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THE INNER WORLD OF ADOLESCENT MALE SEXUAL ABUSE
VICTIMS AND OFFENDERS: A RORSCHACH STUDY

A Thesis Presented

by

ANNE J. KAPLAN

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University of Massachusetts in partial fulfillment
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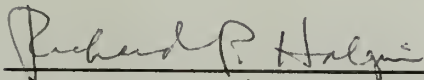
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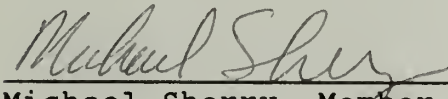
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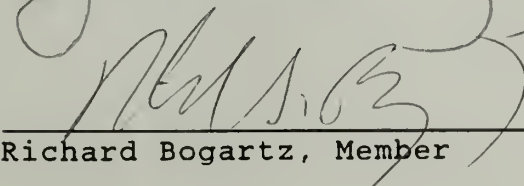
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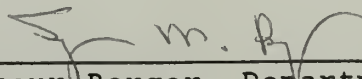
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ABSTRACT

THE INNER WORLD OF ADOLESCENT MALE SEXUAL ABUSE
VICTIMS AND OFFENDERS: A RORSCHACH STUDY

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This study investigated the Rorschach responses of adolescent male sexual abuse victims to see if reliable object relations differences could be found in the responses of boys who did and did not exhibit sexual offending behaviors. Twenty four Rorschach protocols from boys between the ages of 12 and 17 were selected to form 3 matching groups of Victimized-non-Offenders, Victimized-Offenders, and a Comparison Group of non-victimized non-offenders. All 3 groups were matched for age and race, and an effort was made to match the victimized groups for their age at first sexual victimization. The groups were compared on the Urist Mutuality of Autonomy Scale (MOA) and the Blatt Thought Disorder Continuum, as well as on the total number of responses (R), affective ratio (Afr), and the number of morbid (Mor) and anatomy responses (An). Victimized-Offenders were found to have higher thought disorder scores than Victimized-non-Offenders, and higher morbid scores than Comparison subjects. Although not

statistically significant, a small difference was suggested in the adaptiveness of object relationships depicted in Rorschach responses, with Victimized-Offenders depicting fewer reciprocal interactions and having a higher MOA mean than Victimized-non-Offenders and Comparison subjects. Previous findings by other investigators of higher R, Afr and An among sex offenders and juvenile delinquents were not replicated. Given the small sample size of this study, these findings are preliminary and point to the need for further research with larger samples of Rorschach protocols.

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CHAPTER 1

INTRODUCTION

Although child sexual abuse may not be more common now than it was 20 years ago, public and professional attention and recognition has grown. The number of cases reported to the American Humane Association increased more than ten-fold between 1976 and 1983 (Finkelhor, 1984).

Unfortunately, despite the recent spotlight on child sexual abuse, our knowledge and understanding of the issues is still quite limited. Published research efforts have focused primarily on estimating the prevalence of child sexual abuse, and describing characteristics of the offender, the victim, their relationship and the acts. Less research has been conducted regarding the psychological dynamics of sexual offending and victimization.

The role of psychological factors in the etiology of child molestation is suggested by the research finding that the rate of childhood sexual victimization is greater among offenders than in the general population. Groth and Burgess (1979) found in their group of 106 adult child molesters that 32% had been sexually abused as children (as compared to 3% of a comparison group of police officers). Seghorn, Prentky and Boucher (1987) found an even greater rate (57%) among their sample of 54 incarcerated adult child molesters. Burgess et. al. (1988) report that "more

than half of the incarcerated juvenile offenders studied <by Deisher et. al., 1982 and Groth and Loreda, 1981> had themselves been victims of childhood physical and/or sexual abuse." Among adolescent sex offenders in treatment programs, Longo (1982) and Becker (1988) report a 47% and a 19% (respectively) incidence rate of childhood sexual abuse. Among child perpetrators, Johnson (1988) found that "72% of the children who began their sexually abusive behavior when they were 6 years old or younger were victims of sexual abuse, while 42% of the children who began their sexually abusive behaviors between 7 and 11 years of age were victims of sexual abuse ... <and among> perpetrators between the ages of 11 and 12 there was a 35% incidence of reported sexual victimization." While the majority of sexual abuse victims do not become offenders (Becker, 1988), a significant number do. Powell (in press) followed up on a sample of 143 sexually abused children and found that 10% had committed sexual offenses during their adolescence.

This study focuses on the psychological dynamics of sexual offending and victimization through an intensive exploration of the Rorschach responses of adolescent boys who have been sexually abused. Object relationships portrayed in the responses of non-sexually offending victims will be compared and contrasted with object relationships portrayed in the responses of sexually

offending victims. Admittedly, social and environmental factors play a decisive role in the etiology of sexual offending. I am interested though in learning whether intrapsychic characteristics might distinguish victimized offenders from non-offenders. The Mutuality of Autonomy Scale (MOA), developed by Urist (1977) for use with the Rorschach, will provide the primary means of comparing object relationships between these groups. Thought disorder, and four additional Rorschach variables will also be examined in order to further assess Rorschach differences between these groups, and to follow up on the findings of previous studies.

Definitions of Child Sexual Abuse and Sexual Offending

A variety of definitions of sexual abuse and sexual offending have been used in the research and clinical literatures (Wyatt and Peters, 1986). Wyatt and Peters (1986) summarize the differences in definition found in several prevalence studies. They found that the definitions varied along three dimensions- the types of sexual behaviors, the age of the victim, and the age difference between the victim and the offender.

Despite variation in the types of behaviors included in a given definition of sexual abuse, there is a consensus that the terms "contact abuse" and "noncontact abuse" can be used to describe two broad categories of sexual abuse (Wyatt and Peters, 1986). Contact abuse refers to

fondling, frottage, attempted or completed penetration or intercourse, and oral sex. Noncontact abuse includes exhibitionism, voyeurism, obscene telephone calls, and solicitations to engage in sexual activity.

Some prevalence studies have tracked only the incidence of contact abuse, while others have counted both contact and noncontact abuse. Researchers have tended to use 16 or 17 as the upper age limit for victims. Some researchers have included sexual abuse by peers in their definitions, while others have specified a minimum age difference of five years between the victim and the perpetrator. Those researchers who considered abuse by peers, specified additional criteria for concluding that the sexual incident was unwanted and involved coercion.

A number of researchers have applied different criteria in their definitions of sexual abuse depending on the victim's age. These differences are based on the researchers recognition that while prepubescent children may be too young to be able to voluntarily consent to sexual activity with an older partner, adolescents may indeed have consensual sexual experiences with older partners. Finkelhor (1979) increased the necessary age difference between victims age 13-16 and their perpetrators to 10 years. Russell (1983) stipulated that modifications in the definition of sexual abuse for adolescents be made only in cases of extra-familial sexual abuse. Adolescents'

extra-familial sexual experiences were considered abusive only when they involved completed or attempted forcible rape. Wyatt (1985) also used different definitions of sexual abuse for children and adolescents. She considered all sexual incidents involving children aged twelve or younger with an older partner abusive, even if the victim consented. For 13-17 year olds, she excluded all voluntary experiences regardless of the partner's age.

Definitions of sexual offending follow these definitions of child sexual abuse. In both the research and clinical literatures, juvenile sexual offenses have been defined broadly as "any sexual act with a person of any age, against the victim's will, without consent, or in an aggressive, exploitative or threatening manner," (Ryan et. al., 1987), "including rape; sexual assault; ... sexual touching and fondling short of penetration; and offenses involving no physical contact, such as exhibitionism and voyeurism and obscene telephone calls " (Davis and Leitenberg, 1977).

Overview

Males are underrepresented among sexual abuse victims¹, and overrepresented among offenders.² Among

¹. The prevalence of child sexual abuse has not been well established due to significant variability in the methodologies and definitions used by different researchers (Wyatt and Peters, 1986). Estimating the prevalence of child sexual abuse among boys has been most difficult due to the underreporting of sexual abuse of boys, and the fact that "some of the better studies of the prevalence of sexual abuse

those who commit sexual offenses against children, adolescents are well represented. Davis and Leitenberg (1987) report that "about 20% of all rapes and about 30% to 50% of all child sexual abuse can be attributed to adolescent offenders." In the long run, there is considerable continuity between the populations of adolescent and adult sex offenders. Davis and Leitenberg (1987) found that "approximately 50% of adult sex offenders report that their first sexual offense occurred during adolescence."

Although some authors have called attention to the importance of researching the characteristics which differentiate male victims who become offenders from male victims who do not develop an offense history (Freeman-Longo, 1986; Becker, 1988; Powell, 1988), no published

have limited themselves to females or have had quite small samples of men" (Finkelhor, 1984). In a review article, Vander Mey (1988) cites Finkelhor's (1984) conclusion that 2.5%-8.7% of men are sexually victimized as children. Peters, Wyatt and Finkelhor (1986) in a more recent review of prevalence studies indicated that the reported rates of male child sexual abuse have ranged from 3% to 31%. Estimates of the prevalence of sexual abuse of girls have been much larger (6%-62% Peters, Wyatt and Finkelhor, 1986). Alter-Reid et. al. (1986) in their review of the empirical child sexual abuse literature concluded that the incidence of sexual abuse among girls is 4 or 5 times greater than the incidence among boys.

². Estimates of the proportion of males among child molesters vary widely. Finkelhor (1984) indicates that 87%-94% of reported and unreported sexual offenses committed against girls and 76%-87% of those against boys are perpetrated by men. Davis and Leitenberg (1987) found that girls comprise less than 5% of the population of identified juvenile sex offenders.

studies have focused on this issue. Gilgun (1988), in an unpublished paper, reported finding that among 30 male victims of physical, sexual and/or emotional abuse, the 16 men who had at least one person in whom they could confide during their childhood, did not develop sexually abusive behaviors. Not one of the 14 men who developed sexually abusive behaviors had a childhood confidant. They committed their first sexual offense during adolescence, and grew up in a highly sexualized environment.

Some published research and theoretical reviews on the impact of sexual abuse on a child (Summit, 1983; Browne and Finkelhor, 1986; Finkelhor, 1988; Friedrich, 1988; Conte and Schuerman, 1988), and the etiology of adolescent sexual offending (Becker, 1988; Ryan, Lane, Davis, and Isaac, 1987; Burgess, Hartman, McCormack, and Grant, 1988; Lane, 1984) may offer clues to this study's question regarding intrapsychic differences between sexual abuse victims who do and do not develop sexual abuse behaviors.

Impact of Child Sexual Abuse

Research on the impact of child sexual abuse has focused mainly on the questions of whether sexual abuse is psychologically damaging to the victim, and the incidence of various symptoms and problems among child sexual abuse victims. Some of the reported symptoms and problems may be directly related to the incidence or risk of developing sexual offending behaviors. For example, Conte and

Schuerman (1988), in their study of symptoms among 369 sexually abused children, found that 14% of the children exhibited aggressive behaviors, 7% of the children evidenced age-inappropriate sexual behavior, and 2% of the children had sexually victimized others.

Friedrich (1988) observed the course of symptoms among 8 sexually abused children for 24 months and noted some patterns. He found that "depression and somatic complaints would give way in some children to an increase in aggressiveness," and that sexual problems "emerge and persist for some time in these children." In another study of 16 children, he found that sexually abused girls exhibited more internalizing behavior than sexually abused boys. He also found that boys exhibited more externalizing behavior than girls, and that the duration of the abuse, the relationship to the perpetrator, and the time elapsed since the last assault were significantly related to externalizing behavior.

The psychological impact of child sexual abuse has been further elaborated in clinical and theoretical conceptualizations of the child's experience of and adaptation to sexual victimization (Summit, 1983; Browne and Finkelhor, 1986; Finkelhor, 1988).

Summit (1983) offers a descriptive theory for understanding the child's experience of and coping with sexual abuse. He identifies five categories of the "child

sexual abuse syndrome"-- secrecy, helplessness, entrapment and accommodation, delayed, conflicted and unconvincing disclosure, and retraction, and is especially attentive to the "secondary trauma in the crisis of discovery." He reports that boys evidence "an even greater isolation from validation and endorsement by incredulous parents and other adults," and that a boy victim is "more likely to turn his rage outward in aggressive and antisocial behavior ... <because he> is even more intolerant of his helplessness."

In terms of his child sexual abuse accommodation syndrome, Summit states that abusive behavior falls under the category of "entrapment and accommodation," and represents the child's effort to achieve a sense of power and control in the face of continuing helpless victimization. He quotes Shengold (1979) on one aspect of a child's intrapsychic coping with abuse described as "a vertical split in reality testing."

If the very parent who abuses and is experienced as bad must be turned to for relief of the distress that the parent has caused, then the child must, out of desperate need, register the parent- delusionally- as good. Only the mental image of a good parent can help the child deal with the terrifying intensity of fear and rage which is the effect of the tormenting experiences. The alternative- the maintenance of the overwhelming stimulation and the bad parental imago- means annihilation of identity, of the feeling of the self. So the bad has to be registered as good. This is a mind-splitting or a mind fragmenting operation... I am not describing schizophrenia but the establishment of isolated divisions of the mind that provides the mechanism for a pattern in

which contradictory images of the self and of the parents are never permitted to coalesce. (p. 539)

Finkelhor and his colleagues (Finkelhor, 1988; Browne and Finkelhor, 1986) have proposed that a child's experience of sexual abuse can be analyzed in terms of four "traumagenic dynamics." Their four factors are (a) traumatic sexualization, (b) stigmatization, (c) betrayal, and (d) powerlessness. Browne and Finkelhor (1986) reviewed the empirical research literature on the effects of sexual abuse in light of their theory of the four traumagenic dynamics, and elaborated several psychological and behavioral outcomes for each of these factors. They suggest that aggressive sexual behaviors are associated with traumatic sexualization, while "bullying" and "becoming an abuser" are associated with powerlessness. They also report that aggressive behavior is also associated with betrayal.

Etiology of Adolescent Sexual Offending

A number of authors have recently developed theories regarding the etiology of adolescent sexual offending. Most of the theories are based on a cognitive-behavioral model of development (Becker 1988; Burgess, Hartman, McCormack, and Grant 1988; Ryan, Lane, Davis and Isaac, 1987). Finkelhor's (1984) theory is more eclectic, and Lane (1984) offers a psychodynamic formulation.

Becker (1988) suggests that there are two types of juvenile sex offenders, those who "have recurrent fantasies

and urges to engage in deviant sexual behavior" and those who "engage in the deviant sexual behavior as part of an overall pattern of delinquent or conduct-disordered behavior." She has found that adolescent sex offenders frequently exhibit social isolation and suggests that they may "lack the requisite skills to interact with their peers <and> may befriend younger children and then sexualize those relationships." She offers a hypothetical model for the etiology of deviant sexual behavior which is comprised of possible individual characteristics (impulse control disorder, conduct disorder, limited cognitive abilities, history of physical or sexual abuse), family variables (coercive sexual or physical behavior, belief system which is supportive of coercive sexual behaviors, emotional or physical neglect) and social environmental factors (societal support of coercive sexual behavior and sexualization of children, antisocial peer group).

Burgess, Hartman, McCormack and Grant (1988) offer a cognitive-behavioral conceptualization of the "mechanisms of transition from victim to victimizer." They identify four phases in the experience of child sexual abuse. These phases denote a circumscribed time period in the traumatic abuse experience and describe the related "cognitive-behavioral structure of information processing." The second phase is critical in the development of sexual offending behaviors. This phase corresponds with the

period of the abuse and the child's "trauma learning," and precedes the disclosure of the abuse. They suggest that when "the abuse remains undisclosed, encapsulation of the trauma occurs." They believe that encapsulation can lead to a replay of the trauma in the form of either a "direct reenactment of the trauma where the victim responds to others as if the trauma is ongoing," or "a repetition of the traumatic event with the victim vacillating between behaviors of the victim or of the offender." If Phase 2 persists without a transition to Phase 3 disclosure, they observe that the "ability to distinguish between victim and offender becomes blurred and identification is almost entirely with the offender" among sexually abusing child sexual abuse victims.

Ryan, Lane, Davis, and Isaac (1987) see the high incidence of victimization among offenders as an indication that the sexual offending is a "reactive, conditioned and/or learned behavior pattern." They believe that the sexual offending comprises a boy victim's effort to assert his male identity, and "to conquer his earlier feelings of powerlessness, confusion and/or victimization" through his identification with the aggressor.

Finkelhor's (1984) theory regarding the etiology of sexual offending postulates that there are four preconditions that need to be met before sexual abuse can occur. The first two preconditions, "Motivation to

Sexually Abuse" and "Overcoming Internal Inhibitors" are related to characteristics of the offender, while the third and fourth preconditions, "Overcoming External Inhibitors" and "Overcoming Child's Resistance" are related primarily to characteristics of the victim and the environment. He sees the first precondition as having three components- emotional congruence, sexual arousal, and blockage of alternative sources of sexual gratification, and suggests that a history of sexual victimization might effect each of these components. The second precondition, Overcoming Internal Inhibitors, is associated with alcohol use, psychosis, impulse disorder, senility, and failure of incest inhibition mechanism in family dynamics.

Lane (1984), in his discussion of a teenage sex murderer, offers a psychodynamic theory of the etiology of violent behavior among victims of violence. He suggests that the violent behavior represents a "repetition compulsion and wish for mastery," and cites a relevant passage from Freud regarding a child's coping with a frightening experience. Freud wrote, "As the child passes over from the passivity of the experience to the activity of the game, he hands on the disagreeable experience to one of his playmates and in this way revenges himself on a substitute." Lindner (cited in Lane, 1984), a psychoanalyst who wrote about his work with this teenage

sex murderer, eloquently described the dynamics underlying his patient's violence.

Toward those smaller and weaker he behaved as he could not toward those larger and stronger. He passed on his hurts; he became an afflictor, delighting in pain, also he learned shrewdness and cunning; and soon he was accomplished at diverting hurt from himself to someone else. In sexual activities, where he was once the target he became the arrow, and on the vainly protesting forms of others, he discharged the venom of his frustration. (p. 74)

Summit (1983) offers an explanation of why some sexual abuse victims eventually abuse others. He focuses though on adults and parents, and neglects the childhood and adolescent precursors of the adult's sexual offending against children. He suggests that disturbances in ego boundaries, reliance on projection as a defense mechanism, and impulsivity on the part of the parent are critical factors in the etiology of a parent's incest behavior. He observes that the "ungratifying, imperfect behavior of the young child and the diffusion of ego boundaries between parent and child invite projection of the bad introject and provide a righteous, impulsive outlet for the explosive rage."

Usefulness of the Rorschach Test

Psychologists working in forensic and mental health settings frequently include the Rorschach in the battery of tests they use to assess adolescent clients, many of whom have a positive sexual abuse history. Haynes and Peltier (1983) in a survey of 35 juvenile forensic psychological

clinics found that 76.2% of the clinics typically used the Rorschach test when assessing male juvenile delinquents. Consequently, significant findings or insight emerging from this proposed study could prove useful in the field.

Although the Rorschach test has been used extensively since the 1940's to assess personality dimensions, its reliability and validity as a predictor of behavior (e.g. sexual offending) has not been well established. Only four studies have been published which look at Rorschach differences in childhood sexual abuse victims, sex offenders, or assaultive adolescents. Curtiss, Feczko, and Marohn (1979) compared the Rorschach protocols of normal and delinquent White male adolescents. Their delinquent group was comprised of adolescents who had "violated the law, whether or not the violation has come to the attention of the authorities." The adolescents' behaviors had been deemed "severe enough to require hospitalization or institutionalization," and included "theft, armed robbery, assault, rape, homicide, vandalism, sexual promiscuity, truancy, running away, and drug abuse." The investigators scored 13 variables (using Beck's system) and performed a linear discriminant function analysis "to determine if the Rorschach could adequately differentiate normal and delinquent adolescents." They found highly significant and accurate differentiation between the groups. However, among the 13 scored variables, "Affective Ratio" (an

indicator of the respondent's reactivity to emotional stimuli) was the only one that significantly contributed to the discrimination. Delinquent adolescents were found to have higher Affective Ratio (Afr) scores, indicating a greater tendency to react to or seek out emotional stimulation. Curtiss, Feczko, and Marohn (1979) theorize that the Afr elevation among delinquents is related to the delinquents' vulnerability to environmental intrusions, their passive cognitive style and their impulsiveness. They base this interpretation on the cited research finding that "definitive links <exist> between minimal affective control (behavioral impulsivity) and reactivity to color in the Rorschach," and conclude that their results "support the theoretical conceptualizations of delinquent behavior as an attempt to negate the unacceptable wish for dependency and passivity."

Zivney, Nash, and Hulsey (1988) examined the Rorschach protocols of 90 sexually abused girls and 72 girls without a history of sexual abuse. Approximately half of the sexually abused girls were abused before their ninth birthday, while the other half were abused after they were nine. They scored the protocols using the Exner method (Exner, 1984) and after cross validation procedures found that five Rorschach variables³ reliably differentiated the

³. These five Rorschach variables are: "disturbed cognition" [M- + DV + FabCom], "damaged self-image" [Mor + Pers], "anxiety/helplessness" [Y + FY + YF], "vague,

early and late-abuse-onset groups. They found that 60% of the early abused girls "manifested a preoedipal form of pathology characterized by: disturbed cognition, damaged self, and preoccupation with themes of primitive supply and transitional relatedness," while only 12% of the late abused girls evidenced this pattern. In their discussion of clinical implications they noted that it "appears that when girls are abused at an early age and when they are abused frequently over a long period of time, they are even more likely to evidence severe and regressed pathology." They concluded that "abused children with preoedipal pathology may not be the ones who attract the most attention via aggressive and/or sexual acting-out," and suggest that "projective tests may play a singularly important role in detection of these individuals."

McCraw and Pegg-McNab (1989) compared the Rorschachs of 45 adolescent male sex offenders with a matched sample of non-sex offenders. The non-offenders and the majority of the sex offenders had committed other offenses. The non-sexual offenses committed by the non-sex offenders primarily included "breaking-and-entering, shoplifting, burglary, petit theft, runaway, and truancy." Other offenses committed by these adolescents were "nonsexual battery, grand theft, extortion, malicious trespass, filing

primitive body concerns" [Food + Clothes + X-ray + Abstract], and "primitive development deficit" [H + Hd/A + Ad (with low X+%)] .

a false crime report, tampering with a witness, attempted armed robbery, possession of marijuana, arson, and disorderly intoxication." The Rorschachs were scored using the Exner method. They found that the sex offenders gave significantly more responses. After eliminating protocols with questionable validity⁴ and controlling for response productivity, they found that sex offenders also gave significantly more anatomy responses than non-sex offenders. They conclude from their data that "juvenile sex offenders are basically just delinquent youth and more similar to than different from adolescents who commit nonsex crimes." They suggest that future Rorschach studies use some of the newly developed scoring categories.

Ginsburg (1990) conducted an informal study of the Rorschach records of juvenile sex offenders using Exner's scoring system and norms. Like McCraw and Pegg-McNab (1989), he found that the Rorschach protocols in his sample of juvenile sex offenders contained a greater number of responses. Corroborating the Curtiss et. al. (1979) finding regarding Rorschach differences between delinquent and normal male adolescents, he also found the affective

⁴. McCraw and McNab (1989) noted Exner and Weiner's (1986) suggestion that protocols with "less than 14 responses and a lambda <the ratio of pure form responses to all other responses> greater than 1.25 is of doubtful validity," and eliminated from their sample 7 matched pairs which met this criteria.

ratio (Afr) to be elevated among the juvenile sex offenders.

Applicability of the Urist Mutuality of Autonomy Scale

A number of scales have recently been developed for looking at object relationships and psychological defense mechanisms depicted in Rorschach responses. Because it focuses on the quality of object relationships portrayed in Rorschach responses, the Mutuality of Autonomy Scale⁵ (Urist, 1977) may be the most effective for discriminating between sex offenders and non-offenders. The Mutuality of Autonomy Scale (MOA) was developed by Urist to describe the range of object relationships portrayed in Rorschach imagery. It focuses "on the developmental progression towards separation-individuation" (Urist, 1977) and "depicts seven modes of interaction, ranging from mutual, reciprocal engagements to interactions characterized by overpowering envelopment and incorporation" (Tuber, 1989). The MOA score is derived from ratings of "any response in which a relationship is stated or clearly implied, whether between animate or inanimate objects" (Coates and Tuber, 1988). The scale was originally validated with a group of 40 adult inpatients, and was found to correlate highly with ward staff's ratings of observed patient behaviors in relationships (Urist, 1977).

⁵. See Appendix A- Urist Mutuality of Autonomy Scale.

Since Urist's publication of the MOA, a number of studies investigating the scale's reliability and validity have been published. Independent raters using the MOA scale have demonstrated high interrater reliability consistently falling within the 70-90% agreement range (Tuber, 1989). Urist and Shill (1982) examined interrater reliability for excerpting MOA eligible responses from protocols. Their raters agreed 94% of the time on excerpting. They also found that MOA ratings correlated highly with independent clinical ratings based on a review of the patients' records. The scale has been found to differentiate between three levels of pathology diagnosed among adult inpatients (Harder et. al. 1984), and to distinguish between females with anorexia nervosa and a control group (Strauss and Ryan, 1987).

Blatt, Tuber and Auerbach (1990) focused on the relationship between MOA scores and interpersonal behavior. They found that the mean MOA score related "to measures of an investment in inappropriate interpersonal relationships." The most adaptive MOA score was found to reflect "the capacity for more conventional and adaptive behavior in social situations," while the most disrupted score was found to "indicate the depth and severity of an individual's psychopathology."

Some studies have looked at MOA scores among children. Goddard and Tuber (1989) found that boys with separation

anxiety disorder evidenced significantly lower MOA scores than controls. Ryan, Avery and Grolnick (1985) investigated the construct validity of the MOA with a nonclinical child population. They found that MOA scores were "related to teacher ratings of interpersonal functioning in the classroom, and to academic grades but not to either standardized achievement or intelligence." In addition, they found that "children with developmentally lower object relations scores were more likely to perceive 'powerful others' or 'unknown' sources as controlling outcomes."

Tuber (1983) examined MOA scores of "seventy patients at a child residential treatment center who were followed up as adults as part of an earlier investigation." He found that "both the single highest object relations score on the Mutuality of Autonomy Scale and the single lowest object relations score meaningfully distinguished the children who were later rehospitalized from those who were not, with the nonhospitalized children having a significantly greater number of high object relations scores and a significantly smaller number of object poor <sic> relations scores." In contrast, not one of the several other preadmissions and treatment variables examined by Tuber successfully differentiated the two groups of children.

Tuber (1989) has also published data regarding MOA scores in a nonclinical child population. He found that the children "gave modal responses indicative of benign interaction; counterbalanced maladaptive scores with adaptive representations in 90% of the cases; and avoided toxic, malevolent responses." He confirmed Ryan, Avery and Grolnick's (1985) finding that MOA scores are not correlated with intelligence, and he also did not find a significant effect for age. He did find significant gender differences "with girls producing significantly more adaptive and less malevolent MOA scores."

Although the MOA has been found to correlate with ratings of interpersonal behavior (Urist, 1977; Urist and Shill, 1982; Ryan et. al. 1985; Blatt, Tuber and Auerbach, 1990) as observed in hospitals and schools or as indicated by other psychological tests, its specific use for identifying individuals with a history of interpersonal assaultiveness has not yet been explored. The effect of traumatic experience on MOA performance has also not been assessed.

Research Overview

This study was designed to focus on the Rorschach responses of adolescent male sexual abuse victims to see if reliable object relations differences could be found in the responses of boys who have and boys who have not exhibited sexual offending behaviors. Urist's Mutuality of Autonomy

Scale was selected to score object relations in the Rorschach protocols. The primary question to be addressed by the study is whether statistically significant MOA differences can be found between these two groups. Because there are so many unanswered questions regarding the relationship between traumatic experience, interpersonal behavior, and Rorschach responses, no hypotheses regarding the nature of these possible object relations differences were ventured. Rorschach protocols were also scored for signs of thought disorder, and the content of responses were coded in order to explore whether offenders and non-offenders evidence other differences in their pattern of Rorschach responses. No specific hypotheses were tested regarding thought disorder differences. It was hypothesized that the findings of previous studies with adolescent male delinquents and sex offenders (Curtiss, Feczko and Marohn, 1979; McCraw and Pegg-McNab, 1989; Ginsburg, 1990) would be replicated, and that the offenders' protocols would have a greater number of total responses, more anatomy responses and a higher affective ratio. The results of this study will be used to generate additional hypotheses regarding Rorschach differences between these populations. They will also be discussed in terms of their implications for clinical practice.

CHAPTER 2

METHOD

Subjects

The Rorschach protocols of twenty four boys between the ages of 12 and 17 were included in this study. The protocols and information regarding the boys' offense and victimization histories⁶ were collected from five psychologists who submitted a total of 49 protocols. The number of protocols contributed by each psychologist ranged from 4 to 22. The psychologists were asked for Rorschach protocols containing at least 14 responses from boys 12-18 years old. Initially a sexually abused sample was solicited, and a minimum of 18 months was requested between the time of victimization and the time of Rorschach testing. Later, a comparison group of non-sexually abused, non-assaultive protocols was sought.

The 24 protocols were selected to form three matching groups. The first group consists of 8 boys who were sexually abused and have not committed sexual offenses (Victimized-non-Offenders or V-n-O). The second group consists of 8 boys who were sexually abused and later committed sexual offenses (Victimized-Offenders or V-O). The third group (Comparison or C) consists of 8 boys who have not been sexually abused and have not committed sexual offenses. Table 1 summarizes each participating

⁶. See Appendix D for "Rorschach Study Face Sheet".

psychologists' Rorschach protocol contribution to this project. The psychologists who tested the boys in the Comparison group did not suspect that any of these boys had been molested. Similarly, the psychologists testing the Victimized-non-Offenders expressed confidence in their impressions that these boys had not committed sexual offenses.

Table 1

Number of Rorschach Protocols Contributed and Selected for Sample by Psychologist

	Protocols Contributed V-n-O:V-O:C	Protocols Selected V-n-O:V-O:C
Dr. A.	4:1:5	4:1:4
Dr. B.	3:0:0	3:0:0
Dr. C.	1:2:5	1:2:4
Dr. D.	0:22:0	0:4:0
Dr. E.	0:6:0	0:1:0

The groups were matched on race, age at testing, and for the two abused groups, their age at sexual victimization. All of the boys are White. They were between 12 and 17 at the time of testing, with their average age being 14.5. Fifteen boys were referred for testing in order to answer questions related to their psychological treatment and/or placement in a foster home, group home, or residential facility. Seven boys were referred for testing because their parents, teachers or

social workers were worried about them, and 2 boys were tested in connection with civil suits stemming from their sexual abuse (see Table 2).

Table 2
Reason for Psychological Testing by Group

REASON FOR TESTING	V-n-O	V-O	C	POOLED
PLACEMENT/TREATMENT DETERMINATIONS	5	6	4	15
PARENT/SCHOOL/SOCIAL WORKER WORRIES	1	2	4	7
CIVIL LITIGATION	2	---	---	2

All of the sexual abuse victims experienced a contact abuse at least 18 months prior to their psychological testing. Fifteen of the 16 victims disclosed their abuse before they were tested. They were abused by their fathers, step-fathers, foster fathers, friends of their parents, babysitters, teachers, counselors, employers and other friends and relatives (see Table 3). They were between 4 and 15 years old when they were first abused. Their mean age at first sexual victimization is 9. Three boys (2 Victimized-non-Offenders and 1 Victimized-Offender) were abused by more than one perpetrator. There are indications that 2 more boys (one from each of the victimized groups) may have had multiple perpetrators.

Sexual offenses involving physical contact were committed by all of the offenders. Six of the offenders abused younger children, while one offender abused peers and another abused both adults and peers. Seven of the 8 Victimized-Offenders had admitted their offenses at the time of their psychological testing.

Four of the 8 offenders are known to have committed other, non-sexual physical assaults. Three of the non-offenders are reported to have physically assaulted others, while in the comparison group, no physical assaults were reported. The testing psychologists asked to evaluate their confidence regarding the non-assaultiveness of the 5 boys in the Victimized-non-Offender group and the 8 boys in the Comparison group without reported histories of assaultiveness, consistently stated that they were quite confident that these boys had not been assaultive toward others.

Table 3
Offender's Relationship to Child

	V-n-O	V-O
PARENT OR STEP-PARENT	1	2
PARENT'S FRIEND OR LOVER	2	2
FRIEND'S PARENT	--	1
BABYSITTER	2	--
COUNSELOR, TEACHER, EMPLOYER OR FOSTER-PARENT	3	1
OTHER RELATIVE OR FAMILY FRIEND	--	3

Note: Although 2 V-n-O subjects had multiple perpetrators, the V-n-O column total is 8, because the exact number of their offenders was not specified, and all of their offenders fit into the category "Parent's friend or lover."

Rorschach Scoring Procedure

All of the Rorschach protocols were transcribed so that the raters would be less able to guess a particular protocol's group. All scoring was done by a graduate student in clinical psychology (the author). Michael Sherry, a committee member and clinical psychologist specializing in Rorschach testing and forensic assessment, also scored MOA items. Differences in MOA scores between the two raters were discussed by the raters and resolved consensually.

Rorschach Variables

Urist Mutuality of Autonomy Scale (MOA)

The MOA scale (see Table 4 and Appendices A and B) rates the relationships depicted between animate and inanimate objects "along a continuum ranging from mutual, empathic relatedness (1) to themes of malevolent engulfment and destruction (7)" (Blatt, Tuber and Auerbach, 1990). The scale's reliability and validity has been established with adults and children (Urist, 1977; Urist and Shill, 1982; Ryan et. al. 1985; Tuber, 1989). The total number of MOA scores, the mean MOA score, the single best score (HORS- highest object relations score), and the single worst score (LORS-lowest object relations score) were calculated for each subject. The 7 scale points were also clustered into the three categories of benign (1-2), dependent (3-4) and malignant (5-7) interactions, in order to facilitate data analysis.

Blatt Thought Disorder Continuum

The Blatt Thought Disorder Continuum (see Appendix C) is used to rate thought disorder in all Rorschach responses. It is based on the theory that "thought disorder on the Rorschach test can be placed on a developmental continuum in terms of the severity of the disturbance of boundary articulation" (Blatt, 1990).

Table 4

Tuber MOA Examples by Scale Point

Scale Point 1: Reciprocal Interaction

Two people dancing, sticking their tongues out at each other.

Two women turning around to look at each other.

Scale Point 2: Benign Parallel Activity

Two ladies cooking something.

Two people sleeping.

Scale Point 3: Dependent, Leaning Interaction

Two animals clinging to a telephone pole, maybe birds.

Two dead trees leaning against each other.

Scale Point 4: Reflection

One girl is looking in the mirror and seeing itself [sic] because they are identical.

All these cards are just the same on both sides, two of everything. Two bears, or maybe it's one bear reflected in the water.

Scale Point 5: Controlling, Menacing Interaction

Two people fighting, they want to kill each other.

Two witches. They've cast a cruel charm against someone.

Scale Point 6: Attacking, Destroying Interaction

Two people fighting, blood all over the place, his arm's been broken and he's going to die.

A leech, stuck onto that man, sucking up his blood.

Scale Point 7: Ahuman Annihilation

This is something being consumed by fire, can't even see what it is, just the color of a raging fire.

Debris. It's just scattered things. Maybe a tornado threw everything apart and it's all asunder, just the remnants of things.

From Tuber (1988).

The continuum ranges from disturbances of the self-other boundary, to disturbances of the inner-outer boundary, to boundary laxness. Seven types of thought disorder⁷ are scored and can be differentially weighted (relative to their placement on the continuum) and summed to form an overall estimate of thought disorder. The scale has demonstrated reliability and validity in prior research (Blatt, Tuber and Auerbach, 1990).

Other Variables

Four additional variables were be coded and analyzed. The total number of responses (R), the number of anatomy responses (An), and the affective ratio (Afr)⁸ were scored in order to follow up on the earlier findings of Ginsburg (1990), McCraw and Pegg-McNab (1989), and Curtiss, Feczko and Marohn (1979). Morbid responses (Mor) were also be scored and summed using the criteria set forth by Exner (1985).

Statistical Methods

Descriptive statistics are used for reporting the distribution of scores within and across groups. Group

⁷. Self-other boundary disturbance is indicated in three types of responses- contamination, contamination tendency, and fabulized combination serious. Inner-outer boundary disturbance is indicated in confabulation and confabulation tendency types of responses, and boundary laxness is indicated in fabulized combination regular and fabulized combination regular tendency types of responses.

⁸. Afr is calculated as the ratio of the number of responses on cards VIII-X to the number of responses on cards I-VII.

differences in MOA and Blatt's Thought Disorder Continuum, both ordinal scales, were evaluated with non-parametric statistical procedures.

Other assumptions underlying the parametric statistical model may not be valid for R, An, and Afr. These scores are not normally distributed in a normal adolescent population (Exner, 1985). Therefore, it was expected that they would not be normally distributed in the populations sampled for this study. It was also expected that the variance of these scores might be dissimilar in each of the three groups included in this study. Consequently, differences in R, An, Afr and Mor were also evaluated with non-parametric statistical procedures.

The power of the statistical tests of differences between groups is quite low due to the small sample size (8 subjects per group), and the use of non-parametric procedures. Significant differences between groups would be expected to emerge only if the underlying group differences are large. In some respects this is an appropriate limitation for the present study because the Rorschach is generally used to evaluate individuals, and a finding of small but significant group differences would not be clinically useful.

Because of the limited power of statistical tests to identify group differences in this study, it is advisable to proceed with an exploratory data analysis at an

increased significance level (Cohen, 1989). Instead of setting and applying a liberal alpha-level, results which approached the conventional .05 alpha level were reported. Given the small sample size, all results should be considered tentative and interpreted conservatively.

The impact of response productivity (R) on the number of MOA scores, the Thought Disorder Continuum score, An and Mor⁹ were evaluated by observing the correlation between R and each of these scores. When it appeared that response productivity might be contributing to a finding of significant group differences, the data was further analyzed controlling for the effects of response productivity. Cronbach's (1949) method, regressing the relevant variable onto R and analyzing the residuals by group, was used to partial out the effects of response productivity when indicated.

⁹. Unlike Afr or the mean MOA score, these scores are frequency scores and the possibility that their variance may be primarily due to the variance in R must be considered.

CHAPTER 3

RESULTS

Responses (R)

Subjects gave a mean of 23.38 responses to the Rorschach test. The number of responses per protocol ranged from 14 to 72 (SD=12.54). Subjects in the V-0 and V-n-0 groups gave more responses (mean R= 29 and 22.88 respectively) than subjects in the Comparison group (mean R=18.25). A Friedman two-way analysis of variance by ranks performed across the three groups indicates that these differences in response productivity are not significant ($p=.38$). The difference between the high response rate of the V-0 subjects and the low response rate of the C subjects was evaluated by the Wilcoxon Rank Sum Test in order to determine whether there might be significant differences in R between these two groups. This yielded a lower probability estimate ($p=.16$). Table 5 summarizes the response rate across the 3 groups.

Effect of Response Productivity

The number of MOA scores, the thought disorder score, Afr, An and Mor were plotted against R in order to determine whether it was necessary to control for the effects of response productivity. The resulting scatterplots were examined by a graduate student in clinical psychology (the author) and by Mike Sutherland, Director, University of Massachusetts Statistical

Consulting Center, and exceptional values were removed before the correlations between R and these variables were calculated. All of the correlations were found to be non-significant. It appeared though that the correlation between R and thought disorder might be approaching the .05 significance level. Consequently, measures were taken to partial out the effects of response productivity only in the analysis of thought disorder scores.

Table 5
 Number of Rorschach Responses
 per Protocol (R)

GROUP	Mean Number of Responses	Standard Deviation
V-n-O	22.88	8.48
V-O	29.00*	19.08
C	18.25*	3.77
POOLED	23.38	12.54

*p=.16

Urist Mutuality of Autonomy Scale (MOA)

Reliability of MOA Ratings

Reliability was not computed for excerpting MOA eligible responses as the two MOA raters collaborated on this aspect of MOA scoring. A reliability estimate of the MOA scoring of eligible responses was obtained by computing the gamma coefficient between the two raters' scores for each MOA response. The coefficient G was .96 indicating no

significant difference from $G=1$ (i.e. perfect agreement). This is comparable to previously reported reliability results (Urist, 1977).

Frequency of MOA Responses

Of the 561 Rorschach responses included in the study, 118 were excerpted for MOA scoring. Forty-four of the MOA responses were made by V-n-0 subjects, 36 by V-0 subjects, and 38 by C subjects. Subjects gave a mean of 4.9 MOA responses per protocol. The number of MOA responses per protocol ranged from 0 to 25 (SD=4.98). The mean number of MOA responses was quite similar across the three groups (see Table 6).

Table 6
Number of MOA Responses per Protocol

GROUP	Mean Number of MOA Responses per Protocol	Standard Deviation	Total Number of MOA Scores
V-n-0	5.50	8.05	44
V-0	4.50	2.98	36
C	4.75	2.71	38
POOLED	4.92	4.98	118

Distribution of MOA Scores

The sample yielded 118 MOA scores ranging from 1 to 7. The mean MOA score was 3.42 overall. The mean MOA score was 3.59 for V-n-0 subjects, 3.69 for V-0 subjects and 2.95 for C subjects. The number of responses by scale point and

group is summarized in Table 7. Only one of the 12 responses receiving an MOA score of 1 was made by a V-O subject. Four of the 6 MOA responses receiving a score of 7 were made by V-n-O subjects. Subjects in the C group made only 6 of the 34 malignant responses. The majority of the malignant responses made by V-n-O and C subjects received a MOA score of 5, while the modal malignant response among V-O subjects was 6.

Table 7
Number of MOA Responses by Scale Point and Group

MOA SCALE POINT	V-n-O	V-O	C	POOLED
1	5	1	6	12
2	11	12	11	34
BENIGN (1-2)	16	13	17	46
3	10	5	9	24
4	2	6	6	14
DEPENDENT (3-4)	12	11	15	38
5	7	4	4	15
6	5	7	1	13
7	4	1	1	6
MALIGNANT (5-7)	16	12	6	34

Table 8 presents information regarding the number of subjects in each group giving at least one response at each

of the MOA scale points and at the benign, dependent and malignant object relations levels. Although 6 subjects in each group offered at least one response depicting benign relationships, there was only one subject in the V-O group with a response scored 1. Six of the 7 subjects with at least one response receiving an MOA score of 1 were V-n-O and C subjects. The number of subjects with responses depicting dependent object relationships was greatest in the V-O group (7 subjects), and least in the V-n-O group (4 subjects). Three of the 5 subjects giving responses scored 7 were in the V-n-O group. Six of the 8 V-O subjects gave at least one response depicting malignant object relationships, while only half of the V-n-O and C subjects gave a malignant response.

Table 8

Number of Subjects by Group and MOA Scale Point

MOA SCALE POINT	V-n-O	V-O	C	POOLED
1	3	1	3	7
2	5	6	6	17
BENIGN (1-2)	6	6	6	18
3	3	4	6	13
4	2	5	4	11
DEPENDENT (3-4)	4	7	6	17
5	2	4	3	9
6	2	3	1	6
7	3	1	1	5
MALIGNANT (5-7)	4	6	4	14

The mean MOA score was 3.28 (SD=.92). The mean MOA scores were quite similar in the V-n-O and V-O groups (3.39 and 3.5 respectively). The mean MOA score in the C group was somewhat lower (2.95). Although these differences in means are not large, the Friedman two-way analysis of variance of ranks performed across the three groups indicates that the difference in MOA scores is nearly significant ($p=.08$). In addition, the Wilcoxon Rank Sum Test was used to compare the difference in the mean MOA scores of the V-n-O and the V-O groups in order to determine whether this nearly significant result with the

Friedman might be primarily attributable to the lower MOA scores in the C group. This Wilcoxon yielded a p value of .14, which again exceeds yet approaches statistical significance.

Highest and lowest object relations scores (HORS and LORS) were tabulated and compared across the three groups (see Table 9). The Friedman two-way analysis of variance by ranks indicates that there are not significant differences in HORS and LORS across the groups ($p=.73$ and $p=.41$ respectively).

Table 9
MOA Mean, HORS and LORS by Group

	V-n-O	V-O	C	POOLED
MOA MEAN	3.39	3.50	2.95	3.28
HORS	1.86	2.25	1.88	2.00
LORS	4.86	5.00	4.50	4.78

MOA scores were also examined by Rorschach card. Cards I, II, III, VI, VII, VIII, and X yielded 12-18 MOA responses each, while cards IV, V, and IX yielded only 2-8 MOA responses each. The MOA means by card ranged from 2.72 to 6. Among those cards generating more than 8 MOA responses, card VII yielded the lowest mean MOA score (2.72) and card I yielded the highest (4.00). MOA performance of V-O subjects was most compromised in cards I

and X, while MOA performance of V-n-O subjects was most compromised in cards II and VIII. Table 10 summarizes MOA scores by card and group.

Table 10
MOA Mean and Number of MOA Responses
by Card and Group

CARD	V-n-O	V-O	C	POOLED
I	3.20 (5)	4.60 (5)	4.33 (3)	4.00 (13)
II	4.60 (5)	3.67 (3)	1.40 (5)	3.15 (13)
III	3.83 (6)	3.14 (7)	2.50 (6)	3.16 (19)
IV	3.50 (2)	--- (0)	4.33 (3)	4.00 (5)
V	7.00 (1)	5.00 (1)	--- (0)	6.00 (2)
VI	3.00 (2)	3.25 (4)	3.00 (6)	3.08 (12)
VII	2.40 (10)	3.50 (4)	2.75 (4)	2.72 (18)
VIII	4.25 (4)	3.40 (5)	3.14 (7)	3.50 (16)
IX	3.67 (3)	3.33 (3)	4.00 (2)	3.63 (8)
X	4.00 (6)	4.50 (4)	2.50 (2)	3.92 (12)
Overall	3.59 (44)	3.69 (36)	2.95 (38)	3.41 (118)

Blatt Thought Disorder Continuum

Scores on the Blatt Thought Disorder Continuum ranged from 0 to 26, with an overall mean of 5.38 (SD=6.91). Only the weighted sum total was analyzed because the distribution of scores in the constituent categories was quite thin. Fabulized Combination-Serious and Confabulation Tendency were the only categories of thought disorder which were ever found more than once in a single protocol. Subjects in the V-n-O group had the lowest

thought disorder scores (mean=1.88). Thought disorder scores were highest in the V-O group with a mean of 8.25, followed by the C group with a mean of 6.0. Six of the 8 V-O and C subjects had thought disorder scores of 3 or more, while 6 of the 8 V-n-O subjects had thought disorder scores of 2 or less. The Friedman two-way analysis of variance by ranks was used to evaluate the differences in thought disorder across the three groups, and yielded a probability estimate of .15. Thought disorder was found to correlate significantly with the number of responses (R) among V-O subjects, so thought disorder scores were regressed onto R and the leftover residuals were analyzed by group. The Wilcoxon Rank Sum Test was used to evaluate the difference between the V-n-O residuals and the V-O and C residuals, and yielded probability values of .05 and .12 respectively. Tables 11 and 12 summarize thought disorder scores by group.

Table 11

Mean Score and Standard Deviation
on Blatt Thought Disorder Continuum
by Group

	V-n-O	V-O	C	POOLED
BLATT THOUGHT DISORDER SCORE	1.88*# (3.48)	8.25* (8.86)	6.00# (6.50)	5.38 (6.91)

*p=.05, #p=.12

Table 12

Number of Subjects by Thought Disorder Score and Group

	V-n-O	V-O	C	POOLED
THOUGHT DISORDER < 2	6	2	2	10
THOUGHT DISORDER > 3	2	6	6	14

Other Variables

Affective Ratio (Afr)

Affective Ratio (Afr) scores ranged from 0.273 to 1.636 (SD=.293). The means ranged from .496 in group C to .671 in group V-O. The Friedman two-way analysis of variance by ranks indicates that there are no significant differences between groups ($p=.33$).

Anatomy Responses (An)

The frequency of anatomy responses ranged from 0 to 3, with an overall mean of .58 (SD=.83). The means for each of the groups ranged from .38 in the V-n-O group to .88 in the V-O group and .50 in the C group. The Friedman test indicates that there are no significant differences between these groups ($p=.67$).

Morbid Responses (Mor)

There were between 0 and 6 morbid responses per protocol, with an overall mean of 1.46 (SD=1.77). Subjects in the C group had far fewer morbid responses (mean=.38) than subjects in both the V-n-O group (mean=1.63) and the

V-O group (mean=2.38). None of the C subjects had more than 1 morbid response, while 6 of the V-O subjects and 4 of the V-n-O subjects had 2 or more morbid responses. The Friedman test indicates that these differences in morbid scores are significant across the three groups ($p=.04$). The Wilcoxon Rank Sum Test was used to make pairwise comparisons of the morbid scores. The difference between the scores of V-O and C subjects is significant ($p=.02$), while the difference between the scores of V-n-O and C subjects only approaches significance ($p=.11$). The difference between V-n-O and V-O subjects is not significant ($p=.55$). Table 13 summarizes morbid scores by group.

Table 13
Morbidity Scores by Group

	V-n-O	V-O	C	POOLED
# S with 0-1 MORBID RESPONSES	4	2	8	14
# S with >1 MORBID RESPONSES	4	6	0	10
MEAN # MORBID RESPONSES PER S	1.63*	2.38*#	0.38*#	1.46

* $p=.04$, # $p=.02$

Chapter 4

DISCUSSION

Few statistically significant differences were found between the Rorschach responses of adolescent male sexual abuse victims who have and have not developed sexually offending behaviors. Further, few differences were found between the Rorschach responses of these sexually abused boys and non-abused non-sexually offending boys. The small sample size and the limited power of the statistical tests to detect differences, biased this study against findings of small differences. In addition, the use of a non-normal Comparison group further diminished the likelihood of finding significant differences. Consequently, the dearth of significant results is difficult to interpret. There may in fact be few Rorschach differences between these groups, or there may be differences which did not emerge because of the size and design of this study.

Although the low power of the statistical tests and the use of a non-normal Comparison group may have reduced the probability of finding a statistically significant difference, the probability of finding a clinically meaningful difference may not have been affected. The use of a Comparison group drawn from a population of adolescents evaluated regarding psychological difficulties matches the clinical situation in which the Rorschach is typically used. Also, the Rorschach test is used in the

assessment of individuals, so reliable but small differences between the groups would be irrelevant in the clinical situation. For example, the fact that the mean MOA score is highest among V-O subjects and lowest among C subjects ($p=.08$), cannot influence the interpretation of any given profile when the difference between means is less than one standard deviation. On the other hand, the fact that only one subject in the V-O group had an MOA response scored 1, while 3 of the V-n-O and the C subjects had responses scored 1 (Table 8), suggests that the absence of 1's among MOA scores in a protocol may be one indicator of the risk of sexual offending.

Object Relations Differences

No statistically significant MOA results were found. There seems to be a trend ($p=.08$) toward a small and perhaps clinically meaningless difference in the mean MOA score with V-O subjects having the highest mean and C subjects having the lowest. There may also be some difference between the groups in the distribution of malignant and benign MOA scores (Table 8). Malignant responses in the C group are dominated by 5's indicating the depiction of menacing but not particularly destructive interactions. In the V-O group, malignant responses seem to be clustered in the 5 and 6 scale points, while in the V-n-O group they seem to be spread fairly evenly from 5 to 7. Perhaps C subjects show fewer 6's and 7's because they

have not been as affected by destructive interpersonal interactions. V-O subjects may show fewer 7's because they are able to identify with the forces of destruction, and a score of 7 requires that "the malevolence or aggression is explicitly stated in a human, grossly overwhelming terms" (Tuber, 1988). In the V-O group, benign responses are dominated by 2's. Only one V-O subject had an MOA response scored 1 for depicting a reciprocal interaction, while 3 of the V-n-O and the C subjects had responses scored 1. Therefore, although mean, highest and lowest MOA scores may not provide meaningful information for differentiating sexually victimized sex offenders, from non-offending sexual abuse victims and from non-abused non-offending individuals, the distribution of scores in a given protocol may provide some clues.

There is also some evidence of differences in the distribution of MOA scores across the 10 Rorschach cards (Table 10). V-O subjects may be more likely to depict malignant interactions on Cards I and X, while V-n-O subjects may be more likely to depict malignant interactions on Cards II and VIII. It could be speculated that intrapsychic representations of malignant object relationships are more pressing among V-O subjects and are therefore more likely to emerge on the first card. The higher scores among V-O subjects on the last card may be a reflection of these subjects' difficulty with the chaos in

that card and the context of the cumulative stress of the entire Rorschach test and the disinhibiting relief that tends to be associated with the last card. The performance of V-n-O subjects on Cards II and VIII may indicate that they have more difficulty containing traumatic intrusions in the face of emotional stimulation. For V-n-O subjects emotional stimulation may present the greatest challenge to their psychological defenses, while for V-O subjects the stress of performing an ambiguous task may be the greatest challenge.

These MOA results may be influenced by differences in the testing behavior of V-O, V-n-O and C subjects. Six of 8 V-O subjects were tested relative to treatment and/or placement decisions and may have actively tried to suppress malignant MOA responses as part of a conscious effort to minimize the consequences of their sexual offending. The motivation to suppress malignant responses was probably much lower for V-O and C subjects since they were not identified aggressors.

Thought Disorder Differences

V-O, V-n-O, and C subjects evidenced some significant differences in thought disorder as indicated on the Rorschach. The fact that 6 of 8 V-n-O subjects had cumulative thought disorder scores of 2 or less, while 6 of 8 V-O subjects had cumulative scores greater than 2, suggests that among sexual abuse victims thought disorder

on the Rorschach may be another indicator of the risk of sexual offending. This finding fits with the assertion in the clinical literature that offenders have ego boundary deficits. In particular, the elevation of thought disorder scores among V-O and C subjects suggests that the level of pre-morbid adjustment may have been greater among V-n-O subjects. V-O subjects may have experienced difficulties other than sexual abuse which compromised their coping and are reflected in their elevated thought disorder scores. Among C subjects, the higher thought disorder scores probably reflect the difficulties which precipitated their psychological testing.

Other Differences

The findings of several previous researchers were not replicated in this study. Victimized sex offenders were not found to have higher affective ratio (Afr) scores than either group of non-sex offenders. Although there was some indication that V-O subjects give a greater number of Rorschach responses (R), this difference was not found to be statistically significant ($p=.15$). Victimized-Offenders were also not found to have a greater number of anatomy (An) responses than other subjects.

Although testing behavior may have also differentially affected subjects' Mor scores, there are significant differences in the frequency of morbid (Mor) imagery. Mor scores were highest among V-O subjects, and lowest among C

subjects. The differences between V-O and V-n-O subjects did not attain statistical significance though. While Mor clearly seems to be boosted by traumatic experience, it is yet unclear whether or how it might be influenced by a given individual's strategy and capacity for coping with trauma.

Conclusions and Implications for Future Research

Many more questions than answers emerge from this study. Although these data provide clear indications of elevated thought disorder and morbid scores among Victimized-Offenders, it is not clear whether this difference is large enough to be clinically meaningful. Further, the difference in morbid scores may be useful only for distinguishing which subjects probably have a history of victimization. Morbid scores may not shed any light on an individual's style of coping with victimization and whether they might be at risk for sexually offending.

Because the Rorschach is commonly used in forensic testing batteries, clarification of outstanding questions for further research is of practical importance. First, several additional limitations on the interpretation of this study's findings should be noted. It cannot yet be determined whether any differences found to exist in these populations are precursors of the different coping mechanisms employed by each group. Rorschach differences might emerge only after the emergence of the offending

behavior, or they might in fact exist prior to sexual victimization and indicate the level of pre-morbid adjustment. Answers to the question of whether Rorschach differences predict or reflect different coping behaviors could be quite important to clinicians assessing or treating sexual dangerousness.

There also remain important questions regarding the influence of motivation on Rorschach performance. Victimized-Offenders could be expected to have a greater motivation to suppress responses depicting violence, due to their real concerns regarding punishment. It would be possible then that an investigation of the Rorschachs of Victimized-Offenders who were tested before they admitted or were caught for their sexual offending would yield different findings than the present study.

The speculation, based on their MOA performance on Cards II and VIII, that Victimized-non-Offenders may feel more threatened in the face of emotional stimulation, must be further examined in light of the lack of significant difference in Afr between the groups. MOA performance and Afr may tap different aspects of emotional reactivity.

Additional research on the Rorschach performance of sexual abuse victims with larger samples would permit the investigation of many more important questions. Several Rorschach variables which were not scored in this study may provide important information for distinguishing sexual

abuse victims who do and do not sexually offend. Indices of Experience Balance (indicating the balance of an individual's orientation to ideas versus action), and Form Quality (indicating the quality of an individual's reality testing) may provide important information which was not tapped by the variables considered in this study. Measures of psychological defenses as indicated in Rorschach responses could provide information helpful for evaluating theoretical assertions and identifying Rorschach correlates of impulsivity, isolation, projection and feelings of powerlessness among sex offenders.

Clinical interpretations of Rorschach performance are optimally based on an examination of the constellation of scores in a protocol. The small sample size of this study did not allow for such an analysis. Because variables were compared one by one without consideration of the context of other variables, some might argue that the Rorschach was misused. Certainly a study of the constellation of Rorschach scores within and across groups of sexually offending and non-offending sexual abuse victims is called for and would provide appropriate and valuable information for the assessment, treatment and prevention of sexual abuse and sexual offending.

APPENDIX A

URIST MUTUALITY OF AUTONOMY SCALE (MOA)

1. Figures are engaged in some relationship or activity where they are together and engaged in such a way that conveys a reciprocal acknowledgement of their respective individuality.
2. Figures are engaged together in some relationship or parallel activity. There is no stated emphasis or highlighting of mutuality, nor on the other hand is there any sense that this dimension is compromised in any way within the relationship.
3. Figures are seen as leaning on each other, or one figure is seen as leaning or hanging on another.
4. One figure is seen as the reflection, or imprint, of another.
5. The nature of the relationship between figures is characterized by a theme of malevolent control of one figure by another.
6. Not only is there a severe imbalance in the mutuality of relations between figures, but here the imbalance is cast in decidedly destructive terms.
7. Relationships here are characterized by an overpowering enveloping force. Figures are seen as swallowed up, devoured, or generally overwhelmed by forces completely beyond their control.

APPENDIX B

TECHNICAL CONSIDERATIONS IN MOA SCORING

Several questions and difficulties emerged in the application of the MOA scale to the Rorschach protocols included in this study.

The first difficulties involved the excerpting of MOA eligible responses. Although Urist (1977) and Tuber (1988) indicate the appropriateness of applying MOA scores to implied relationships, the criteria for determining whether a relationship is sufficiently implied were not clearly specified. Tuber (1988) offered one example to clarify this issue. He stated that "a fetus" should not receive an MOA score, while "a fetus with an umbilical cord" should. Responses encountered with ambiguous MOA status included "a bearskin on the floor," "a rocket going up in the air," "it looks like a whole bunch of dots everywhere, like someone had a board and splattered dots all over it," "a person with hate in their eyes," and "a friendly dog looking at you." The MOA status of responses portraying objects in parallel activity was often difficult to determine, particularly when the objects depicted were inanimate (e.g. "castle in a storm").

The following guidelines were established for MOA excerpting in this study:

- a) Object relationships depicted by two parts of a single object will not be scored (e.g. "tongue coming out of mouth").
- b) Responses depicting movement as defined by Exner can usually be scored.
- c) Responses depicting object relationships involved in the creation of the blot (e.g. "someone had a board and splattered dots all over it") will not be scored.
- d) Relationships with inanimate objects as indicated by the use of a verb rather than a preposition will be scored (e.g. "bearskin lying on the floor," not "bearskin on the floor").
- e) Relationships implied between the viewer of the blot and the blot will not be scored (e.g. "a friendly dog looking at you").

Numerous difficulties were encountered in scoring eligible responses. Many responses were found to depict more than one object relationship (e.g. "somebody with a mustache looking out of a hole at two people fighting"). Frequently a single response was found to portray one type of relationship between two animate actors and another type of relationship between those actors and an inanimate object (e.g. "two people ripping apart a basket," "2 people

holding onto something and something trying to pull them back").

Some responses depicted ambiguous, or hard to interpret object relationships (e.g. "two people being torn apart"). In this example, it is not clear whether the subject saw two individuals being separated from each other by some force outside of themselves, or whether they two individuals were seen being dismembered by an outside force.

Hiding and seeking was depicted in several responses, and proved a difficult object relationship to score (e.g. "two people's heads with a divider in between, like they're looking for each other but can't find each other," "someone hiding behind something and staring"). Figures described as "about to" do something or "trying" to do something often were difficult to score as well.

The following guidelines were established for MOA scoring in this study:

- a) When more than one object relationship is depicted in a response, the lowest object relationship will be scored.
- b) "Hiding" without further elaboration of an object relationship will receive a score of 3.
- c) If a response falls between scores or is extremely ambiguous, the context of the other responses in the protocol will be used to help determine the most appropriate score.

APPENDIX C

BLATT THOUGHT DISORDER CONTINUUM

Self-Other Boundary

Contamination (Score=6)

The fusion of two independent and separate ideas or perceptions into one idiosyncratic response. Objects or concepts cannot maintain their independence and become fused in a single distorted unit (e.g., Card X, a rabbit's hand).

Contamination Tendency (Score=5)

Contamination Tendency is scored both for partial contaminations or where critical distance is maintained so that potential contamination response is recognized as distorted and inappropriate (e.g., Card IV, "an animalistic rocket taking off- but I can't explain that very well"). A partial contamination is scored for example when two ideas are given to the same area of the card and there is a quality of instability to the separateness between the ideas (e.g., "they look like eggs, but they are really lions").

Fabulized Combination Serious (Score=5)

Two percepts that have spatial contiguity are given a coalesced relationship. A relationship is established within a single unit such that the integrity of each object is maintained in isolation but also violated by the interrelationship within the unit. Thus, two percepts are combined into one incongruous response in which there are disparate parts within a single unit (e.g., Card II, "a penguin with a man's legs").

Inner-Outer Boundary

Confabulation (Score=4)

The infusion of a response, sometimes accurately perceived, with extensive and arbitrary elaboration that has little or no justification in the percept itself.

Confabulation Tendency (Score=3)

Less severe confabulations in which association elaboration is not extreme or it is accompanied by some critical appraisal or delayed recognition of the unrealistic and inappropriate nature of the associations.

Boundary Laxness

Fabulized Combination Regular (Score=2)

The spatial contiguity of percepts are taken as indicating a relationship between the percepts. But each percept is a separate and independent image with its own definition and integrity (e.g., Card X, "a rabbit with two worms coming out of its ear," or on Card VIII, "two elephants dancing on a butterfly").

Fabulized Combination Regular Tendency (Score =1)

The spatial contiguity defining the relationship is described with a recognition of its being inappropriate. It is apparent that the subject is aware of the distortion and inappropriateness of the response and that he is intentionally and temporarily bending reality adherence in the formation of the response (e.g., Card III, "two women picking up a huge sea creature - they couldn't really").

Code: _____

Had Subject received therapy for sexual victimization prior to the Rorschach Test?

No Yes (please explain type and duration)

Given the definition of sexual offending as "any sexual act with a person of any age, against the victim's will, without consent, or in an aggressive, exploitative or threatening manner" (Ryan et. al., 1987), "including rape; sexual assault: sexual touching and fondling short of penetration; and offenses involving no physical contact, such as exhibitionism and voyeurism and obscene telephone calls" (Davis and Leitenberg, 1977),

HAS THE SUBJECT COMMITTED SEXUAL OFFENSES? YES NO
(if yes, go to next page)

FOR SEXUAL NON-OFFENDERS ONLY:

Has the Subject been physically or emotionally abusive toward others?

No Yes (please explain)

How confident are you in your impression that this Subject has not committed sexual offenses?

How confident are you in your impression that this Subject has not been otherwise abusive toward others?

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