DAPI-Q, and the TCI. On the MCMI-II and the DAPI-Q, pedophiles demonstrated severe and pervasive personality impairment relative to controls. On the TCI, which is less specifically intended for clinical purposes, there was no difference between groups by overall MANOVA, but univariate F tests showed some trends consistent with the other findings.

### Potentially Motivating Traits

Among pedophiles, there was strong evidence of impairment in both areas hypothesized to contribute to pedophilic motivation.

**Interpersonal deficits.** The data showed consistent evidence of impaired interpersonal functioning. Shyness, inhibition, and lack of assertiveness were supported by elevated scores on the MCMI-II avoidant, self-defeating, and schizoid personality disorder scales. Elevated scores on the passive-aggressive but not the aggressive-sadistic

scales suggest that aggression may be elevated but expressed indirectly. On the DAPI-Q, pedophiles showed impaired capacity for intimacy, regulation of dependency, and interpersonal evaluation (e.g., splitting, idealizing, devaluing), but only marginally impaired capacity for empathy. On the TCI, pedophiles did not differ from controls on cooperativeness. Our findings are thus largely consistent with the previous literature that demonstrated broad interpersonal deficits<sup>2,3</sup> including reduced assertiveness<sup>10</sup> and elevated passive aggression.<sup>12</sup> Our study failed to support evidence of generalized empathy deficits, as has been demonstrated elsewhere.<sup>14,15</sup>

**Self-concept.** With regard to impaired self-concept, there was no difference between groups on narcissistic personality scores on the MCMI-II, but very strong differences on all DAPI-Q organization of self-function scales and marginally lower scores among pedophiles on the TCI self-directedness scale. The DAPI-Q and TCI findings are consistent with previous literature, which documented narcissistic personality disorder traits,<sup>7,12</sup> lowered self-esteem,<sup>10</sup> and feelings of self-doubt and humiliation.<sup>18</sup>

### Disinhibitory Traits

The data also provided support for personality traits that may underlie the failure to inhibit pedophilic urges. The role of sociopathy in pedophilia is supported by strong differences in MCMI-II antisocial personality scores as well as impairment in societal attitudes and behavior on the DAPI-Q. Sociopathic traits are one of the more consistent findings in the literature on pedophilia and other paraphilias.<sup>21,22</sup> With regard to impulsivity, 3 of 5 MCMI-II cluster B scales were elevated in pedophiles,

Table 3. DAPI-Q Scores in Male Pedophiles Versus Healthy Male Controls<sup>a</sup>

Area of Impairment	Pedophiles (N = 20)		Controls (N = 23) <sup>b</sup>		Statistic		p Value
	Mean	SD	Mean	SD	Result	df	
Regulation of affect	1.28	0.8	0.67	0.5	Hotelling T <sup>2</sup> = 0.42	3,35	.006
Sadness/depression	1.61	1.1	0.60	0.5	F = 13.49	1,37	.001
Anxiety	0.85	1.0	0.53	0.6	F = 1.76	1,37	.193
Anger	1.24	0.9	0.87	0.6	F = 2.21	1,37	.146
Regulation of action	1.04	0.8	0.55	0.4	Hotelling T <sup>2</sup> = 0.22	2,37	.023
Impulse control	1.37	1.2	0.59	0.4	F = 8.23	1,38	.007
Sustained initiative	0.86	0.6	0.51	0.4	F = 4.80	1,38	.035
Regulation of cognition	0.99	0.8	0.49	0.4	Hotelling T <sup>2</sup> = 0.15	2,38	.072
Reality testing	0.70	0.6	0.35	0.5	F = 3.07	1,39	.088
Filtering of emotional information	1.27	1.1	0.67	0.5	F = 5.42	1,39	.025
Regulation of interpersonal function	1.06	0.6	0.55	0.4	Hotelling T <sup>2</sup> = 0.35	4,37	.023
Dependency	0.95	0.7	0.45	0.5	F = 5.82	1,40	.020
Interpersonal evaluation	1.16	0.8	0.50	0.5	F = 9.98	1,40	.003
Empathy	0.83	0.6	0.55	0.5	F = 3.18	1,40	.082
Intimacy	1.27	0.8	0.65	0.6	F = 8.49	1,40	.006
Organization of self-function	1.43	0.7	0.62	0.5	Hotelling T <sup>2</sup> = 0.57	3,37	.001
Self-esteem	1.44	1.1	0.57	0.5	F = 9.96	1,39	.003
Assertiveness	1.38	0.7	0.55	0.5	F = 18.55	1,39	.000
Self-inhibition	1.72	1.0	0.74	0.8	F = 13.40	1,39	.001
Regulation of societal function	0.74	0.5	0.33	0.2	Hotelling T <sup>2</sup> = 0.33	2,38	.005
Societal attitudes	1.33	1.0	0.80	0.5	F = 4.74	1,39	.036
Societal behavior	0.30	0.3	0.07	0.1	F = 12.33	1,39	.001

<sup>a</sup>Abbreviation: DAPI-Q = Dimensional Assessment of Personality Impairment-Questionnaire.<sup>b</sup>Data missing for 1 control.Table 4. TCI Scores in Male Pedophiles and Healthy Male Controls<sup>a</sup>

Scale	Pedophiles (N = 20)		Controls (N = 22) <sup>b</sup>		Statistic		p Value
	Mean	SD	Mean	SD	F	df	
Harm avoidance	12.55	4.8	9.64	4.6	3.97	1,40	.053
Novelty seeking	19.00	4.1	17.50	5.4	1.03	1,40	.317
Reward dependence	13.05	3.5	14.41	3.7	1.52	1,40	.224
Persistence	4.70	1.9	5.41	1.6	1.73	1,40	.195
Cooperativeness	28.95	8.0	31.55	5.9	1.44	1,40	.237
Self-directedness	26.80	9.4	31.77	6.7	3.96	1,40	.053
Self-transcendence	15.75	7.7	11.68	4.6	4.42	1,40	.042

<sup>a</sup>Results of between-group overall multivariate analyses of variance comparison of TCI scores; Hotelling T<sup>2</sup> = 0.269, df = 7,34; NS. Abbreviation: TCI = Temperament and Character Inventory.<sup>b</sup>Data missing for 2 controls.

albeit this is the same proportion as that of elevated cluster C scales. DAPI-Q scores suggested impairment in impulse control and sustained initiative. On the TCI, however, the groups did not differ on novelty seeking, and pedophiles were marginally more harm avoidant than controls. Thus, the evidence for impulsivity is less conclusive than for other variables, which is also consistent with the literature.<sup>18,27</sup>

All 3 instruments support the role of cognitive distortions in pedophilia, as is consistent with previous reports.<sup>12,24,30</sup> On the MCMI-II, thought and delusional disorder were elevated, as were the 3 cluster A disorders. On the DAPI-Q, reality testing was not impaired, supporting the absence of frank psychosis. However, filtering of emotional information was impaired, which suggests the need to excessively alter cognitive processing to regulate negative emotion. The marginally elevated self-transcendence

scores on the TCI are consistent with a tendency toward diffuse self and other boundaries.

The present findings provide preliminary evidence of common personality traits among pedophiles. Impaired interpersonal skills, including assertiveness, and heightened passive aggression, along with a damaged self-concept, could potentially contribute to the motivation to sexually relate to a helpless, vulnerable child. Sociopathy and cognitive distortions about the implications of such behavior may impede appropriate inhibition of pedophilic urges. While there are previous reports of impaired self-concept, cognitive distortions, reduced assertiveness, and impaired capacity for intimacy, no other studies have attempted to synthesize these diffuse findings into a more comprehensive framework.

An understanding of common personality traits in pedophiles can have important treatment implications in

this highly treatment-refractory population. For example, sociopathic traits suggest that pedophiles will be slow to internalize socially acceptable values and are likely to fail to disclose or even lie about ongoing pedophilic symptoms. Continued monitoring, limit setting, and negative consequences for rule breaking are thus indicated. Personality traits related to a predilection to cognitive distortions suggest the need for continued confrontation of denial or distorted beliefs, particularly by peers in a group format, as is effective with substance abusers. Assertiveness training, interpretation of passive-aggressive behavior, and supportive and/or cognitive-behavioral interventions for low self-esteem may also reduce pedophiles' motivation for pursuing exploitative relationships.

Several methodological limitations, however, suggest that any conclusions should be drawn with caution. Our sample was restricted to 1 pedophilic subtype and sexual orientation, including only nonexclusive, nonincest, heterosexual male pedophiles attending an outpatient facility on a court-mandated basis. We also relied on self-report instruments. Hence, our data are vulnerable to self-report biases and may not be generalizable to other pedophilic subtypes such as incest offenders or incidental pedophiles. The data also may not generalize either to incarcerated or nonconvicted child molesters or to female sexual abusers. Furthermore, our small sample size reduces statistical power and potentially further reduces the generalizability of the results. Nonetheless, our findings are consistent with previously published reports that include as subjects incarcerated child molesters and those outside the judicial system. Moreover, our highly significant results attest to adequate statistical power. We included multiple instruments, thus reducing the effect of measurement error, and had a carefully characterized pedophile sample and a demographically similar control group.

In addition, although it is important to consider the heterogeneity among pedophiles, it is likely that pedophile subtypes may not be as mutually exclusive as previously thought. Abel and colleagues,<sup>35,36</sup> through the use of secured data guaranteed by a federal certificate of confidentiality, found the number and types of acts committed in a group of 561 nonincarcerated paraphiliacs to be significantly higher than those reported in the general literature. With an average of 240 pedophilic acts committed per individual<sup>35</sup> and more than 70% of pedophiles reporting multiple paraphilias,<sup>36</sup> it is not surprising that nonincestuous pedophiles admitted to frequent incestuous behavior and incest offenders admitted to nonincestuous pedophilia.

Future research is needed with larger sample sizes, possibly with a greater range of pedophile subtypes, as well as with other instruments specialized to assess targeted personality traits, such as the Hare Psychopathy Checklist<sup>37</sup> and the cognitive distortions scales of Abel

and colleagues<sup>38</sup> and Bumby.<sup>39</sup> Moreover, a semistructured interview format or federal certificates of confidentiality may improve subjects' self-disclosure. Ultimately, treatment studies could assess the impact of targeting specific personality traits on motivation for and inhibition of pedophilic urges and behavior.

## REFERENCES

1. Barnard GW, Fuller AK, Robbins L, et al. *The Child Molester: An Integrated Approach to Evaluation and Treatment*. New York, NY: Brunner/Mazel Clinical Psychiatry Series; 1989
2. Okami P, Goldberg A. Personality correlates of pedophilia: are they reliable indicators? *J Sex Res* 1992;29:297-328
3. Arai S, Finkelhor D. Explanations of pedophilia: review of empirical research. *Bull Am Acad Psychiatry Law* 1985;13:17-37
4. Panton JH. Personality differences appearing between rapists of adults, rapists of children and non-violent sexual molesters of children. *Res Commun Psychol Psychiatry Behav* 1978;3:385-393
5. Cavallin H. Incestuous fathers: a clinical report. *Am J Psychiatry* 1966;122:1132-1138
6. Kafka M. Psychopharmacologic treatments for nonparaphilic compulsive sexual behaviors. *CNS Spectrums* 2000;5:49-59
7. Black DW. The epidemiology and phenomenology of compulsive sexual behavior. *CNS Spectrums* 2000;5:26-35
8. Wilson GD, Cox DN. Personality of paedophile club members. *Pers Individual Differences* 1983;4:323-329
9. Fisher G. Psychological needs of heterosexual pedophiliacs. *Dis Nerv Syst* 1969;30:419-421
10. Fisher D, Beech A, Browne A. Comparison of sex offenders to nonoffenders on selected psychological measures. *Int J Offender Ther Comp Criminol* 1999;43:473-491
11. Howells K. Some meanings of children for pedophiles. In: Cook M, Wilson G, eds. *Love and Attraction*. London, England: Pergamon Press; 1979
12. Raymond NC, Coleman E, Ohlerking F, et al. Psychiatric comorbidity in pedophilic sex offenders. *Am J Psychiatry* 1999;156:786-788
13. Black DW, Kehrberg LLD, Flumerfelt DL, et al. Characteristics of 36 subjects reporting compulsive sexual behavior. *Am J Psychiatry* 1997;154:243-249
14. Marshall WL, Maric A. Cognitive and emotional components of generalized empathy deficits in child molesters. *J Child Sex Abuse* 1996;5:101-111
15. Marshall WL, Champagne F, Brown C, et al. Empathy, intimacy, loneliness and self-esteem in nonfamilial child molesters: a brief report. *J Child Sex Abuse* 1997;6:87-98
16. Henn FA, Herjanic M, Vanterpearl RH. Forensic psychiatry: profiles of two types of sex offenders. *Am J Psychiatry* 1976;133:694-696
17. Greenberg D, Bradford JMW, Curry S. Are pedophiles with aggressive tendencies more sexually violent? *Bull Am Acad Psychiatry Law* 1996;24:225-235
18. Bridges MR, Wilson JS, Gacono CB. A Rorschach investigation of defensiveness, self-perception, interpersonal relations, and affective states in incarcerated pedophiles. *J Pers Assess* 1998;70:365-385
19. Kalichman SC. Psychopathology and personality characteristics of criminal sexual offenders as a function of victim age. *Arch Sex Behav* 1991;20:187-197
20. Marshall WL, Champagne F, Sturgeon C, et al. Increasing the self esteem of child molesters. *Sex Abuse J Res Treat* 1997;9:321-333
21. Virkkunen M. The pedophilic offender with antisocial character. *Acta Psychiatr Scand* 1985;53:401-405
22. Dorr D. Psychopathy in pedophiles. In: Millon T, Simonsen E, Birket-Smith M, et al, eds. *Psychopathy: Antisocial, Criminal and Violent Behavior*. New York, NY: Guilford Press; 1998:304-320
23. Kafka M. Sexual impulsivity. In: *Impulsivity and Aggression*. Hollander E, Stein D, eds. New York, NY: John Wiley & Sons; 1995:201-228
24. Henderson MC, Kalichman SC. Sexually deviant behavior and schizotypy: a theoretical perspective with supportive data. *Psychiatr Q* 1990;61:273-284
25. Prentky RA, Knight RA. Impulsivity in the lifestyle and criminal behavior of sexual offenders. *Crim Justice Behav* 1986;13:141-164

26. Prentky RA, Knight RA. Identifying critical dimensions for discriminating among rapists. *J Consult Clin Psychol* 1991;59:643–661
27. Gebhard PH, Gagnon JH, Pomeroy WB, et al. *Sex Offenders*. New York, NY: Bantam Books; 1967
28. Cohen LJ, Galynker I, Klein E, et al. Personality profiles and childhood sexual histories of male perpetrators. Presented at the 154th annual meeting of the American Psychiatric Association; May 5–10, 2001; New Orleans, La
29. Cohen LJ, McGeoch PG, Watras-Gans S, et al. Impulsive-aggressive personality traits in male pedophiles: is pedophilia an impulsive-aggressive disorder? *Compr Psychiatry* 2002;43:127–134
30. Haywood TW, Grossman LS. Denial of deviant sexual arousal and psychopathology in child molesters. *Behav Ther* 1994;25:327–340
31. First MB, Gibbon M, Spitzer RL, et al. *Structured Clinical Interview for DSM-IV Axis I Disorders (Research Version)*. New York, NY: Biometric Research, New York State Psychiatric Institute; 1996
32. Millon T. *Millon Clinical Multiaxial Inventory-II: Manual for the MCMI-II*. 2nd ed. Minneapolis, Minn: National Computer Systems, Inc; 1987
33. Cloninger RC, Svrakic DM, Przybeck TR. A psychobiological model of temperament and character. *Arch Gen Psychiatry* 1993;50:975–990
34. Cohen LJ, Kingston P, Bell A, et al. Comorbid personality impairment in body dysmorphic disorder. *Compr Psychiatry* 2000;41:4–12
35. Abel GG, Becker JV, Mittelman M, et al. Self reported sex crimes of non-incarcerated paraphiliacs. *J Interpers Violence* 1987;2:3–25
36. Abel GG, Becker JV, Cunningham-Rathner BA, et al. Multiple paraphilic diagnoses among sex offenders. *Bull Am Acad Psychiatry Law* 1988;16:153–168
37. Hare RD. *The Hare Psychopathy Checklist-Revised Manual*. North Tonawanda, NY: Multi-Health Systems; 1991
38. Abel GG, Gore DK, Holland CL, et al. The measurement of the cognitive distortions of child molesters. *Ann Sex Res* 1989;2:135–152
39. Bumby K. Assessing the cognitive distortions of child molesters and rapists, development and validation of the MOLEST and RAPE scales. *Sex Abuse J Res Treat* 1996;8:37–54

Copyright 2002 Physicians Postgraduate Press, Inc.  
One personal copy may be printed