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Comparison in Personality Profiles Between Child Abusers Versus Child Neglectors

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Walden University
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Abstract

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MA, City University of New York 2004

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Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

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Abstract

Children who suffered parental abuse or neglect can be returned home if their safety can be ensured following offender treatment. However, some caregivers will continue to abuse or neglect their children upon return home, leading to additional treatment, state involvement, and harm to the child. This study assessed personality differences between child abusers and neglectors who were caregivers by applying a binary logistical regression analysis to the Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2) scores sampled from archival data for 215 caregivers. Analysis showed that the abusers had statistically significant higher scores on the F Scale ("Faking Bad"), but significantly lower scores on Scale 6 (Paranoia) than neglectors. While trait theory asserts that personality aspects are fundamentally fixed, there are treatment implications for differing personality defects. Even though caregivers who had their children removed for abuse or neglect are currently treated homogenously by the legal system, it was hypothesized that the two groups, abuse or neglect, would have different personality traits. Greater insights into the caregiver personalities can lead to more specific treatment, with separate components tailored to the individual, and improved case outcomes for caregivers reunited with their children after child protective services involvement. The social change implication of this study is the continued safety of children through improved treatment for the caregiver, a decrease in recidivism, and lowered child maltreatment rates in the community through a better psychological understanding of the offending caregiver.

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Dedication

This study is dedicated to my mother, Iris H. Cuneo.

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Table of Contents

List of Tables

Chapter One

Background

The welfare of children became of interest to the federal and state governments in the United States in the 1700s. Since this time, the reasons for a child's removal from their home setting have been continually refined, but child reunification with their caregivers has remained a general goal. Great care needs to be taken however, to ensure the continued safety of the child if and when this reunification occurs. While several studies have examined the personality characteristics of these individuals as a presumably homogenous group, this study aimed to examine differences which could have appeared between those individuals whose children had been removed for substantiated cases of abuse versus those for substantiated neglect. When both neglect and abuse have occurred in the same case, it is general case law to charge the parent with the greater crime of abuse. This study treated these cases in the same manner. These two groups were considered independent from what the State of Arizona defines as a "non-offending parent." Definitions are expanded upon further in this chapter.

A search into the studies which have been performed on this sub-population showed a focus on utilizing the Minnesota Multiphasic Personality Inventory (MMPI) and the subsequent MMPI-2 and this measure was used in this study as well (Bathurst, Gottfried & Gottfried, 1997; Egeland, Erickson, Butcher & Ben-Porath, 1991; Lauterbach, London, & Bryan, 1961; Paulson, Afifi, Chaleff, Thomason, & Liu, 1975; Paulson, Afifi, Thomason & Chaleff, 1974; Paulson, Schwemer & Bendel, 1976; Plotkin, Twentyman & Perri, 1982; Wright, 1976; Yanagida & Ching, 1993). Of note however, is the distinct drought of these studies being performed after the mid-1990s.

Problem Statement

It had been suspected that those who have had their children removed from their care would not only have scores significantly different from normative samples, but also from each other depending upon the reason for the children's removal. A difference in the means on the validity scales correlated to the reasons for a child's removal from their caregivers was expected to be found, as generally those with elevated L (Lie) and F (Infrequency) scales are found to be attempting to hide something and present themselves in a better light. The L scale was originally defined as elevated when the respondent is trying to portray himself in a socially favorable light, by reducing the magnitude of abnormal scores (Graham, 2000; Hathaway & McKinley, 1949). The F scale was originally defined as being able to determine whether the respondent understood what he/she was reading (Hathway & McKinley) but can also be utilized to determine if the respondent is attempting to present themselves in unusually good or bad manner. It was expected in these past studies that these scales would be elevated in the abuse subgroup, but not as high in the neglect subgroup of this population. This is due to the highly stigmatized aspect of abuse. It is suggested here, however that those who have had their children removed for neglect may not have a full understanding of what they had done wrong, and thereby not have seen anything wrong in reporting it or any associated abnormal personality characteristics. It was also suspected that there would also be statistically significant elevations for those who have been substantiated for abuse on scale 2 (Depression) due to past studies' findings of maternal depression positively correlated to child abuse, scale 4 (Psychopathic Deviate) due to its inherent measures of social deviance, and scale 6 (Paranoia) due to the persecutory nature of having one's

children removed from their care. While similar findings might have been noted for those whose children have been removed for neglect, it was suspected that scale 4 elevations may not have been as significant. Other elevations were expected on scale 8 (Schizophrenia), as other studies have found this although the reasons for this appear to be varied (Bathurst, et al., 1997; Egeland et al., 1991; Paulson et al., 1974; Yanagida & Ching, 1993)

The purpose of the study was to determine if there are significant differences in a group which has been historically treated as homogenous in research: those who had their children removed from their care by the state. When the groups are treated as homogenous by the research, this leads to the same treatment in the legal and subsequent clinical setting. If, in fact, the two groups were fundamentally different, they would need to be treated as such in the clinical setting in order to best reduce recidivism rates and ensure that children are not returned to dangerous parenting environments.

Rationale

The MMPI-2 has been used in research since its inception to categorize personality constructs for use in research and treatment. A comparison of the scores on the three validity scales and ten clinical scales sought to determine whether differences exist between two groups of caregivers whose children have been removed from their care are in fact a homogenous group, or should be treated as two separate entities. Eysenck and other respected personality theories posit that personality changes are fundamentally fixed and there are treatment implications with certain personality deficits. These theories combined with Belsky's theories regarding child abuse, explain the use of personality constructs in treatment of these individuals. If treatment advances through

differentiation between the two groups were found, recidivism rates of offending caregivers may be reduced. As more is learned about the offending caregiver, more specialized treatment options can be made available. With recidivism of offending caregivers potentially resulting in injury or death to children under state oversight, new information which can lead to better planning of beneficial treatment for this population can only prove beneficial.

Nature of Study

Due to the lack of aforementioned research, this study sought to identify whether the two groups examined differ as there is no new personality inventory as accepted and widely researched as the MMPI-2 The use of the code-type method, or using the scales with the top two t-scores to identify personality profiles, was utilized here as this is the accepted MMPI-2 interpretation method (Graham, 2000).

The study examined the two groups of individuals who have had their children removed from their care: the independent variables were those who had their children removed from their care for abuse, and those who had their children removed from their care for neglect. The determination as to which group the individuals belonged to was made through a review of the legal charges levied against the individual. The dependent variables were defined as the means of the two groups on each of the three validity and ten clinical scales of the MMPI-2. These MMPI-2s were performed as part of psychological examinations ordered by the State of Arizona and were examined here in an archival manner, with no new contact made with the individuals. A further literature review and summary of previous research will be presented in chapter two.

Research Questions and Hypotheses

What is the nature of any predictive profile that differentiates those who have had their children removed from their care for abuse versus neglect based upon the offender's sex and personality indicators as measured by the three validity and ten clinical scales of the MMPI-II?

The hypotheses were,

H_0: There was not a statistically significant predictive profile that differentiates those who have had their children removed from their care for abuse versus neglect based upon on the offender's sex and personality indicators as measured by the three validity and ten clinical scales of the MMPI-2.

H_1: There was not a statistically significant predictive profile that differentiates those who have had their children removed from their care for abuse versus neglect based upon the offender's sex and personality indictors as measured by the three validity scales and ten clinical scales of the MMPI-2.

Theoretical Basis

Trait theory holds that individuals' personalities can be broken down into long-standing, largely unalterable, traits which can be objectively measured. From Eysenck's Three-Dimension theory (Eysenck, 1952) and the Big Five traits originally postulated by Allport (originally four traits; Allport & Allport, 1921), to Erikson's more complex eight stages of development (Erikson, 1950), trait theory explains individual personality dimensions as personality constants.

While many types of therapy make attempts at reconciling problematic aspects of an individual's personality and/or behavior, the basic constructs of personality may prove to be fundamentally fixed. Attempts can then be made to work within the confines of these traits when they are working against the individual's best interests, (such as when these traits lead to negative interactions with the legal system). To be able to define personality traits inherent in a specific sub-group of offenders in the legal system may help to develop more appropriate treatment programs for these individuals.

Operational Definitions

Child Abuse is defined here using the legal definition for the State of Arizona as,

> Inflicting or allowing physical injury, impairment of bodily function, or disfigurement; physical injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic, or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug; and/ or the unreasonable confinement of a child. (Definitions of Child Abuse and Neglect, 2001)

Serious physical injury is also defined utilizing the Arizona State statute and means

> an injury that is diagnosed by a medical doctor and that does any one or a combination of the following: creates a reasonable risk of death; causes serious or permanent disfigurement; causes significant physical pain; causes serious impairment of health; causes the loss or protracted impairment of an organ or limb; is the result of sexual abuse, sexual

> conduct with a minor, sexual assault, molestation of a child, child prostitution, commercial sexual exploitation of a minor, sexual exploitation, or incest. (Definitions of Child Abuse and Neglect)

It should be noted that emotional abuse is included in the above category and is defined here as,

> inflicting or allowing another person to cause serious emotional damage to a child, as evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior, and such emotional damage is diagnosed by a medical doctor or psychologist, and the damage has been caused by the acts or omissions of an individual having care, custody, and control of a child. 'Serious emotional injury' means an injury that is diagnosed by a medical doctor or a psychologist and that does any one or a combination of the following: seriously impairs mental faculties; causes serious anxiety, depression, withdrawal, or social dysfunction behavior to the extent that the child suffers dysfunction that requires treatment; is the result of sexual abuse, sexual conduct with a minor, sexual assault, molestation of a child, child prostitution, commercial sexual exploitation of a minor, sexual exploitation of a minor, or incest. (Definitions of Child Abuse and Neglect)

The subject of sexual abuse was not addressed in this study as it is widely considered to be an entirely different category of offense against a child, with separate

laws, regardless of whether the child is under the offender's care at the time of the offense or not.

In keeping with the above standards, *neglect* is defined using the Arizona State statutes as,

> The inability or unwillingness of a parent, guardian, or custodian of a child to provide that child with supervision, food, clothing, shelter, or medical care if that inability or unwillingness causes unreasonable risk of harm to the child's health or welfare; permitting a child to enter or remain in any structure or vehicle in which volatile, toxic, or flammable chemicals are found or equipment is possessed by any person for the purposes of manufacturing a dangerous drug; a determination by a health professional that a newborn infant was exposed prenatally to a drug or substance listed in § 13-3401 and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional; a diagnosis by a health professional of an infant under age 1 with clinical findings consistent with fetal alcohol syndrome or fetal alcohol effects; the determination by a health professional of prenatal exposure to a controlled substance shall be based on one or more of the following: clinical indicators in the prenatal period, including maternal and newborn presentation: a history of substance use or abuse; medical history; results of a toxicology or other laboratory test on the mother or the newborn infant. (Definitions of Abuse and Neglect)

A "non-offending parent" for the purposes of this study was defined as a biological parent or caregiver who had at least partial custody of the child during the time

of the alleged abuse or neglect but had been determined to not have been a participant in the abuse or neglect, and was not held legally responsible for knowledge of or reporting of the abuse or neglect. While legally these individuals may have lost custody of their children, in cases where they have not themselves attained legal charges they were not included in this study.

"Reunification" refers to the child being reintroduced to the caregivers'' care in both a physical and legal way. The child is allowed to reside with the previously offending parent again and the parent regains the right to make legal, educational, and medical decisions for the child.

Assumptions and Limitations

Limitations to the study are acknowledged as having only included those individuals who were referred to a particular psychologist in the greater Tucson, Arizona area. These individuals were from locations throughout the county and represented varied socio-economic statuses, geographic locations, and various state agency referral offices. These individuals were being considered for re-unification with their children, or had contested their removal. Not included in this group were individuals who had been found guilty of having murdered their children; those who had other charges serious enough to make re-unification unlikely (according to local prosecutor discretion); and /or those who were not seeking reunification with their children. Those not seeking reunification could be classified as those who were not actively seeking reunification or those who simply never arrived for their repeatedly scheduled appointments (passively not seeking reunification). Cases involving sexual abuse or alleged sexual abuse were not included in this study. Individuals who were accused of sexual abuse were not included as this is

generally accepted to be a completely different offense, with different offending patterns, than those accused of physical or emotional abuse.

Individuals included in the study were male and female individuals over the age of 18, with at least a fourth grade reading level. This was necessary to the administration of the MMPI-2. Some of these individuals were involved in the same case (i.e. two adults involved in the parenting of the child).

While a different measure of personality characteristics could have been utilized such as the Millon Clinical Multiaxial Inventory, the MMPI-2 is a more detailed instrument, with less overlap between scales and designed for use with a non-pathological population. This explanation is expanded upon in chapter two's Method section.

In 2010, 84.2% of reported child abuse and neglect offenders in the United States were between the ages of 20 and 49 years old, and 81.2% were biological parents (U.S. Department of Health and Human Services, 2011). The findings of this study are thereby generalizable to the general population of the United States child abuse and neglect perpetrators population.

As the MMPI-2 is a self-report instrument with no interactions with the administrator (aside from possible questions regarding vocabulary), administration bias was highly unlikely. Similarly, the objective nature and scoring procedures of the test served to limit any participant/administrator bias. The use of the validity scales to determine whether the individual was attempting to "fake good" (the L scale) or was exhibiting defensiveness when responding (the K scale), also helped to defer self-report bias. In addition, case file reviews contained information obtained from police reports,

case workers, and health care providers helping to mediate this same issue of responder bias.

Significance

This study should serve to fill a gap in the psychological research literature pertaining to caregivers' whose children have been removed from their care. While studies have been performed which specifically examine those whose children were removed due to charges of abuse, or have chosen to include those whose children were also removed for neglect, studies were not found to examine the differences between these two groups. If differences had been determined to exist between these two groups, differing treatment approaches for caregivers may be developed. Eysenck and other respected personality theories posit that personality changes are fundamentally fixed and there are treatment implications with certain personality deficits. These theories combined with Belsky's theories regarding child abuse, explain the use of personality constructs in treatment of these individuals. Currently, those who have had their children removed for abuse or neglect are subjected to the same treatment protocols generally including treatment for anger management, substance abuse relapse prevention (as needed), and parenting classes to teach effective parenting styles. If it had been determined that one group is in need of an area of focus more than the other as may be expected due to the presence of violence with abuse charges versus a lack of violence with a neglect charge, adjustments can be made and more effective treatment modalities can be established. Additionally, areas of focus not originally identifiable when the groups are studied homogenously may be identified. It was suspected that because those who have had their children removed from their care due to abuse have an inherent

physically violent aspect to their crime, they would differ from those who have had their children removed from their care for neglect, who may not have a history of physical violence. Also, there did not appear to be published research utilizing the MMPI or its second edition to examine these groups in any configuration after the mid-1990s. As this is the most widely utilized personality assessor in the United States, it seemed relevant that this would be the most effective and widely accepted way to study personality differences. As most psychologists have claimed this as their personality inventory of choice (Hathwaway, McKinley and Butcher, 2012), the terms used to explain the outcomes of this particular inventory are widely understood as well.

Social Change Implications

Further exploration into the mindset and personality characteristics of individuals who have offended against children can only benefit society as new treatment plans and prevention methods may be developed to protect the victims of these individuals. The ability to further define sub-populations within a group that has been treated as all equals helps to further refine and define the differing treatment groups, as well as new treatment protocols and allows for more specialized treatments. More specialized prevention and treatment modalities can only benefit the individuals served. Further, when the goal of treatment is the reunification of children with their caregivers, any information which could prove useful to prohibit relapse and recidivism by the caregiver is highly desirable. The safety of abused and neglected children in the United States, who have already suffered at the hands of trusted adults, can be better served though changes to the treatment requirements of the offenders who they may be potentially be returned to. To make these treatment changes however, the offenders need to be better understood to

serve their needs. Once their nuances are understood, better legal recommendations and requirements for reunification can be made through the courts.

Summary

This study served to identify personality traits of individuals whose children have been removed from their care for abuse versus neglect. Repeated significant elevations on any of the clinical and research scales currently available and widely accepted as valid, which were found in the reports of caregivers whose children have been removed for abuse versus neglect could have profound implications. The ability to identify these traits could lead to changes in treatment or relapse prediction models for these two sub-types of the child-protective-services-involved population. This study used archival data, from the MMPI- II to attempt to identify any of these clinically significant elevations.

Chapter two will further explain the theoretical and conceptual frameworks presented. In addition, the literature review associated with the topic of this study will be presented.

Chapter Two

Introduction

Chapter two provides a review the literature and studies related to the approach to analyzing personality differences in those who have children removed from their care by a state agency utilizing the MMPI and MMPI-2. First, different ways to assess for child abuse potential will be addressed. Then a brief history of some of the personality aspects to be examined will be provided. After, the justification of utilizing the MMPI and MMPI-2 to measure personality characteristics and information related to Trait Theory will be discussed. A literature based description of the variables will be provided and then a justification of the methods to be utilized in this study will be presented.

In order to accurately search for related information, EbscoHost and ProQuest were utilized, and PsycINFO, PsychArticles, and The Mental Measurements Yearbook databases were searched using various combinations of: “MMPI”, “MMPI-2”, “Abuse”, “Child”, “Family”, “Maltreatment”, “Neglect”, “Personality”, “Predictors”, “Psychopathy”, “Trait Theory”, and “Violence”. The reference sections of articles found were then used to find additional resources and studies.

Review of Related Literature

As the study sought to define differences in personality characteristics between adults who have had their children removed for abuse versus neglect, it was important to look at what has already been learned about these two groups together utilizing the MMPI. To begin however, government statistics regarding child maltreatment, a brief history of methods to measure risk for abusing in caregivers, a brief history of what is known regarding the phenomena of child abuse, and trait theory should be explained.

Child maltreatment in the United States.

The United States Child Abuse Prevention and Treatment Act (42 U.S.C. §5101) defined child abuse and neglect as,

> At a minimum, any recent act or failure to act on the part of the parent or caregiver which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm. (p. vii; U.S. Department of Health and Human Services, 2011)

The United States Department of Health and Human Services analyzes data submitted voluntarily from all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico regarding the investigations and findings of child maltreatment (which includes child abuse, neglect and sexual abuse), and each year presents its annual report. The most recent report from data recorded in 2010 showed an estimated 3.3 million referrals of approximately 5.9 million children to Child Protective Services (CPS) agencies for the 2010 fiscal year. Of the approximately 90% that received an investigation, 436,321 cases of child maltreatment were found to be substantiated. More than 75% suffered from neglect, just over 15% suffered physical abuse, and approximately 9% were sexually abused. Many suffered from more than one type of maltreatment and 1,537 of these children died from their maltreatment. Approximately 30% of child fatalities were attributed solely to neglect, with just over 40% attributed to multiple maltreatments. More than 80% of the perpetrators were the child's biological parent (U.S. Department of Health and Human Services, 2011).

Victims under the age of 12 months had the highest rates of victimization, at 20.6 per 1,000 in the national population, with the rate of victimization steadily decreasing

with age. However, children under the age of 4 years (48 months) accounted for almost 80% of fatalities. Nearly 90% of the fatalities were classified as African American. Just over 12% of those fatalities had prior investigation with CPS agencies in their area and received family preservation services. 1.3% had been previously removed from their homes, but had since been returned (U.S. Department of Health and Human Services, 2011).

A total of 16% of those maltreated were deemed as having a mental or physical disability prior to their maltreatment. Over 25% were witness to domestic violence within the home, in addition to their maltreatment, and 11% had caregivers who would be classified as alcohol abusers. Almost 85% of perpetrators were between the ages of 20 and 49 years (U.S. Department of Health and Human Services, 2011).

More than 80% of children were maltreated by their biological parent, with just over 6% being abused or neglected by another biological relative, and approximately 4% being the unmarried partner of the biological parent. Perpetrators were evenly divided by sex (U.S. Department of Health and Human Services, 2011).

Theories behind child maltreatment, abuse and neglect.

Heilbrun (1979) suggested that any criticism in attempting to predict child abuse or neglect by examining specific traits of the parent can be tempered by the fact that moderators and aggravating situations play parts in people's behaviors. His study of psychopathy and violent crime acknowledges that individuals will not act on their predispositions daily, and environmental factors that cause the expression of some personality traits need to be examined.

Similarly, Belsky (1993) presented a meta-analysis of child abuse and neglect studies to support his view of what he referred to as a developmental-ecological approach to child maltreatment. He acknowledged the past approaches to studying child maltreatment as taking a sociological, psychiatric, psychological and social-interactional approach, and integrated these into his theory on what leads adults to maltreating their children. He specifically did not include sexual abuse in his theory or meta-analysis. He asserted that because a single cause of child maltreatment cannot be found, any study simply looking for a main effect would be ineffective in attaining clinical significance. Another caveat Belsky offered regarded the abundance of studies focusing on caregiving by the mother (as opposed to father) as a simple matter of statistics and mothers simply being the primary caregiver more often. This does not imply, he stated, that mothers are more likely to offend and in fact asserted that fathers in a caregiving role may be more likely to offend but have less opportunity to do so.

First, Belsky (1993) reframed the statistic of fully one-third of those who have been abuse going on to abuse their own children by stating that *only* one-third of those who have been abused go on to abuse their own children, and Rodriguez and Tucker (2011) described the expectation of violence from this group as "no longer accepted" (pp. 247). Belsky reported that any attempts to tie childhood abuse of the caregivers to the subsequent abuse of their children is hindered by the retroactive nature of studies surrounding this potential phenomena due to the possibilities of both under- and over-reporting. Regardless of the exact frequency, he asserted that the mechanism of transmission could be a simple modeling process: the parent was taught aggression associated with child rearing and goes on the abuse or neglect their own children. It also

could be due to desensitization towards aggression in general. It has also been purported to potentially be from a poor attachment style to the perpetrators' caregivers, which is then repeated to the offspring (Rodriguez & Tucker).

Yet another explanation offered by Belsky (1993) is that a child who is brought up in a maltreating environment has been shown in studies to have trouble with emotional regulation, aggression and empathy, and these attributes can contribute to child maltreatment. Another explanation regarding the history of maltreatment for maltreating caregivers is attachment theory and the child's perception as a caregiver role being unresponsive and uncaring, which they then uphold when parenting their own child. The evidence for a break in this cycle, he asserted, is the influence of a positive partner relationship, involving caring and responsiveness to suggest a new general interpersonal style. He reminded the reader that personality traits (in general) have been found to be contributory to child maltreatment in some studies, but not at all in others.

Belsky (1993) also described the presence of caregiver depression as a contributory factor due to the parental potential for giving detached, hostile or rejecting care to the child simply as a matter of the depressive state-trait. He cautions however the causality of child maltreatment and parental depression as possibly due to parent-child interactions and the possibility of the parent internalizing some rejection due to negative interactions. He explained that these negative interactions may also threaten the parent's sense of control in the parent-child relationship, leading to the parent feeling the need to assert themselves physically. A loss of control physically may be due to affect regulation within the parent who simply means to regain control in this particular situation.

Appleyard, Berlin, Rosanbalm, and Dodge (2011) investigated the correlation between substance abuse and child maltreatment by a caregiver. They found that caregivers who were themselves the victims of sexual or physical abuse were more likely to neglect their children, but this abuse history was not tied to a caregiver's subsequent abuse of a child. The assertion here is that when dealing with their own past psychosocial issues, the caregiver turns to substance abuse. This may in turn lead to sub-par parenting abilities and the potential for child neglect.

Belsky (1993) discussed child age as a factor in maltreatment with reports of younger children more likely to be maltreated. He purported that this is due to the increased time and dependence of the younger child on the caregiver, leading to more interactions with the caregiver, be they negative or positive. He relayed the results of one study however which suggested that adolescents (with all of their developmental opposition) may be more likely to be abused (National Center on Child Abuse and Neglect, 1988 in Belsky 1993). A sick or premature child, he reported, may also be at higher risk for maltreatment due to the inherent difficulties, and subsequent additional stressors, placed upon the caregiver. The difficult-to-parent child is simply more likely to be maltreated and this applies to the child who acts out behaviorally as well.

Parental stress may be mediated by positive social interactions and support from the immediate partner and community at large (Belsky, 1993). Neighborhoods characterized by a lack of cohesion and caregivers without sufficient social supports have higher rates of child maltreatment than those communities with active social structures.

Belsky (1993) expanded his theories to include the country in general stating. "Children are the only people in this country whom it is legal to strike," (p. 423). This

culture of acceptance of corporal punishment in conjunction with the relative acceptance of violence in the mainstream media, surely plays a part according to Belsky.

Belsky (1993) also explained the biological explanation of child maltreatment. He explained the need for reproduction and the passing on of one's genes, but explained that a conservation of resources comes into play when parenting. Children are assessed for the amount of investment that they need. Some children may be neglected so that others in the family may attain the extra attention that they need, which explains the phenomena of select children being maltreated within the home by caregivers. He described the analysis of who deserves more attention as based upon their reproductive fitness. Archer (2013) referred to this as the Reproductive Value of the child. Limited parental education and/or income serve to further aggravate the amount of resources available to the children in their care. Archer referred to this phenomenon as Resource Holding Power. Belsky asserted that this proves causality when job loss, unemployment, and insufficient work are seen with child maltreatment. Also causal, according to Belsky in the biological framework, are unplanned pregnancies, family size, and short spacing between births. Supportive of this biological framework is the increased likelihood that a child will be maltreated by a step-parent, who does not have the investment in the child in terms of passing on their genes to the next generation. Similarly, when the child has a handicap that decreases their own likelihood of reproducing, they are statistically more likely to be maltreated (Belsky). When examining the mother's age, Belsky reported that mothers who are approaching the end of their reproductive years are less likely to maltreat their children due to the lack of potential to replace them. Here, Archer (2013) concurs as well.

In Archer's (2013) study based upon the evolutionary principles of family violence, he further explained Hamilton's Rule: It takes into consideration the shared genes an individual has to another when considering the assistance given to the other, or conversely the aggression towards another. It is the principle that makes step-parents more likely to abuse non-related children under their care. There is an explanation for males who abuse their biological children however. Archer explained that in humans, a female is 100% certain when a child is biologically hers, however a male cannot know this without modern DNA testing. This uncertainty may explain some biologically related fraternal abuse, due to suspicions (conscious or unconscious) of not being biologically related.

Finally, Belsky (1993) explained that examining child abuse versus neglect is a difficult task as these phenomena are rarely exclusive. He also reminded the reader that, "This field of inquiry is not concerned with easy-to-recruit, highly motivated, middle-class families with well-organized lives who find it convenient and enjoyable to disclose much about themselves and their children" (p. 414).

More recently, Slep and O'Leary (2009) supported Belsky's developmental-ecological approach in their study of family violence. They concurred that single factors cannot independently predict violence in families, but rather a constellation of events, precursors and stressors need to be examined.

Ways to predict caregivers at risk to abuse their children.

Over the years, researchers have attempted to utilize demographic information regarding the perpetrators with many similar results. Ammerman and Patz (1996) and Woodward and Fergusson (2002) found that the younger mother is significantly more

likely to abuse her child. Ammerman and Patz also found that IQ score is inversely related to the risk of abusing a child in one's care. Guerrero (2009) found that fathers with a college education (as opposed to without) and in a higher socioeconomic group were less likely to abuse children in their care. Larrieu, Heller, Smyke, and Zeanah, (2008) found similar results when examining the educational background of mothers who had abused their children. In addition, these authors found that a criminal background for mothers was a risk factor for child abuse. Rodriguez (2006) and Wilson, Morgan, Hayes, Bylund and Herman (2004) also found mothers in a lower socio-economic status were more likely to abuse their children. Conversely, Todd and Gesten (1999) found no correlation between socioeconomic status and child abuse potential.

Attitudinal inventories have also been frequently utilized to assess the potential for child abuse. Blunt Bugental and Happaney (2004) used the Parental Attribution Test to assess the mother's view of infant caregiving and utilization of harsh punishment as a predictor for child abuse while Choi et al. (2010) utilized the Parental Bonding Instrument to predict abuse through a lack of maternal-infant bonding. They found no correlation between fears of abusing their child and actual abuse potential however. Guerrero (2009) showed that when fathers shared views of Hypermasculinity, defined as finding violence manly, calloused sexual attitudes, and danger as exciting, they were at a higher risk of committing child abuse. Merrill et al. (2005) and Rodriguez (2006) discovered a positive correlation between negative interpersonal schemata and child abuse potential while Milner and Wimberley's Child Abuse Potential inventory also takes interpersonal schemata into account when attempting to predict child abuse potential (in addition to other objective predictors; 1979).

While Guerrero (2009) did not find any correlation between alcohol or other substance abuse, and child abuse potential, several other studies have found that caregivers suffering from substance abuse issues were more at risk to physically abuse and neglect children in their care (Larrieu et al., 2008; Muller, Fitzgerald, Sullivan & Zucker, 1994; Rinehart et al., 2005).

Parental mental health has been examined in attempts to help predict who will abuse children. While several studies have found a positive correlation between maternal depression and child abuse potential (Ammerman & Patz, 1996; Choi et al., 2010; Guerrero, 2009; Larrieu et al., 2008; Rinehart et al., 2005; Rodriguez, 2006; Schaffer, Alexander, Bethke & Kretz, 2005; Todd & Gesten, 1999; Yampolskaya, Greenbaum & Berson, 2009), Rinehart, et al (2005) and Yampolskaya, et al. found that the presence of any mental health issues the mother may be experiencing indicated a higher potential for child abuse. Rodriguez also found a positive correlation between maternal anxiety and increased child abuse risk, and Todd and Gesten found that caregivers under the age of 18 who had been diagnosed with Conduct Disorder were at increased risk for abusing children in their care.

A caregiver's history of maltreatment, including being abused themselves or witnessing domestic violence within the home, have been positively tied to an increased likelihood of child abuse (Appleyard, Berlin, Rosanbalm, & Dodge, 2011); Larrieu et al., 2008; Merrill et al., 2005; Rodriguez & Tucker, 2011; Woodward & Fergusson, 2002), as have a current dysfunctional family dynamic (Guerrero, 2009; Larrieu et al., 2008; Rodriguez, 2006; Schaeffer et al, 2005; Woodward & Fergusson, 2002; Yampolskaya et al, 2009). The lack of social support structures such as those provided by the community,

and friends and family was positively tied to child abuse potential in caregivers as well (Ammerman and Patz, 1996; Guerrero, Muller et al., 1994; Rodriguez, and Schaeffer et al., 2005).

Studies have also observed interactions between parent and child (Wilson et al., 2004) in attempts to better understand child maltreatment. On occasion, child (victim) disabilities and psychopathology (Woodward & Fergusson, 2002), sometimes including neonatal Apgar scores (Blunt Bugental & Happaney, 2004) have also been utilized in attempts to predict child maltreatment.

Yampolskaya et al. (2009) found in their study the cumulative results of the predictive factors they examined was a stronger predictor of child abuse than the individual factors themselves, as was also reported by several studies before them (Ammerman and Patz, 1996; Larrieu et al., 2008; Merrill et al., 2005; Milner and Wimberley, 1979; Rinehart et al., 2005; Woodward & Fergusson, 2002).

Personality in terms of trait theory.

Eysenck (1952) explained that psychology as a whole, and more specifically the understanding of personality characteristics, needed to move toward a scientific method. He referenced Allport in doing so as well. Eysenck described his model of personality as attempting to explain the individuals' ability (or lack thereof) to adjust to their environment, as well as placing importance in a hierarchy of characteristics with some being more important than others. He emphasized the need to explain the traits, habits and underlying drives of behaviors in order to accurately define and measure them. Eysenck asserted that this is not possible in some theories of personality (such as when explained by Freud) but is necessary if a study using the scientific method is aspired to.

He also explained the theories of Jung and Kretchmer would not be helpful in this model of personality, as a straight dichotomy of traits being present or not present simply does not exist outside of the theoretical realm. Instead he chooses to expand upon their theories, also working with "normal" personality constructs and not just utilizing abnormal characteristics as a basis for his model. He acknowledged the need for a spectrum approach to measuring personality constructs so that analysis of variance and covariance can be used. He conceded however, that factorial methods leave out the understanding that individuals' personalities are unique and cannot be simply analyzed into small pieces, and that the sum of the parts is greater than the whole. In summary, Eysenck stated "The organization of personality is not an act of faith; it is an object of empirical study," (p. 110).

In 1921 during their experiments at Harvard University, Allport and Allport described the difficulty of the organization of personality to be examined for scientific research as due to the expansive differences between individuals' reactions to different situations being heretofore understood as qualitative and not quantitative in nature. They described the need to objectively analyze the interactions of individuals, as well as individuals' interactions with their environments in a quantitative manner. This is necessary, they asserted, in order to measure with "instruments of analysis" (pp. 7). These measurements must be able to be averaged so as to permit for the discarding of outliers, and be easily observable by trained raters.

Allport and Allport (1921) cautioned that traits needed to be carefully selected and not be superficial attributes of the individual, but more fundamental tendencies

towards particular reactions to the environment. They also asserted that self-analysis could not be entirely relied upon and external, observable behaviors needed to be utilized.

The need to be able to "graphically display" (pp. 23) the patterns of personality traits is necessary (Allport & Allport, 1921), with the goals of graphing to be: a picture of the individual being measured can be obtained; "striking or unusual" (pp. 23) personalities can be seen in this manner; and to see if combinations of traits are able to be used to make generalizations. Allport and Allport concluded by stating that personality traits are "fundamental forces" (pp.35) in the ways that individuals interact with their environments, and are "fixed and controlling tendencies" (pp. 35-36). They stated that the plotted graphs of these personality traits give the researcher the ability to look at personality traits in an intelligent and objective manner.

Erickson (1950) expanded upon this idea of personality characteristics by asserting that the whole constellation of characteristics is more important to examine than the individual characteristics themselves. In order to observe the larger constellation, however, the individual traits needed to be acknowledged. He ended his chapter describing his Eight Stages of Development with diagrams, alleging it as necessary to demonstrate the stages of development, development of character traits, and measurability of said traits. He then clarified that this presented chart of the epigenesis of one's personality presents the individual's global way of thinking, with characteristics which can be measured on a continuum and not just as stages or accomplishments to be attained (or not attained).

In 1952, Eysenck revisited the need to theorize about personality traits in the same manner as other scientific theories as asserted by Allport and Allport (1921) and

Erickson (1950). Eysenck described that although little was known about personality constructs at the time, the need to present findings in an organized, verifiable manner was necessary to future research. Eysenck asserted that several factors were needed: the model would need to be able to describe the reaction of an individual to his or her environment; a hierarchy is needed to explain why some factors are more influential than others on individuals' behaviors; the organization needs to explain the systems and reactions to events and not just speak to the behaviors exhibited themselves; and most significantly, the model needs to be enduring to the individual and not simply applicable on a time-limited basis. Eysenck presented a model which involved a "type-level" (pp. 103) at the top of his model, which is most basically a general label for the individual's personality. He then proposed a "trait-level" (pp.103), describing how individuals may react to a situation on a general basis, with reactions occurring along a continuum, including normalcy (i.e. more or less rigidly, with more or less irritability). There was then a "habitual response" level, or how the individual could be expected to react in situations, by judging off of the higher level described traits. This level is described as the lowest level where reliable predictions could be made as to the individual's behaviors. At the bottom level of the model, the "specific response level," different life-situations may be expected to have aspects that may lead to some varying reactions by the individual, and may or may not be characteristic of the individual. Eysenck felt that this model should be conceivably applied to any legitimate personality theory. To any skeptics who retorted that a person is unique and cannot be simply labeled into a hierarchy or grid, he replied, "It is quite undeniably true that Professor Windelband [a detractor] is absolutely unique. So is my old shoe." (pp. 109). He asserted that every

physical object is unlike any other, but that it did not mean that it could not be systematically studied by science. Eysenck also addressed idea of studying an individual's personality as a group of traits as opposed to a whole; He stated that wholes cannot be analyzed by scientific method, while individual traits can be categorically measured and compared utilizing analysis of variance and covariance, correlational analysis, and component and factor analysis. He stated, "The organization of personality is not an act of faith; it is an object of empirical study," (pp. 110) and can be applied to both psychosis and neurosis diagnosis.

Examining a specific dysfunction.

With Eysenck's (and others) explanation of trait theory and its need for hierarchy, the abuse or neglect of one's own children necessitates the need to look at psychopathic tendencies next and the psychopath's interpersonal interaction style.

One of the earliest publications describing the concept of psychopathology commonly referred to is that of Prichard (1835). In his 947 page exposition on mental disorders, Prichard described "moral insanity" as,

> Madness consisting in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions and normal impulses, without any remarkable disorder or defect of the intellect, or knowing and reasoning faculties, and particularly without any insane illusion or hallucination. (p. 6)

Prichard further explained the absence of mania or depression. He described the psychopath as being "good-tempered, cheerful and active, having no defect of understanding that could be discovered, even after long observation" (p. 22) and as

generally able to take care of their lives and associated affairs. He stated however that these individuals will often act out physically and become involved in verbal and physical altercations with little provocation when they perceive themselves as having been slighted. During these times, Prichard explains, they may appear to exhibit anger or malicious feelings without provocation. This projection of feelings onto them however, may not be accurate, he contests, as they do not appear to experience emotions in ways similar to others. This is one of the reasons they have an inability to connect with others on an emotional level. Also, they tend to see all others as existing only to serve their purposes, leading to a lack of intimate relationships.

Prichard (1835) described the attitude towards these individuals (and the zeitgeist of the early 1830s) as victims of their condition and unfairly prosecuted by the courts. The individual psychopath of that time benefited from this view, as Prichard further described the claims of the individual to not be responsible for their actions, albeit without being able to offer any good explanations as to why themselves.

Prichard (1835) asserted that the individual may attain these traits through injury, traumatic brain insult, seizures or fever, and the time when an individual began acting in this manner may be pinpointed. It may be however that this is simply the time when the individual is first caught in his actions and it is unjustly attributed to the said medical incident. His advised treatment however, is removal from society. Although his view was that this could be done through legal, medical or medico-legal means, today's attitude seems to be one of only legal means after the individual has broken the law.

Prichard (1835) described the only way to get the individual to change his ways is by separating them from their family, superficial friends, and society at large. He reported

that the individuals suffering from moral insanity would then take a predictable response to treatment: first, the patient/prisoner would be angry at their treatment team/captors; the next phase occurs when the individual becomes distrustful of those around him (or in a statistically smaller occurrence, her); and finally, the individual superficially appears to be loving and thankful for treatment. Prichard warns here that the seeming agreeableness that has been attained is simply a means to release that the morally insane individual is manipulating.

Conversely however, Prichard also asserted that the individual could be coerced back into the norms of society if placed with "lunatics." (p. 209). His theory here was that the individual realized that he was not actually suffering from a mental disorder per se and would conform his behavior accordingly to remove himself from the unpleasantness of being confined with the truly mentally ill. It would appear however that a dilemma could arise as the motive for conformity could not be absolutely determined and this type of individual is repeatedly described as someone who is not to be trusted. This conformity of behavior could simply be an understanding of what his captors/doctors want to see him do and not indicative of internalized treatment. Prichard does not appear to acknowledge this impasse in his treatise.

Almost 130 years later, Cleckley (1964) described a similar constellation of symptoms in his extensive study of psychopaths. He described individuals who may perform normally in many aspects of life and appear to have no outward signs of psychopathy. Cleckley described, apparently without irony, the "inconsistency in inconsistency" (p.369) in the psychopaths' behaviors and outbursts when they are no longer concerned with conforming to society's rules. He asserted that if these individuals

were reliably bad, they would be easier to deal with. Cleckley described an individual similar to Prichard's morally insane individual who does not need triggers to become upset or angered and act out behaviorally, but conversely does not appear to show anxiety or worry in situations when the general population would. Cleckley's theory is that the psychopathic individual does not appreciate or perceive life as others do and feels that everyone feels the way he does. Cleckley described this individual as being able to "mimic the human personality perfectly" (p. 406) without actually experiencing any feelings of compassion, empathy, or understanding of others. He descried the individual's ability to show appropriate emotions on occasion, but with an apparent lack of true affect. They may confess to their actions and lies, but conversely Cleckley described them in treatment as only able to verbalize the consequences of their actions without internalizing them. Similarly, Cima, Tonnaer and Hauser (2010) described the psychopath as knowing what is right and wrong but they "simply don't care," (pp.66).

Cleckly described the psychopath as one who seemingly goes out of their way to make life difficult for themselves, all the while apparently feeling egocentric, and that the laws and rules of society do not apply to him. Cleckley asserted that this may be due to their lack of insight (due to a lack of compassion) and apparent inability to internalize self-blame.

Cleckley (1964) reported that this is not due to a defect in their intellectual capacities, as psychopathy and intelligence are not related (either directly or inversely). Cleckley described the intelligent psychopath as still susceptible to being caught in lies due to small details that they appear to have overlooked; seemingly because they perceive others to be so beneath them intellectually that they are likely to not notice.

Cleckley (1964) described psychopaths as not specialized in their offenses: they may simply offend family and friends; perform various acts of fraud; or engage in random criminal acts. He described psychopaths as drawn to obscenity in attempts to shock others, and showing no shame, humiliation or regret when caught. The psychopath will justify his actions (when caught) then make future attempts to establish trust with individuals that he has wronged in the past, with little understanding as to why someone would not trust him again. He is able to offer small gratuities to those around them, but remains uncaring about others and social graces. His sexual relations are superficial with no real love objects ever established. Cleckley described the only love of a psychopath as the love of self, with all other individuals seen as a means to an end. Smith, O'Toole, and Hare (2012) also described others as merely objects to the psychopathic offender, while another study looked at the self-centered language that is so pervasive during interactions with the psychopath as indicative of their true self-centered nature (Woodworth, et al. 2012)

Cleckley (1964) also studied the alcohol use of the psychopath and asserted that this group does not need to drink to become uninhibited (as this is a dominant trait of their personality to begin with), and almost always remember their actions while intoxicated, with infrequent black-outs. Cleckley explained that the acts committed by a psychopath while drinking alcohol are not out of character for them, as alcohol does not add actions to someone's repertoire.

In treatment, Cleckley (1964) described the psychopath as unable to attain a personal rapport and asserted that punishment does not appear to work either. He detailed the typical psychopath as simply focusing on the reward in situations without regard to

the possible negative consequences. Emotional responses to events do not seem to come into play with the psychopathic decision making process either (Dindo & Fowles, 2011).

The term "psychopath" is used, but in actuality the Antisocial Personality Disordered individual and/or the "sociopath" are all referenced here as well. The word is so common in layman's terms, that a cautionary study was performed to see if it was being overused in some circumstances (Caponecchia, Sun & Wyatt, 2012).

Millon and Davis (2000) described the distinction between the psychopath and someone with an Antisocial Personality Disorder as lying in the origin of the disorder. They described the psychopath as having a constitutional disposition to a lack of empathy and relating to others (and the rules of society) whereas those with Antisocial Personality Disorder develop anti-social characteristics through life experience. They described these groups as existing along a continuum (consistent with Eysenck's trait theory). Neumann and Hare (2008) also described psychopathic traits as existing along a continuum and explained that these traits could be found in the general, non-psychiatric population, although the rate was relatively rare (less than 3% in their study).

Blackburn (1998) and Williamson, Hare and Wong (1987) both described psychopaths as having a component of violent aggression not always associated with an anger state, and sometimes simply associated with the humiliation of others. Blackburn utilized the "49" code-type of the MMPI to describe these individuals specifically and utilizing the Big Five trait theory more generally. Harper, Hart and Hare (2002) described sociopathic and antisocial individuals, in modern psychological and medical terms, as having some basic prominent features: An apparent lack of learning from experience and punishment; a lack of loyalty to another individual or group; a general callousness, sense

of hedonism and emotional immaturity; a lack of responsibility and good judgment; an associated lack of guilt; predispositions to aggression; and an ability to rationalize any of their behaviors as warranted and justified. Violence and aggression were described as "readily accessible, easily expressed" components of the psychopath's response choices (p. 462; Williamson et al.). Tamayo and Raymond (1977) asserted that the psychopath has a basic lack of ability to form the ego ideal and the foundations for a moral life.

Holland, Levi and Watson (1980) further described the psychopathic personality as actually one of five types: in addition to the above characteristics, the simple psychopath is impulsive, self-absorbed and lacking a sense of foresight; the hostile psychopath is additionally characterized by an overall sense of resentment, irritability, "demandingness" (p. 828), and a low tolerance for frustration; the third sub-type was characterized by suspiciousness and a presence of some schizoid traits; the neurotic subtype showed increased anxiety, withdrawal and social alienation; while the fifth subtype seemed to indicate an underlying psychopathology with impairment in reality testing. Subtypes one and two were most commonly found in the incarcerated population, types three and four were more commonly found in the hospitalized population and subtype five was found exclusively in the hospitalized group. While all had elevated scores on scale 4 (Psychopathic Deviate), the second elevation in the two-point codes varied between scales 1 (Hypochondriasis), 2 (Depression), 3 (Hysteria), 6 (Paranoia), 7 (Psychasthenia), and 9 (Hypomania), depending on the subtype (with some overlap). Blackburn (1969) described correlations between psychopaths and elevations on scale 6 (Paranoia) and scale 8 (Schizophrenia), and suggested that elevations on these two scales in the same profile translates into unconventional attitudes and possibly psychotic

symptomatology. He later compares this profile to that of the paranoid schizophrenic and suggested that these individuals share traits with psychopaths (although to different degrees).

Haertzen, Martin, Hewett and Sandquist (1978) examined the psychopathic personality as existing in a constant state of flux, and influenced by events encountered daily and influenced by mood. In their study they went so far as to make sure that their questionnaire in the afternoon so that "relevant experience could be built up." (p. 203) Williamson et al. (1987) described some psychopathic response styles involving violence as related to "proto-emotions" (p. 462) and triggered in conjunction with the psychopath's lack of inhibition.

Interestingly, Widom (1977) pointed out that most studies involving psychopaths, sociopaths and those with Antisocial Personality Disorder could be referred to as "unsuccessful" (p. 675) due to their involvement in the legal or medical system. Her study of psychopathy utilized classified newspaper ads in an attempt to attract psychopaths who were currently residing in the general population and had current legal or medical involvement. While the MMPI profiles were similar in her study to those in previous studies of incarcerated or hospitalized psychopaths with a scale 4 (Psychopathic Deviate), she found the major difference to be not in the number of arrests or contacts with police and the courts, but rather in the number of convictions. While Widom acknowledged that there was not a control to account for intelligence scores, it may also be the case that the individuals in her study were simply able to maneuver their way through the court system more adeptly. Examining the aspect of intelligence in

combination with psychopathic personalities, Heilbrun (1979) found a direct relationship between intelligence and premeditation of violent crimes.

Similar to the psychopath, the person suffering from the sociopathic personality disorder, antisocial type as defined by the American Psychiatric Association (1952) in the mid-1900s was characterized as,

> chronically antisocial individuals who are always in trouble, profiting neither from experience or punishment, and maintaining no real loyalties to any person group or code. They are frequently callous and hedonistic, show marked emotional immaturity, with lack of responsibility, lack of judgment, and an ability to rationalize their behavior so that it appears warranted, reasonable and justified. (p. 38).

In 1980, the American Psychiatric Association (A.P.A.) stopped referring to this cluster of personality traits as "psychopathy" and "sociopathy", and opened the diagnostic category of Antisocial Personality Disorder. The current definition is most generally described as,

> A pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood and continues into adulthood. (p.701; APA, 2000)

These individuals are known to repeatedly perform acts that infringe on the rights of others, and cause destruction of property. They are deceitful and manipulative, and are characterized by impulsivity and irresponsibility. They are described as irritable and aggressive, including physically aggressive. They show disregard for the safety of themselves and others, and show little remorse for their hurtful actions. The A.P.A. asserts that these individuals are often seen as callous, cynical and contemptuous, and

superficially charming at the same time. They described the course of the disorder as gradually waning (at least in acting out behaviors and substance use) as the person is in their 40s, and Haertzen et al. (1978) described an inverse relationship between age, and psychopathic traits and states.

The absolute distinctions between the psychopath, sociopath and Antisocial Personality Disordered individual were not important to the research study immediately at hand. More important were the personality characteristics exhibited by all of these groups that are to be measured as asserted by Harpur, Hart and Hare (2002). These same authors assert that the characteristics to be measured are similar enough for all of these individual labels to be assessed in the same way on the MMPI, as well as the Millon Clinical Multiaxial Personality Inventory, Zuckerman's Sensation Seeking Scale and the California Psychological Inventory. This is supported by the Kingsley (1960) who found that psychopathic and non-psychopathic prisoners returned similar MMPI profiles but that both of these groups could be differentiated from non-psychopathic, non-offending normal. Most significant was the scale 4 (Psychopathic Deviate) elevation in the offending population (whether psychopathic or not).

More recently, scientists have begun examining the psychopathic phenomena through gene research as well. Sadeh, Javdani, and Verona (2013) examined the genes associated with serotonin deficiencies in an attempt to identify the basis of psychopathy. In order to identify their comparison groups, however, they needed to use the Psychopathy Checklist Screening Version originally formulated by Hare and trait personality theory. They found some indicators of psychopathy utilizing gene mapping

techniques, but also discovered childhood abuse history was an aggravating factor in the manifestation of the psychopathic behavior.

The "child abuse profile" as identified by the MMPI.

Lauterbach et al. (1961) and then Bathurst, et al. (1997) attempted to attain a baseline of personality characteristics for adults whose children were involved in custody disputes (contested cases between biological parents or abuse cases) utilizing the MMPI and MMPI-2 respectively. While Lauterbach et al. found no significance on the L, F, or K (Defensiveness) scales, Bathurst, et al. found the K was nearly one standard deviation above the mean for both men and women involved in such cases, and the F scores returned were actually one half of one standard deviation below the mean. Carr, Moretti, and Cue (2005) also found elevations on the L and K scales in their study of parent self-presentation following the removal of children from the home for substantiated abuse and neglect. While the Lauterbach et al. study would not have had the Variable Response Inconsistency Scale (VRIN), True Response Inconsistency (TRIN) and F Back (F_B) scales to examine due to their development after the study was conducted, Bathurst, et al. found no significance on these scales within this population.

Lauterbach et al. (1961) noted significant elevations on scales 1 (Hypochondraisis), 3 (Hysteria) and 4 (Psychopathic Deviate), as well as some Harris-Lingoes scales. This is consistent with the findings of Bathurst, et al. (1997) regarding scales 3 and 4, however these authors did not see elevations on scale 1 (Hypochondriasis), but found an additional elevation on scale 6 (Paranoia). Explanations were not speculated by either group of authors for these elevations and neither group found sex specific configurations.

Yanagida and Ching (1993) specifically examined individuals who had been substantiated for child abuse and/or neglect. Child abuse perpetrators were found to have clinically significant elevations on their F (Infrequency), 4 (Psychopathic Deviate), 6 (Paranoia) and 8 (Schizophrenia) scales. By comparison in this study, those substantiated for neglect showed elevations on only scale 4, when the cases were examined on an individual basis. As a group, a 4/9 code type was noted, even when not at the clinically significant level (with t-scores above 65). These authors speculated that the subjects' impulse control deficits would seem to explain both the abusive behavior and the scale elevations. Paulson et al. (1976) found similar clinically significant elevations on scales 4 and 9 with this population, but found that females demonstrated a 4-9 code-type, with males returning a 9-4 code-type.

Paulson et al. (1974) also identified male-female differences within this population with different scales elevated, but as a whole found elevations on the 4 (Psychopathic Deviate), 6 (Paranoia), 8 (Schizophrenia), 9 (Hypomania), and 0 (Social Introversion) scales. They also found a specific L-F-K configuration, with F (Infrequency) as the highest score, then L (Lie), then K (Defensiveness) across male and female subjects. The authors explained that increased anxieties, lack of impulse control, obsessional thinking and self-doubt would lead to possible active abusive behaviors in these individuals, particularly the female subjects. Of note in Paulson et al.'s (1974) study was the inclusion of what the authors referred to a "passive abusers" (p. 387) or those who were aware of the child abuse, but did nothing to stop it. Those individuals were not included in this study, due to a lack of ability to prove this with the data available.

Wright (1976) also found an elevation on scale 4, but only on this scale for those who had been convicted of child abuse. In his study comparing child abusers to non-abusing controls, Wright also compared scores on the Rorschach. In discussion of the study, the author contended that the subjects appeared significantly more normalized when the MMPI results were analyzed, as compared to the amount of unusual or deviant responses on the Rorschach due to the face validity of the MMPI items. This ability to maintain a social appropriateness will be further examined in this study and again, may possibly explain any elevations on the validity scales.

Going one step further, Egeland et al. (1991) examined the MMPI-2 profiles of women who were deemed "at risk" (p. 254) for child abuse according to demographic characteristics, but who had not been accused of doing so. The authors found significant elevations on the F (Infrequency), 1 (Hypochondriasis), 4 (Psychopathic Deviate), 6 (Paranoia), 8 (Schizophrenia) and 9 (Hypomania) scales. While the women had not been accused of abuse, their demographics matched those who have been known to abuse their children. The authors explained that these women are unable to adequately deal with daily life frustrations and become easily overwhelmed. They appear to have been alienated from society and are hostile in their relationships, as well as exhibit difficulties with impulse control. The authors found that when compared to past groups of child abusers evaluated using the MMPI and MMPI-2, the groups were statistically similar, further supporting the use of the MMPI in evaluations in this population.

Only one of these studies however, broke down the population of those who were involved in the family court system into two distinct groups: those caregivers with substantiated abuse and those with substantiated neglect (Plotkin et al., 1982) and they

did not find clinically significant differences. Their study did however find significant elevations in both groups on the F (Infrequency), 4 (Psychopathic Deviance) and 9 (Hypomania) scales.

After Carr, Moretti, and Cue's study in 2005, there is a gap in the literature regarding the MMPI profiles of those who have had their children removed from their care for substantiated abuse or neglect. A more expanded search to include the MMPI profiles of men who had been convicted of Intimate Partner Violence (i.e. violence against a domestic partner, girlfriend or boyfriend) returned even fewer results. Two studies however, indicated the same findings as those found in the previous studies discussed: elevations on the 2 (Depression),4 (Psychopathic Deviate), 6 (Paranoia), 7 (Psychasthenia), 8 (Schizophrenia), and 9 (Hypomania) scales (Lawson, Brossart & Shefferman, 2010; Lawson & Rivera, 2008).

Research Variables

Chapter One referred to the Arizona State statutes for the definitions of "abuse and "neglect." This study defined abuse and neglect as having occurred when substantiated by the State of Arizona, according to the aforementioned definitions. All subjects utilized in this study had been substantiated by the court system and their investigations.

The MMPI and MMPI-2 clinical and validity scales were utilized, and the scales may be referred to by either their number (i.e. scale 4) and/or their descriptor (i.e. Psychopathic Deviate).

Method

When Lauterbach et al. (1961) identified a lack of ways to objectively measure the personality characteristics of caregivers in general, they turned towards research using the MMPI to help those involved in the court system begin to identify what was considered normal in the subpopulation of adults involved in child custody cases in order to better inform the court system and judges. Bathurst, et al. (1997) utilized the same research methods and instrument for the same reasons. Several studies have utilized the MMPI-2 to examine the caregiver personality constructs for individuals who have had their children removed from their care because they described it as the "most commonly used instrument" (pp. 188; Carr, Moretti & Cue, 2005) to assess personality and "one of the most widely studied psychological assessment tools" (pp. 1054; Resendes & Lecci, 2012). Hathaway, McKinley and Butcher (2012) referred to the rise of the MMPI in clinical and research settings as "nothing less than phenomenal" (pp. 3), and reported that 84% of all research related to personality inventory was performed utilizing the MMPI as of 1978.

Many other authors simply wanted to identify personality characteristics in those who had already been convicted of child abuse and/or neglect in order to gain a better understanding of the phenomenon (Egeland et al., 1991; Paulson et al., 1974; Paulson et al. 1976; Plotkin et al., 1982; Wright, 1976; Yanagida & Ching, 1993), while Paulson et al. (1975) made reportedly successful attempts to develop their own scales on the MMPI and MMPI-2 for identifying those at risk for abusing or neglecting their children. Paulson, et al. developed their scale based upon which questions were answered in which

direction for those who had already been substantiated for child abuse, much in the same manner the original MMPI was developed.

Several authors recommended sex-specific scales or checking sex-specific clinical scale elevations when examining such data, and report higher accuracy, reliability, and validity when this is done (Egelan et al., 1991; Paulson et al., 1975; Paulson, et al., 1974; Paulson et al., 1976; Yanagida & Ching, 1993) while Bathurst et al. (1997) specifically noted no sex differences in their study. A male or female identifier was utilized in this study.

Surprisingly, utilizing the above search criteria to research the literature and studies surrounding the use of the MMPI in attempts to gain a better understanding of those convicted of child abuse and/or neglect, only one detractor from using this instrument was found. Furlong and Leton (1977) described "no dominant response profile was isolated" (p. 57) in their study of those convicted of child abuse using the MMPI child abuse scales developed by Paulson, et al. (1975). The authors also specifically criticized the studies of Paulson, et al. performed in 1974 and Paulson et al. (1976) as well. They alleged that in their sample size of 19, drawn over the course of 5 years, no specific response profile noted, but then stated which scales appeared to be the "most accurate" (p. 57) with an identification rate of 90%. There is an explanation that personality characteristics cannot be used to "explain abuse" (p. 55) but nowhere does Paulson, et al. (1976) appear to be attempting to do so. The search for a dominant clinical profile would not be utilized here in an attempt to explain the reasons for abuse either, but rather to help the clinician attempt to identify those individuals who are susceptible to continuing their abusive behaviors.

The Millon Clinical Multiaxial Inventory (MCMI) is a 175 item true/false self-report designed to assess basic personality characteristics, much like the MMPI. While its limited number of items was originally intended to allow for its broad range of use, in varied settings, it is much shorter than the MMPI. This limit in the number of items and the theory behind its development separates it from the MMPI however. Each of the clinical syndrome and personality disorder scales was derived from a personality theory and it was not developed to be utilized with non-pathological populations (Clarkin & Lenzenweger, 1996). In addition, Retzlaff and Gibertini (1987) reported that their research into the structure of each of the scales found item overlap in the Aloof-Social, Aggressive-Submissive and Lability-Restraint factors. The Aggressive-Submissive factor having overlap into additional factors would be of particular concern in this study and is another reason the MCMI (or MCMI-II) was not utilized.

Binary logistic regression analysis was performed on the scale scores returned to determine whether there are personality differences between the two sub-populations examined. Phillips, Sellbom, Ben-Porath and Patrick (2013) utilized this approach when conducting an analysis of new scales they hoped to utilize for the MMPI-2-RF. Their analysis similarly attempted to compare and contrast several distinct groups of individuals and their returned scale scores. This process has been well established by several authors when comparing two groups of individuals utilizing returned scores on the validity and clinical scales of the MMPI-2 and its newest version, the MMPI-2-RF (Clark, 1994; Marion, Selbom, Salekin, Toomey, Kucharski & Duncan, 2013; Phillips, Sellbom, Ben-Porath & Patrick, 2013; Reid & Carpenter, 2009; Rosik, & Borisov, 2010; Steffan & Morgan, 2008).

Chapter three will serve to describe the research design and rationale. It will explain the sampling procedures and selection of participants, the instruments used and the analysis plan. Threats to validity and ethical procedures will also be addressed.

Chapter Three

Introduction

The purpose of the study was to determine if there were significant differences in a group which has been historically treated as homogenous in research: those who had their children removed from their care by the state. When the groups are treated as homogenous by the research, this leads to the same treatment in the legal and subsequent clinical setting. If, in fact, the two groups were fundamentally different, they need to be treated as such in the clinical setting in order to best reduce recidivism rates and ensure that children are not returned to dangerous parenting environments.

In this chapter, the research approach and design will be described, with reference to the analytical program to be utilized. The sample from which the data was drawn will be detailed, as well as the steps taken to protect the identity of these individuals. The use of the MMPI and MMPI- II results will be justified and explained, with references to past similar studies. The data obtained from this instrument will be described and justifications for sample size will be presented.

Justification of the Research Approach and Design

The MMPI was originally developed in 1943 by Hathaway and McKinley while both were working at an in-patient hospitalization setting through the University of Minnesota, and the instrument was expected to be utilized for routine assessment. It (and its subsequent revision) was designed to be taken by individuals over the age of 18 in an inpatient or outpatient setting. An empirical keying approach was utilized and face validity of responses was taken into account (Graham, 2000). During initial development of the instrument, the inpatients were utilized as the experimental group, while their

family and visitors were utilized as a majority of the control group (some college students were later added). Early surveys indicated that the test was the most widely used in personality testing in the United States (Graham). Following the revision in the early 1970s, the test retained many of the original items, with some allegedly sexist or outdated language removed. A larger norm group, more consistent with the most contemporary consensus was also obtained, consisting of 1,138 males and 1,462 females between the ages of 18 and 84 with ethnic and geographic representations more in line with the latest national census available at the time (Hathaway, McKinley & Butcher, 2012)

A review of personality research in 1978, found that 84% of the studies had utilized the MMPI (Hathaway, McKinley & Butcher, 2012) as a central part of their evaluations. Later, it was ranked second in all psychological testing performed in a survey from 1982 (Hathaway, McKinley & Butcher, 2012). An EbscoHost search of psychological research from peer reviewed, scholarly journals in just 2010 to 2012 returned 81 studies with the MMPI-2 as the primary assessment tool utilized.

The personality constructs of the individuals examined was measured utilizing the validity and clinical scales from the MMPI and MMPI-2. As mentioned in chapter one, several researchers have found that this is quite effective to objectively measure varied personality traits in a fairly concise testing situation. The concept of fixed personality traits goes back at least to the 1920s, with research from Allport and Allport (1921), and Eysenck (1952) specifically focusing on trait theory. Hathaway and McKinley (1949) specifically explain the usefulness of the MMPI in objectively qualifying (in the separate scales) and quantifying (the scores on these scales) these traits. One detractor could be found in utilizing the MMPI to attain a personality profile of a “child abuser” (Furlong &

Leton, 1977) in a rather extensive search of PsycINFO and EbscoHost utilized the search terms “child,” “abuse,” “family,’ “MMPI,” “MMPI-2,” “neglect,” “personality,” “psychopathy,” ‘trait theory,” and “violence” in varying combinations. While Furlong and Leton reported that no dominant response profile could be found in their data analysis of nine previously developed MMPI scales to assess for child abuse potential, it should be noted that the authors utilized a sample size of only 19 known abusers for their analyses. The validity scales were also utilized andwere frequently referenced in studies employing the MMPI as well to assess child abuse and/or neglect potential (Bathurst et al., 1997; Carr, Moretti & Cue, 2005; Egeland et al., 1991; Lauterbach, London, & Bryan, 1961; Paulson et al., 1974; Paulson, et al., 1974; Plotkin et al., 1982; Wright, 1976; Yanagida & Ching, 1993).

Sample

The sample was comprised of 90 females (41.9%) and 125 males (58.1%). When classifying one’s self according to race; 135 individuals identified as Caucasian (62.8%), 8 individuals identified as African American (3.7%), 46 individuals identified as Hispanic (21.4%), 3 individuals identified as Asian (1.4%), and 15 individuals identified as Native American (7%). Data was not available for 8 respondents (3.7%). The ages ranged from 18 to 68 years. The mean age was 32.3, with a standard deviation of 9.1 years.

The Department of Health and Human Services (2011) described the population of known child abusers and neglectors as 49.2% Caucasian, 20.0% African American, 19% Hispanic, 1.1% Asian, 1,1% Native American, .9% as “Mixed Race” and .2% as Pacific Islander. Race was unknown in 8.5% of the population in their report. 84.2% of

perpetrators were between the ages of 20 and 49 years. 36.3% were between the ages of 20 and 29 years; 31.8 percent were in the age group 30–39 years; and 16.1 percent were in the group 40–49 years. A direct comparison of ages could not be completed between the Government statistics and the current sample due to the specific exclusion of perpetrators under the age of 18 in this study (as the MMPI-II is not utilized with this population). None of the individuals had been charged with sexual abuse of the child. Additionally, none of the children involved in the cases had died as a result of their injuries, therefor no homicide or manslaughter charges were brought against the individuals in these specific cases.

While the last grade of education completed was not specifically examined, all respondents were considered to have at least a fourth grade reading level (which in some cases needed to be determined by additional testing during the initial evaluations performed by the examining psychologist) as this is necessary for the administration of the MMPI-2.

Measures

The L and F validity scales of the MMPI-2 were examined to determine if elevations were consistently seen in the sub-population to be studied. It was suspected that the L scale would be elevated in the both the abusive and neglectful caregivers as the scale was originally designed to detect individuals who are attempting to present themselves in an overly positive manner and may be defensive (Graham, 2000), Bathurst et al. (1997) and Carr, Moretti and Cue (2005) have confirmed this elevation. This speculation existed as it is an understood that individuals in these two subpopulations were involved in the legal system and were attempting to have their children returned to

their care. The F scale was expected to be elevated in the abusive group, as has been found in past studies (Egeland et al., 1991; Paulson et al., 1974; Plotkin et al., 1982; Yanagida & Ching, 1993), but not necessarily as high in the neglectful group. Several authors (Efendov, Sellbom & Bagby, 2010; Gordon, Stoffey, & Bottinelli, 2008; Sellbom, Toomey, Tolin, Steenkamp, Marx & Litz, 2010; Sellbom, Toomey, Wygant, Kucharski & Duncan, 2010; Walters, Rogers, Berry, Miller, Duncan, McCusker, Payne & granacher, Jr, 2008) have also described the statistically significant effectiveness of the F scale when comparing various types of individuals in a general forensic setting. The premise here is that the F scale may be used to identify antisocial or unusual personality characteristics, as less than 10% of the MMPI normative sample answered in the scored direction (Graham) and individuals in the abusive parenting group may have not only possessed these traits, but were also lacking the insight that these characteristics are not viewed as socially positive. It was suspected that those in the neglectful group may have had more insight into their reporting strategies.

Scale 4 (Psychopathic Deviate) of the MMPI-2 is defined as helping to identify those individuals with asocial or amoral traits, or as a measure of one's rebelliousness (Graham, 2000). It was expected that this scale would be elevated in the abusers sub-population (and violent offenders in general) as has been found in many past studies (Bathurst et al., 1997; Egeland et al., 1991; Harper, Hart and Hare, 2002; Lawson, Brossart, & Shefferman, 2010; Lawson, & Rivera, 2008; Paulson et al., 1974; Paulson et al., 1976; Plotkin et al., 1982; Wright, 1976; Yanagida & Ching, 1993). It was suspected that the neglectful sub-population would have lower, and possibly non-statistically significant, scores on this scale due to the largely passive nature of neglect versus abuse.

With regards to psychopathy, elevations on scale 4 (Psychopathic Deviate) were expected, as found by several authors (Haertzen et al., 1978; Holland et al., 1980; Kingsley, 1960; Lawson, Brossart, & Shefferman, 2010; Lawson & Rivera, 2008; Neumann & Hare, 2008; Paulson et al., 1974; Tamayo & Raymond, 1977).

Scale 6 (Paranoia) was originally developed to detect symptoms associated with paranoia such as feelings of persecution, suspiciousness, and individuals who score high on this scale may be overly sensitive and felt they are being mistreated. Studies in the past have shown that those involved in the legal system, especially those due to allegations of child abuse, have had an elevation on this scale which could possibly be partially explained by the close supervision they are being subjected to by various state departments and legal organizations (Bathurst et al., 1997; Egeland et al., 1991; Lawson, Brossart & Shefferman, 2010; Lawson, & Rivera, 2008; Paulson et al., 1974; Yanagida & Ching, 1993), and elevations were expected during this study as well.

Scale 9 (Hypomania) was originally designed to detect hypomanic symptoms and as it can be seen as a measure of excessive energy, an elevation on this scale may be an indicator that aspects from other scales may be more likely to be acted upon (Graham, 2000). High scores on this scale tend to identify individuals with trouble inhibiting impulses, who are irritable and who may have aggressive outbursts (Graham). For these reasons, it was suspected that the abusive sub-population would have elevations on this scale and several studies with child abusers and generally violent offenders supported this suspicion (Egeland et al., 1991; Paulson, et al., 1974; Paulson et al., 1976; Plotkin et al., 1982; Sellbom, Ben-Porath, Baum, Erez, & Gregory, 2008; Yanagida & Ching, 1993). Harper, Hart and Hare (2002) specifically reported that elevations on this scale are

consistent with psychopathy, when known psychopaths (as identified from other widely accepted measures and criteria) are identified.

Various studies (Bathurst et al., 1997; Egeland et al., 1991; Lawson, Brossart & Shefferman, 2010; Paulson et al., 1974; Sellbom, Ben-Porath, Baum, Erez & Gregory, 2008; Yanagida & Ching, 1993) have found elevations on several other scales (including scale 1-Hypochondriasis and scale 3-Hysteria) with those who violently offend within their family, however findings did not appear consistent across studies and other scales were not expected to produce statistically significant results.

Graham (2000) described the variables involved which led to the variations in internal consistency during the MMPI test construction, with a majority of the explanation relying on the empirical method of item inclusion. Nonetheless, internal consistency coefficients found by Buthcer, Dahlstrom, Graham, Tellegen and Kaemmer (1989) were utilized, and can be found in table 1.

Table 1

Internal Consistency Coefficients (Alphas) for MMPI-2 Validity and Clinical Scales for Men and Women in the Normative Samples

Scale	Men	Women
L	.62	.57
F	.64	.63
K	.74	.72
Scale 1 (Hypochondriasis)	.77	.81
Scale 2 (Depression)	.59	.64
Scale 3 (Hysteria)	.58	.56
Scale 4 (Psychopathic Deviate)	.60	.62
Scale 5 (Masculinity/Femininity)	.58	.37
Scale 6 (Psychasthenia)	.34	.39
Scale 7 (Schizophrenia)	.85	.87
Scale 8 (Schizophrenia)	.85	.86
Scale 9 (Hypomania)	.58	.61
Scale 10 (Social Introversion)	.82	.84

Source: Butcher, J., Dahlstrom, W., Graham, J. Tellegen, A., & Kaemmer, B. (1989). *Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Manual for administration and scoring.* Minneapolis: University of Minnesota Press.

Data Collection

Archival data was obtained from a prominent Tucson, Arizona psychologist in the forensics field who has been contracted with the State for close to 25 years. Her files include individuals from the entirety of Pima County, Arizona, and include individuals from a full range of socio-economic statuses. These individuals could be classified as

living in rural, suburban and urban settings. She has been performing evaluations for Child Protective Services since the beginning of her contract and has been administering the MMPI (and subsequent MMPI-2) in her evaluations of individuals whose children have been removed for substantiated abuse and/or neglect. No individuals were exempted due to age, marital status, previous child protective service involvement, or socio-economic status. Identifying data was not obtained past male/female clarification. Other data obtained for the study included: a differentiation between individuals whose children had been removed for abuse versus neglect, scores returned from the MMPI-2 validity scales, clinical scales, and a differentiation between those who acknowledged or denied the State's substantiation of abuse or neglect (a two option variable "admit" versus "deny"). The subjects admit versus deny status was determined by the response to a questionnaire administered prior the subject's arrival at the clinical interview, most specifically the question "Why are you involved with Child Protective Services?" Participant notification was not given and permission for participation was not obtained due to the nature of the original testing (mandated by the state and not due to the client being involved in a therapeutic relationship with the doctor).

The evaluations, while primarily aimed at reunification proceedings between the former caregivers and the removed children, had been occasionally ordered in reference to the caregiver's ongoing therapy. Individuals had also been seen in her offices who would be classified as "non-offending" caregivers (as defined in chapter one), however these individuals' data were not included in this study. Data available from the hard files was the only data utilized and the participants/clients were not interviewed or engaged again for the purposes of this study.

Protection of Participants and Ethical Considerations

Only archival data from the private practice psychologist's files were utilized. No contacts were made to the original participants or those involved in the individual cases (except the evaluating psychologist, when clarification regarding data was needed). Data analysis was held in a secured, locked facility and individuals not directly involved in the data analysis were not allowed access to the case files. All information was coded for the individual participants, so that no initials, dates of birth or other case information can be utilized to determine identity in the final data set, except by those directly involved in data collection. Data files created from this information will be maintained in a password protected file for a period of five years. Institutional Review Board approval was obtained on July 23rd, 2014.

Data Analysis

Was there a statistically significant difference in the personality constructs as measured by the MMPI-2 of individuals who have had their children removed from their care for abuse versus those who have had their children removed from their care for neglect? Was there a statistically significant difference in the validity of profiles returned on the MMPI-2 as measured by the F, L and K scales for individuals who have had their children removed from their care for abuse versus those who have had their children removed from their care for neglect?

The hypotheses were,

H0: There was no significant difference in personality. There was not a statistically significant predictive profile that differentiates those who have had their

children removed from their care for abuse versus neglect based upon on the offender's sex and personality indicators as measured by the three validity and ten clinical scales of the MMPI-2 characteristics between those who have had their children removed for abuse versus those who have had their children removed for neglect as measured on the Minnesota Multiphasic Personality Inventory-II.

H1: There was a statistically significant predictive profile that differentiates those who have had their children removed from their care for abuse versus neglect based upon the offender's sex and personality indictors as measured by the three validity scales and ten clinical scales of the MMPI-2.

A binary logistical regression was performed in an attempt to determine if a profile difference exists between those whose children have been removed from their care for abuse versus neglect based upon the 3 validity and 10 clinical scales of the MMPI-2. The demographic information regarding sex was also examined to see if a profile difference exists. The goal at this stage was to determine whether there was a statistically significant difference between the means on each scale between the two groups and whether the two sub-populations are thereby significantly different from each other. Analysis was performed with the Statistical Package for the Social Sciences, 21.0 (SPSS 21.0) available from the IBM corporation. The current sample available was comprised of 90 females (41.9%) and 125 males (58.1%).

Chapter four should serve to describe the data collection and results. The baseline statistics and analysis, with descriptive statistics will be presented, with tables presented as appropriate.

Chapter Four

The results on the validity and clinical scales of the Minnesota Multiphasic Personality Inventory (MMPI) were examined to determine if significant differences existed between caregivers whose children have been removed in cases of abuse versus neglect. It was suspected that those who had their children removed from their care would not only have scores significantly different from normative samples as has been established in previous studies (Bathurst, et al., 1997; Carr, Moretti, and Cue, 2005; Egeland et al., 1991; Lauterbach et al., 1961; Lawson, Brossart & Shefferman, 2010; Lawson & Rivera, 2008; Paulson et al., 1974; Plotkin et al., 1982; Wright, 1976; Yanagida & Ching, 1993), but also from each other depending upon the reason for the children's removal. The purpose of the study was to determine if there werre significant differences in a group which has been historically treated as homogenous in research: those who have had their children removed from their care by the state.

In this chapter, data collection procedures are reviewed, and descriptive and demographic characteristics are presented. Results of the analysis are provided, as well as descriptive statistics of the sample utilized. In addition, statistical assumptions are given. Finally, statistical findings as related to the hypothesis and research questions are explained.

Data Collection

Data were reviewed one case file at a time, with approximately 2-3 minutes spent to determine whether the significant data were all present, the appropriate tests were presented, and the subject of the file fit the search criteria for this study: (a) the subject

was the perpetrator of the child abuse or neglect, and not a non-offending caregiver or subsequent caregiver after the child's removal from the home; (b) the case involved non-sexual offenses; and (c) the case did not end with the death of the child from their injuries. The review of the data and entry of the data took approximately another 5 minutes per case. Approximately 2000 case files were reviewed to obtain the 220 cases utilized in this data set. All cases utilized were from evaluations performed between January 2010 and December 2011. The archival data set was created as part of a pre-doctoral internship (with Jill Plevell, Ph.D. supervising) and was created beginning in January 2012 and was completed by August 2012.

The approximately 120 hours necessary to compile the data was approximately the amount of time expected. All of the data collection went as planned, with no adverse events encountered, no additional protocols needed, and no deviations from the initial plan encountered. The initial data set of 220 cases was created under the supervision of Dr. Jill Plevell, in her private practice, initially intended for her use only. The data set was created without identifying data such as: the name or initials of the primary subject/caregiver; the name or initials of the child victim(s); the birthdate of the caregiver or child victim(s); the social security number of the primary subject/caregiver (social security numbers of the child victim[s] were not available); police report reference numbers; or Child Protective Services reference numbers. Permission to utilize the data set for the study was then obtained at a later date and approved by Dr. Jill Plevell and Walden University.

Data Cleaning

The data were screened for multivariate outliers. Mahalanobis values were assessed at $\alpha = .001$. The critical value, for chi square at $df = 13$, utilized was 34.528. There were 4 cases excluded at this point due to Mahalanobis values of 41.257, 42.535, 50.802, and 55.182. and the multivariate screen was re-run. One additional outlier was noted and removed due to a Mahalanobis value of 39.417. The final data set was comprised of 215 individual cases. When potential predictors were analyzed, four scales were retained for further analysis: The F Scale, $r = -.118$, $n = 215$, $p < .085$, two tails; Scale (Masculinity/ Femininity), $r = -.079$, $n = 215$, $p < .246$, two tails; Scale 6 (Paranoia), $r = +.065$, $n = 215$, $p < .340$, two tails; and Scale 9 (Hypomania), $r = -.088$, $n = 215$, $p < .197$, two tails; Other scales were not approaching significance.

Sample Characteristics and Descriptive Statistics

The sample was comprised of 90 females (41.9%) and 125 males (58.1%). When classifying one's self according to race; 135 individuals identified as Caucasian (62.8%), 8 individuals identified as African American (3.7%), 46 individuals identified as Hispanic (21.4%), 3 individuals identified as Asian (1.4%), and 15 individuals identified as Native American (7%). Data for self-identified race was not available for 8 respondents (3.7%). The ages ranged from 18 to 68 years at the time of the evaluation, ($M = 32.3$, $Mdn = 31$ years). The distribution was negatively skewed, skewness = .974, kurtosis = .965.

For the purposes of this study, "allegation" was defined as the charge the caregiver received from the State of Arizona leading to the removal of the child or children in their care. The cases were divided into two groups: those who had their child or children removed for charges of child abuse according to Arizona statute, 2 A.R.S. §8-

201 (n = 78, 36.28% of total cases) and those who had their child or children removed for neglect according to Arizona statute 2 A.R.S. §8-201 (n = 137, 63.72% of total cases).

Admission to the behaviors leading to the legal charges brought by the State of Arizona was separated into "admit" (n = 79, 36.74% of total cases) versus "deny" (n = 135, 62.79% of total cases) and was determined by the primary subject/ caregiver's response to a questionnaire administered prior the subject's arrival at the clinical interview, specifically the question "Why are you involved with Child Protective Services?"

The Department of Health and Human Services (2011) described the population of known child abusers and neglectors as 49.2% Caucasian, 20.0% African American, 19% Hispanic, 1.1% Asian, 1,1% Native American, 0.9% as "Mixed Race" and 0.2% as Pacific Islander. Race was unknown in 8.5% of the population in their report. Perpetrators between the ages of 20 and 49 years comprised 84.2% of the population with 36.3% between the ages of 20 and 29 years. Those between the ages of 30 and 39 years comprised 31.8 percent and 16.1 percent were in the group between 40 and49 years. A direct comparison of ages could not be completed between the Government statistics and this study's sample due to the specific exclusion of perpetrators under the age of 18 in this study (as the MMPI-II is not utilized with this population).

Uniform and Linear T Scores of the MMPI-2 Validity and Clinical Scales

The MMPI-2 has its raw scores on 8 of the clinical scales converted to uniform T scores, with a mean of 50 and a standard deviation of 10 (excluding scales 5 and 0). Uniform T score are not utilized for Scale 5 (Masculinity/Femininity) and 0 (Social Introversion), and linear T scores are utilized with these scales instead. This was done in

order for scales to be comparable to the original MMPI (Graham, 2000). Research done with the original MMPI found significant negative skewness on almost all of the scales and this lead to the modification of scores so the MMPI-2 would show a normaldistribution, with no significant skewness and with mesokurtic kurtosis (Greene, 1999). Scores above 65 are considered clinically significant (Graham, 2000) and scores approaching 65 can be considered viable for further exploration for manifestation of symptoms at a subclinical level. Initial analysis showed only 4 predictors that were close to approaching univariate significance and neither sex, nor age was significantly related to whether the individual had their child removed for abuse or neglect and was not included in the logistic regression (see Table 2).

Table 2

Sex and Age Correlations to Allegation

Variable	Sex	Age	Allegation
Sex[a]		-.217[b]	-.037[c]
Age	.001		.073[b]
Allegation	.589	.284	

Note. Upper diagonal contains correlation coefficients; lower diagonal contains *p* values.
[a] 0 = male, 1 = female. [b] Pairwise $n = 219$. [c] Pairwise $n = 220$.

The four significant scales included the F scale ($p = .085$), the Masculinity/Femininity Scale (Scale 5; $p = .246$), the Paranoia Scale (Scale 6; $p = .340$) and the Hypomania Scale (Scale 9; $p = .197$; see Table 3). These four scales were retained for further analysis.

Table 3

*Allegation to Scale Score Correlations (*N = *215)*

Predictor	Allegation	
	r	*p*
F	-.118	.085
L	.007	.918
K	-.001	.991
Scale 1 (Hypochondriasis)	.021	.757
Scale 2 (Depression)	.048	.479
Scale 3 (Hysteria)	.045	.510
Scale 4 (Psychopathic Deviate)	.027	.691
Scale 5 (Masculinity/Femininity)	-.079	.246
Scale 6 (Paranoia)	.065	.340
Scale 7 (Psychasthenia)	-.020	.776
Scale 8 (Schizophrenia)	-.027	.695
Scale 9 (Hypomania)	-.088	.197
Scale 0 (Social Introversion)	.037	.589

A logistic regression was then performed. The overall model was statistically significant, $\chi^2(4, N = 215) = 11.6$, $p = .021$ (see Table 3). The likelihood ratio found was R_L^2=.041 (see Table 4).

A Hosmer and Lemeshow goodness of fit test was performed and was non-significant, $\chi^2(8, N = 215) = 9.022$, $p = .340$, demonstrating a good fit for this model.

Inferential Statistics

The research question was,

> What is the nature of any predictive profile that differentiates those who have had their children removed from their care for abuse versus neglect based upon the offender's sex and personality indicators as measured by the three validity and ten clinical scales of the MMPI-II?

H_0: There will not be a statistically significant predictive profile that differentiates those who have had their children removed from their care for abuse versus neglect based upon on the offender's sex and personality indicators as measured by the three validity and ten clinical scales of the MMPI-2.

H_1: There will be a statistically significant predictive profile that differentiates those who have had their children removed from their care for abuse versus neglect based upon the offender's sex and personality indictors as measured by the three validity scales and ten clinical scales of the MMPI-2.

Logistic regression was performed to predict the allegation of physical abuse as the reason for a child's removal from the home. Both the F Scale, or Infrequency Scale, and Scale 6 (Paranoia) were significant, with Scale 5 (Masculinity/Femininity) and Scale 9 (Hypomania) approaching significance (see Table 4).

Table 4

*Logistic Regression Predicting Allegation of Physical Abuse (*N = *215)*

Predictor	*B*	SE_B	*p*	*OR*	95% CI
Constant	.266	.921		1.305	
F	-.088	.043	.042	.916	[0.841, 0.997]
MF	-.035	.022	.105	.966	[0.926, 1.007]
PA	.139	.055	.011	1.149	[1.033, 1.279]
MA	-.058	.038	.127	.944	[0.876, 1.017]

Note. CI = confidence interval for odds ratio (*OR*).

With a one point increase on Scale 6 (Paranoia), the odds of being in the abuse group were 14.9% greater than the odds of being in the neglect group, and for an increase

of one standard deviation on this scale the odds of being in the abuse group were 59.6% greater than being in the neglect group. With a one point increase in the F score, the odds of being in the abuse group were 8.4% less than the odds of being in the neglect group, and with a one standard deviation increase in the F score, the odds of being in the abuse group were 30.7% less than the odds of being in the neglect group. For a one point increase on Scale 9 the odds of being in the abuse group were 5.6% less than the odds of being in the neglect group and with an increase of one full standard deviation on this scale, the odds of being in the abuse group were 22.8% less than being in the neglect group. For a one point increase on Scale 5 the odds of being in the abuse group were 3.4% less than the odds of being in the neglect group, and with an increase of one standard deviation on Scale 5, the odds of being in the abuse group were 21.7% less than the odds of being in the neglect group.

Specificity and sensitivity were found to be almost equal with the number of neglect cases correctly predicted at 59.1% (specificity) and 59.0% of physical abuse cases correctly predicted (sensitivity).

Summary

Data were screened for outliers, with 5 cases removed from the initial 220 cases included in the data set. Sex and age of the primary subject/caregiver were found to not be related to allegation. After univariate analysis, four scales were retained due to their significance (or were approaching significance). A logistical regression was then performed. The alternative hypothesis was supported here in the findings of a statistically significantly higher F Scale (Infrequency) score for those who had their children removed from their care for neglect (p = .042). Those who had their children removed from their

care for abuse had statistically significantly higher scores on Scale 6 (Paranoia; $p = .011$). Also approaching statistical significance was a higher score on Scale 5 (Masculinity/Femininity) for those who had their children removed for neglect ($p = .105$) and higher scores on Scale 9 (Hypomania) for the same group ($p = .127$). The theoretical significance of these findings will be discussed in chapter five.

Chapter 5

Introduction

The purpose of the study was to determine if there were significant differences in a group which has been historically treated as homogenous in research: those who had their children removed from their care by the state. When those who have had their children removed for charges of neglect and abuse have been treated as homogenous by the research, which leads to the same treatment in the legal and subsequent clinical setting (Allport & Allport, 1921; Bathurst, Gottfried & Gottfried, 1997; Egeland, Erickson, Butcher & Ben-Porath, 1991; Eysenck, 1952; Lauterbach, London & Bryan, 1961; Milner & Wimberly, 1979; Harper, Hart & Hare, 2002; Muller, Fitgerald, Sullivan & Zucker, 1994; Rinehart et al., 2005; Rodriguez, 2006; Todd & Gesten, 1999). Due to a lack of research regarding a differentiation of these two groups, this study sought to identify whether the two groups examined differed on the scores returned on the validity and clinical scales of the MMPI-2. The research question examined the nature of any predictive profile that differentiated those who have had their children removed from their care for abuse versus neglect based upon the offender's sex and personality indicators as measured by the three validity and ten clinical scales of the MMPI-II. This study found that neither sex nor age was significantly related to the allegations of abuse versus neglect.

Two significant differences were found in the scores of the two groups: first, those who had their children removed from their care for abuse had significantly lower F scale scores than those who had their children removed for neglect. Secondly, this same group had significantly higher Scale 6 (Paranoia) scores than their counterparts in the

group who had their children removed for neglect. While elevations on this scale were expected for both groups, the difference between groups on the F scale was unexpected. Those in the group whose children were removed for abuse also had lower scores (approaching significance) on Scale 5 (Masculinity/Femininity) which is actually in contrast to previous study findings (Egeland, Erickson & Butcher, 1991; Lawson, Brossart & Shefferman, 2010). Also approaching significance was a lower score on Scale 9 (Hypomania) for those who had their children removed for abuse, an additional unexpected finding.

Interpretation of the Findings

F scale findings.

Those who had their children removed from their care for abuse had significantly lower scores on the F scale than those whose children were removed for neglect. Past studies have shown that the F scale may be used to identify antisocial or unusual personality characteristics, and are generally higher in forensic settings, and specifically with those whose children had been removed due to abuse or neglect (Efendov, Sellbom & Bagby, 2010; Gordon, Stoffey, & Bottinelli, 2008; Sellbom, Toomey, Tolin, Steenkamp, Marx & Litz, 2010; Sellbom, Toomey, Wygant, Kucharski & Duncan, 2010; Walters, Rogers, Berry, Miller, Duncan, McCusker, Payne & Granacher, Jr, 2008). These past studies seemed to suggest that the F Scale scores may have been higher due to possible higher antisocial tendencies in the abusive subgroup and thereby reported true unusual personality characteristics and were not because the subject was attempting to misrepresent themselves.

In general, elevated t scores on the F scale just above the clinically significant level can be interpreted as indicative of an individual with deviant social convictions and these may manifest in clinically severe neurotic or psychotic symptoms (Graham, 2000). Certainly, having a child removed from one's care for abuse or neglect is indicative of social and/or relationship impairment and was expected in the two groups examined by this study. Even in subclinical elevations (t scores between 50 and 65), individuals may have had issues within specific areas such as work, health or familial relationships (Graham). Highly elevated F scores however, could have been interpreted as a cry for help if the individual respondent did not manifest gross impairment in reality testing or functioning (Graham).

The higher F scores among the group whose children had been removed for neglect could possibly be explained several ways: First, it is suggested here that those who had their children removed for neglect may not have had a full understanding of what they had done wrong, and thereby not have seen anything wrong in reporting it or any associated abnormal personality characteristics. They may not have been as guarded about answering questions regarding anger issues, violence or deviant social views and this may have led to an increase in their F scores. A total, or near total, lack of insight into their actions as being frowned upon by society may have been a factor here.

A global impairment in functioning with trouble in many different areas of their lives may also have differentiated the neglectful parent from the abusive parent as well. While caregivers who abuse their children might have been seen as having anger and impulsivity issues, they may have caused a spike in their F scores by having endorsed statements related only to these particular issues. Those who neglected their children,

however may have had a more global impairment and trouble in different areas in their lives, leading to the endorsement of statements reflective of a more varied group of symptoms. While the anger and violence issues may have in fact been more severe for the abusive group, the wide range of issues which the neglectful group might have been suffering from would lead to more endorsements due simply to a numbers issue.

Another possibility is that the group that had been neglecting their children may have been escalating their F scores in an attempt to call attention to themselves, or a cry for help. This group may have been aware of the trouble they were having in many different areas of their lives (whether they saw anything wrong with their parenting at this point is irrelevant) and were attempting to seek help. For example, the neglectful parent may not have seen that they have made poor choices with regards to their parenting skills, but they may have recognized that they are under a lot of stress in their day-to-day lives and sought help for this.

The lower F scores with the abusive group may have been due to their inability to see anything wrong with their anger issues, and they did not need to try to appear worse in attempts to call attention to themselves. Similarly, it might have been true that they are attempting to be socially conforming. They were likely aware that leaving a mark on a child would not be viewed well by society, and this is supported by the tendency of the adult offender to have the child come up with a story for how and when they sustained their injuries to tell anyone who may become suspicious and ask the child. Hiding one's true self and motives is beneficial here to avoid prosecution and endorsing any unusual statements was probably not done intentionally and was likely avoided.

Garaham (2000) described those with high F scores as lacking in friend and familial support, being socially awkward, and being unable to create favorable first impressions. While this may apply to both groups, this applies to the neglectful caregivers more according to this study's findings. While those who have been abusive to their children are generally accepted to have anger issues, the neglect group may have had more global impairments in more areas of functioning, leading to more widespread issues and psychopathology. This is turn may lead to a smaller social circle, more issues within the family, and less familial and social support. This lack of familial and social support has been found to be a predictor of abuse and neglect (Ammerman and Patz, 1996; Guerrero, Muller et al., 1994; Rodriguez, and Schaeffer et al., 2005).

Scale 6 (Paranoia) findings.

The individuals who had their children removed for abuse returned significantly higher scores on the Scale 6 (Paranoia) than those who have had their children removed for neglect. Again, previous research has shown that involvement in the forensic setting can lead to higher Scale 6 scores (Bathurst et al., 1997; Egeland et al., 1991; Lawson, Brossart & Shefferman, 2010; Lawson, & Rivera, 2008; Paulson et al., 1974; Yanagida & Ching, 1993). This difference in elevations may have been due to a general societal view of abuse being "worse" than neglect and therefore those who had their children removed for abuse may have perceived their prosecution as more persecutory. This subgroup may also have had more charges and convictions (and subsequent penalties and treatments) assigned to them in more severe cases, leading to more opportunities for feelings of being treated unjustly.

Interestingly, Scale 6 (Paranoia) has been retained through test revisions due to its low risk of false positives (Type 1 error) and it is reportedly possible to attain a score of less than 65 with diagnosed paranoid symptoms (Graham, 2000). Graham also reported however that it is possible to attain a score above 65 without endorsing any "frankly psychotic items" (p. 75). This aspect was of particular interest in this study. With descriptors for those who score in the clinically significant range including those who feel that they have been mistreated and picked on, feel angry and harbor grudges, feel that they are getting a raw deal in life, have emotional lability, have hostility and resentment towards family members, and externalize their problems (p. 75-76), it is easy to see how this fits with those who had their children removed for abuse. While Scale 4 (Psychopathic Deviate) is seen to synchronize closer with the psychopathic personality, the symptoms tied to Scale 6 are also seen in those with Anti-Social Personality Disorder and psychopathic traits. As aforementioned, while those who had their children removed for abuse may have had specific issues, the neglectful group may have had more global impairment and not specifically have spiked their scores on any one clinical scale, but rather had a more diverse range of symptoms.

A trait associated with high Scale 6 (Paranoia) scores which may not initially appear to fit the personality characteristics of a child abuser is high moralistic views. However the rigidity in their opinions and attitudes may have led to abusive situations: It may not pertain simply to having had closely held societal accepted moral views. This focus on strict attention to rules may be applied on a more specific and personal level. A parent/caregiver is in an uneven power dynamic above their children. Any perceived slight to their own rules may have been seen as justification for extreme reactions and

corporal punishment. The child abuser may also have been more sensitive to these perceived slights (as indicated on this scale) leading to the individual seeing more frequent reasons for having disciplined their children and having done so more harshly in attempts to restore order to their household and exact justice/revenge.

Findings approaching clinical significance.

Two other findings approached statistical significance. Those in the group whose children were removed for abuse also had lower scores (approaching significance) on Scale 5 (Masculinity/Femininity) which is actually in contrast to previous studies' findings regarding masculinity and male violent offenders (Egeland, Erickson & Butcher, 1991; Lawson, Brossart & Shefferman, 2010). There does need to be a differentiation between males and females however, simply due to the construction and returned scores on Scale 5. This test does not simply ascribe personality traits to those scoring high or low on the scale but rather is gender specific. Those who score high on this scale are said to be non-conforming to stereotypical gender norms. A previous study by Guerrero (2009) had shown that when fathers shared views of Hypermasculinity, defined as finding violence manly, calloused sexual attitudes, and danger as exciting, they were at a higher risk of committing child abuse. It should be noted that the MMPI-2 was not utilized in the Guerrero study. So while the group of child abusers may have had higher scores than the general population (which was not explored in this current study), the scores were lower than those in the group of individuals whose children had been removed for neglect. An explanation for this may be that social roles in the United States generally show the female counterpart in the child rearing experience as being the one more intimately involved in responsibilities such as feeding, bathing and providing daily

care for the children. A corollary to this would be then that the stereotypical masculine role in the child rearing relationship would be less likely to assertively provide for the child's daily needs, as it is not in his defined role. Having someone who feels as if caring for the child is not within their role definitions to have to provide this service to the child could have led to resentment and the individual simply deciding not to do so. This could explain high scores on Scale 5 for female child neglectors. This finding should be further explored in attempts to explain the differences between male and female respondents, as high scores on this scale are indicative of being outside of accepted masculinity and femininity socially ascribed roles (males with low masculinity and females with low femininity).

Also approaching significance was a higher score on Scale 9 (Hypomania) for those who had their children removed for neglect. Higher scores on this scale tend to identify individuals with trouble inhibiting impulses, who are irritable, and who may have aggressive outbursts (Graham, 2000). For these reason, it was suspected that the abusive sub-population would have had higher elevations on this scale and several studies with child abusers and generally violent offenders supported this suspicion (Egeland et al., 1991; Paulson, et al., 1974; Paulson et al., 1976; Plotkin et al., 1982; Sellbom, Ben-Porath, Baum, Erez, & Gregory, 2008; Yanagida & Ching, 1993). The group of individuals whose children had been removed for neglect having a higher score on this scale was wholly unexpected and is not easily explained. Scale 9 has a rather global effect in the MMPI-2 scale interpretation however; elevated scores on this scale indicate that characteristics on other scales are more likely to be acted upon (Graham). Here, neglectful behaviors should be viewed theoretically as an active, purposeful action and

not a passive one. When viewed in this manner, the action is made more likely by elevations in hypomanic states, and Graham (2000) described those with Scale 9 elevations as having difficulty inhibiting impulses, with periodic episodes of irritability, hostility and aggressive outbursts (p. 83). Further exploration of code-types associated with the neglectful group would be recommended to determine what characteristics are being expressed (in addition to the irritability, hostility and aggression) leading to neglectful behavior.

Limitations of the Study

Limitations to the study are acknowledged as only including those individuals who were referred to one specific psychologist in the greater Tucson, Arizona area. The reasons of referral to this individual were not reported to be biased however (i.e. only receiving the most difficult or complex cases) and the psychologist described the assignment of cases as "random" when asked regarding this possible limitation. Not included in this group were individuals who had been found guilty of having murdered their children; those who had other charges serious enough to make re-unification unlikely (according to local prosecutor discretion); and /or those who were not seeking reunification with their children. Cases involving sexual abuse or alleged sexual abuse were not included in this study. Individuals included in the study were male and female individuals over the age of 18 with at least a fourth grade reading level. This was necessary for the administration of the MMPI-2. Generalizability to individuals who are accused of neglect or abuse but are under the age of 18 is not suggested here.

It is entirely possible that those who denied their involvement in the abuse or neglect of a child, but had substantiated charges could have been wrongly convicted.

Those individuals, if they exist in the data set, would certainly skew the data on the MMPI-2. The multiple report sources sought to overcome this possibility.

An additional confounding variable could be construed to exist in the self-report bias of the MMPI-2. This was addressed in several ways: first, the validity scales were specifically examined to determine whether differences existed between the two groups studied. The possibility of "faking good" or "faking bad" is actually one of the elements examined to see if either group attempted to present themselves in a particularly good or bad manner. Secondly, the police and child protective services reports were reviewed, and these, combined with the answers to a short questionnaire presented to the individual prior to the interview, were utilized to determine during the interview whether the individual was attempting to deny or was admitting to their charges. Caution would be advised here however, as the potential for Type II error of not detecting abnormal personality constructs when they exist is possible, although unlikely with the above mentioned fail-safes.

Also not addressed here was the relevance of the offending parent's gender as tied to the gender of the child victim(s). The data set did not contain information regarding the age or gender of the child victim, and with findings approaching statistical significance on a scale looking at gender conformity, this may play a part in the family dynamic.

Nonetheless, the wide range of socioeconomic diversity, and mixture of urban, suburban and rural home settings in which the offenses occurred lends itself to the generalizability of the study to other localities in the United States. The study does not propose to generalize to other countries with different legal systems due to the legal definitions utilized to differentiate the two groups.

Recommendations For Future Research

Future research may study the basis of the F scale elevations being statistically higher within in the group whose children had been removed for neglect as being possibly related to a lack insight into their actions and how society views these actions. It is also a possibility that the higher scores are indicative of a cry for help and this possibility should be explored. The lower scores in the abusive group may be a function of attempts at socially conforming on the test. It would be rare that a child abuser would go about socially bragging about their offenses and this would likely carry over into other aspects of psychopathology as well. A possible list of critical items may be present to differentiate the two groups, and the possibility of developing a supplementary scale would be recommended.

Further research may also seek to examine the feelings of paranoia and persecution associated with Scale 6 (Paranoia) leading to higher scores in the group whose children had been removed for abuse. This could potentially be performed by a more in depth examination of the Scale 6 subscales. It would be of benefit to learn whether the paranoia is a genuine psychopathology for the child abusing group or rather a simple lack of insight on their part: Are they simply lacking the insight into their own poor parenting and bad decision making skills and see themselves as unjustly punished? A subscale examination was not within the scope of this study.

Replication studies may find statistical significance in differences on Scale 5 (Masculinity/Femininity) and Scale 9 (Hypomania), as they were approaching significance in this study. This could lead to better insight into the differences between the two groups. Skewed family dynamics may be sought as a reason for elevations on

Scale 5, although why it was worse within the neglectful group is unclear. With no discretion for sex in this study, elevations on Scale 5 can simply be seen as a lack of stereotypical interests specific to the person's gender. A study into how this impacts the family dynamic would be useful, as the family units are flawed in both of these groups' dynamics to begin with (Guerrero, 2009; Larrieu et al., 2008; Rodriguez, 2006; Schaeffer et al, 2005; Woodward & Fergusson, 2002; Yampolskaya et al, 2009) and reunification depends upon restructuring and repairing them.

The impact of Scale 9 (Hypomania) on the expression of other traits which show up in the offender's profile being higher in the neglectful group can be the basis for future research into whether the action of neglecting a child is an active one rather than a passive one. Instead of simply not providing for the child's needs, the idea that the parent/caregiver is actively withholding basic necessities from the child should be explored. Motivations behind the neglect could possibly be identified through intensive questioning of the parent/caregiver and their specific situations to determine whether commonalities exist across family units.

Implications for Positive Social Change

Further exploration into the mindset and personality characteristics of individuals who have offended against children can only benefit society as new treatment plans and prevention methods may be developed to protect the victims from further harm. The mentality of not treating all child abusers and neglectors the same when they enter court ordered treatment should be aspired to in the forensic psychological treatment setting. Those who have abused their children may need to be treated for more paranoid tendencies, which due to paranoia's inherent nature, may also mean that rapport may take

longer to be established with this group in the treatment setting. This is in addition to taking into account the difficulties in establishing rapport with someone who has been court-ordered into treatment, as opposed to seeking treatment on their own. The group whose children have been removed for neglect may have more global impairments, impacting more diversified areas of functioning. This should lead the therapist to diversifying treatment, instead of just honing in on the presenting issue of "child neglect." Projected treatment plans may be extended with this group, as more issues may be discovered and need to be addressed as the case progresses. When the treatment setting is able to provide a more specialized treatment plan, the individuals benefit from their own betterment. The individual potentially becomes a better person than they were prior to treatment. They can be viewed in yet another way as having aspects apart from their offenses, i.e. being labeled as "the child abuser" or "the child neglecter," which can itself lead to an improvement in self-worth. Simply defining these two groups as different is not as productive as defining the individuals by their distinct personality characteristics and urging forensic mental health providers to explore what was originally a homogenous group of offenders as different and requiring different treatment plans. Any positive changes to the individual's ability to positively interact with their immediate family units could also then extrapolate into their interactions with society as a whole, leading them to become a more productive member of society as opposed to "a burden" that they had previously placed upon the system. It would not simply be treatment of the child abuse or neglect issues, but treatment of the caregiver as a whole person, not just one who is defined by the one aspect of their having committed abuse or neglect. The betterment of the person would also translate into their role in society and how they are viewed by

others. Underlying issues which have led the caregiver to offend against their children can be corrected and other behaviors which may be problematic to society at large in other areas of the individuals' lives can be rectified as well.

The child who is returned to the caregiver's care benefits from the lowered chances of recidivism and relapse as well if treatment can be better tailored to the individual and the offender's underlying issues rectified. The forensic mental healthcare provider can also be aware that those who have had substantiated charges of neglect are at risk for future abuse offenses if not treated (due to a lack of substantially differing personality profiles on the MMPI-2). Better interactions within the family dynamic and a more stable home environment will help to make normal childhood development possible. Belsky's theories regarding childhood abuse through transmission methods (the child learns aggression directed towards children from their caregivers) would also be deterred this way.

The safety of abused and neglected children in the United States, who have already suffered at the hands of trusted adults, can be better served though changes to the treatment requirements of the offenders who they may be potentially returned to. The ability to specialize treatment to the underlying aspects in the personality of the offender benefits both the child abusers and neglectors groups. The individuals benefit from better treatment, making themselves healthier. This is turn makes them a more productive member of society. Additionally, the state's resources that would be directed towards these same families can be better utilized addressing new family's issues or even in expanded prevention services when the child is able to be safely returned to the original caregiver's care.

Theoretical implications

Eysenck (1952) and other respected personality theorists posit that personality changes are fundamentally fixed and there are treatment implications with certain personality deficits. His assertion that personality can be explored through the scientific method and a hierarchy of traits, combined with the sum of the parts of a personality being greater than the whole (also Erickson, 1950), is applicable in attempts to determine what motivates an individual to abuse or neglect a child.

These theories combined with Belsky's (1993) theories regarding child abuse, explain the use of personality constructs in treatment of these individuals. When the elevations on Scale 5 (Masculinity/Femininity) are examined, Heilbrun's (1979) theory of child abuse comes into play: If a more masculine approach to child rearing is seen in women and traditional gender roles are not adhered to, child neglect can be explained by the female caregiver's tendency to see the care of the children as not part of their responsibility. They may not go so far as to abuse their children, but only to the point of severe neglect, leading to higher scores on this scale than those whose children have been removed for abuse. His views of the abundance of child abuse and neglect studies focusing on the female caregiver is referred to here due to its focus on sheer numbers (more females in the United States are primary caregivers) because the Scale 5 elevations only apply to females in this theoretical approach.

Belsky's theories of child abuse could also be an explanation for the Scale 6 (Paranoia) elevations being higher in those who abused their children. He asserted that detached, hostile or rejecting child care techniques may cause a parent to feel more sensitive to losses of control in the child-parent relationship, leading to abuse. This loss

of control upsets the homeostasis in the adult offender, who restores this through abusive behavior. This is supported by Prichard (1835) and Cleckly (1964) descriptions of the psychopathic offender as needing to avenge perceived injuries to their selves (although admittedly, Scale 4 [Psychopathic Deviate] scores did not appear to come into play here when attempting to differentiate these two groups). While there was not a significant difference between those who had abused or neglected their children on Scale 4, elevations from the normal have been established by previous studies (Bathurst et al., 1997; Egeland et al., 1991; Harper, Hart and Hare, 2002; Lawson, Brossart, & Shefferman, 2010; Lawson, & Rivera, 2008; Paulson et al., 1974; Paulson et al., 1976; Plotkin et al., 1982; Wright, 1976; Yanagida & Ching, 1993) and was being used as an underlying assumption here.

Archer (2013) looked at Hamiliton's Rule when studying child abuse: the more genes one shares with someone are a direct predictor of the level of assistance given to their care, or vice versa the amount of violence directed towards them. It is the principle that makes step-parents more likely to abuse non-related children under their care but also is an explanation for males who abuse their biological children due to males not being 100% certain that a child is theirs biologically without modern DNA testing, whereas a mother can be 100% certain. This uncertainty may explain some of the biologically related fraternal abuse, due to suspicions (conscious or unconscious) of not being biologically related. Specifically, clinically paranoid symptoms could account for Scale 6 (Paranoia) elevations being higher in those who abused their children and the individuals then being more prone to act upon their paranoid tendencies if the child is not biologically related to them.

Several theorists looked at a parent's mental health as a predictor of child abuse and neglect (Rinehart, et al, 2005; Yampolskaya, et al, 2009). Elevations on the F Scale being higher for child neglect versus child abuse could be explained here if one considers the act of neglect as a more active negative activity directed towards the child. It is necessary here to reconstruct the views of neglecting a child from one where the individual simply cannot or is unable to provide for the children due to whatever circumstances, to one where the caregiver specifically withholds the necessary resources from the children, whether done consciously or unconsciously. The more mental health issues that the caregiver is experiencing, the more global impairment they are suffering, therefore the more likely they are to neglect their child. The theory here regards abusive caregivers as having more focused issues (such as with anger and violence) and not as suffering from more diversified personality concerns.

Progressively, if the individual who is neglecting their child has more diversified mental health issues, they may have been endorsing the items in a cry for help. They may be recognizing the other issues that they were having (such as ongoing, unspecified stressors) and have been seeking assistance for these issues, not necessarily as having seen these as tied to their neglectful behaviors.

Child abusers, conversely, may have seen the stigma attached to their actions and concealed any and all issues that they may have, although with F score elevations above the norm anyway, this group may not be so successful at doing so. They were likely only partially successful at their social conforming attempts, but the motive was there to do so with the aforementioned stigmas for violence directed at children in society.

Recommendations for Practice

The results of significantly higher scores on the F Scale for those who had their children removed for neglect (versus abuse) could be indicative of a lack of insight into their own actions and how the individual has negatively affected the children within their care. Treatment plans for these individuals should address this F Scale elevation directly, as gaining insight into one's own actions is paramount in the therapeutic setting. Failure to attain insight when being treated after the removal of children from their care can greatly impact and delay an individual's ability to regain custody of their children as the legal system looks for accountability to be at least superficially internalized, The reasons for actively neglecting their children should be surveyed to see if specifics can be found and rectified. The possibilities of more global impairments should be reviewed to determine the totality of problems that the neglectful parent could be suffering from, not just associated with their children and involvement in the legal system.

Those who had their children removed for abuse showed significantly higher elevations on Scale 6 (Paranoia) and this may need to be a focus in the therapeutic setting. An evaluation of Scale 6 subscales may be warranted for those who have been charged with child abuse entering therapy, in order to gain a better understanding of what leads to these feelings of paranoia and persecution. It should be determined whether the paranoid feelings are due to psychotic symptoms of paranoia or are feelings of being unjustly prosecuted due to a lack of insight into the severity of their actions leading to the removal of the children from their care and other treatment and legal requirements associated with such. Real or perceived threats need to be addressed in the therapeutic setting.

Additionally, while only approaching statistical significance, differences in scores on Scale 5 (Masculinity/Femininity) and Scale 9 (Hypomania) between the two groups could be cautiously translated into therapy as well on a case-by-case basis. High Scale 5 scores for those in the neglect group, interpreted as incongruence with society's imposed gender norms, should lead to an examination as to how this incongruence is impacting their family structure and relationships. Focus on family dynamics with those who are in treatment for neglecting their children and each individual's roles and responsibilities within the family should be reviewed.

High Scale 9 (Hypomania) scores in the neglectful group should lead to an examination for potential risks for abusive behaviors and trouble controlling impulsive behaviors in others who are in need of treatment for neglecting their children. The risk for these individuals to cross over from neglectful into abusive behaviors should be monitored during treatment.

The lack of the ability to distinguish between those who have had their children removed from their care for abuse versus neglect in a treatment setting utilizing the MMPI-2 code type profile should serve as a warning to treatment providers: those in the neglectful group may need to be monitored to ensure that they not only relapse in their neglectful behaviors, but also do not venture into abusive behaviors as well. Treatment of potential anger issues needs to be examined, even if the individual is not being seen for primarily violent behaviors.

Conclusion

The welfare of children occasionally needs to be addressed in a way that the children are removed by government entities from the adults who had been caring for

them, with the goal of reunification once the caregiver has received treatment to ensure that the child will not be harmed again. Great care needs to be taken however, to ensure the continued safety of the child if and when this reunification occurs. While several studies have examined the personality characteristics of these individuals as a presumably homogenous group, this study aimed to examine differences which may appear between those individuals whose children have been removed for substantiated cases of abuse versus those for substantiated neglect.

The ability to show differences between these groups utilizing the MMPI-2 allows treatment providers to extrapolate personality characteristics which may be present in the two groups. Any ability to have these differences established in advance would prove useful when time or resources preclude the use of the instrument in the treatment setting.

A comparison of the scores on the three validity scales and ten clinical scales sought to determine whether differences existed between two groups of caregivers whose children had been removed from their care were in fact a homogenous group, or should be treated as two separate entities. Higher elevations on the F Scale and lower elevations on Scale 6 within the group of individuals whose children had been removed for neglect were significant in differentiating this group from those who had their children removed for abuse. The differences on the F Scale could have occurred due to a lack of insight into their actions, more diversified impairments than the abusive group, or attempts to call attention to themselves. The higher Scale 6 (Paranoia) elevations in the abusive group could have been caused by real or perceived injustices or persecutions that this group was experiencing.

The two findings approaching statistical significance, Scale 5 (Masculinity/ Femininity) and Scale 9(Hypomania) should be examined and verified in future research to see if these differences truly exist.

This study should serve to fill a gap in the psychological research literature pertaining to caregivers' whose children have been removed from their care. The elevations on the F Scale and Scale 6 (Paranoia) can be addressed in treatment plans for those who have had their children removed from their care for neglect as a precautionary measure for those who are not able to submit to the MMPI-2. Being able to know what to look for when treating the individuals in these two groups helps treatment providers to better spend their time zeroing-in and addressing the issues, instead of starting with a blank slate and proceeding blindly.

Appendix

Data Use Agreement from Jill Plevell, PhD

DATA USE AGREEMENT

This Data Use Agreement ("Agreement"), effective as of 5/20/14 ("Effective Date"), is entered into by and between Jodi Cuneo("Data Recipient") and Dr. Jill Plevell ("Data Provider"). The purpose of this Agreement is to provide Data Recipient with access to a Limited Data Set ("LDS") for use in research in accord with the HIPAA and FERPA Regulations.

Definitions. Unless otherwise specified in this Agreement, all capitalized terms used in this Agreement not otherwise defined have the meaning established for purposes of the "HIPAA Regulations" codified at Title 45 parts 160 through 164 of the United States Code of Federal Regulations, as amended from time to time.

Preparation of the LDS. Data Provider shall prepare and furnish to Data Recipient a LDS in accord with any applicable HIPAA or FERPA Regulations

Data Fields in the LDS. No direct identifiers such as names may be included in the Limited Data Set (LDS). In preparing the LDS, Data Provider shall include the **data fields specified as follows**, which are the minimum necessary to accomplish the research: Subject's gender; Subject's age in years; Subject's self-identified ethnicity; The State's allegation leading to the removal of the child (parent injured/incarcerated/otherwise not able to care for child, failure to report child abuse/neglect by non-offending parent, neglect, physical abuse, physical abuse leading to homicide charges); Subject's admission or denial of charges, Subject status as the primary offender or other caregiver in home, Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2) Validity Scale scores, MMPI-2 Clinical Scale scores.

Responsibilities of Data Recipient. Data Recipient agrees to:

Use or disclose the LDS only as permitted by this Agreement or as required by law;

Use appropriate safeguards to prevent use or disclosure of the LDS other than as permitted by this Agreement or required by law;

Report to Data Provider any use or disclosure of the LDS of which it becomes aware that is not permitted by this Agreement or required by law;

Require any of its subcontractors or agents that receive or have access to the LDS to agree to the same restrictions and conditions on the use and/or disclosure of the LDS that apply to Data Recipient under this Agreement; and

Not use the information in the LDS to identify or contact the individuals who are data subjects.

Permitted Uses and Disclosures of the LDS. Data Recipient may use and/or disclose the LDS for its Research activities only.

Term and Termination.

Term. The term of this Agreement shall commence as of the Effective Date and shall continue for so long as Data Recipient retains the LDS, unless sooner terminated as set forth in this Agreement.

Termination by Data Recipient. Data Recipient may terminate this agreement at any time by notifying the Data Provider and returning or destroying the LDS.

Termination by Data Provider. Data Provider may terminate this agreement at any time by providing thirty (30) days prior written notice to Data Recipient.

For Breach. Data Provider shall provide written notice to Data Recipient within ten (10) days of any determination that Data Recipient has breached a material term of this Agreement. Data Provider shall afford Data Recipient an opportunity to cure said alleged material breach upon mutually agreeable terms. Failure to agree on mutually agreeable terms for cure within thirty (30) days shall be grounds for the immediate termination of this Agreement by Data Provider.

Effect of Termination. Sections 1, 4, 5, 6(e) and 7 of this Agreement shall survive any termination of this Agreement under subsections c or d.

Miscellaneous.

Change in Law. The parties agree to negotiate in good faith to amend this Agreement to comport with changes in federal law that materially alter either or both parties' obligations under this Agreement. Provided however, that if the parties are unable to agree to mutually acceptable amendment(s) by the compliance date of the change in applicable law or regulations, either Party may terminate this Agreement as provided in section 6.

Construction of Terms. The terms of this Agreement shall be construed to give effect to applicable federal interpretative guidance regarding the HIPAA Regulations.

No Third Party Beneficiaries. Nothing in this Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

d. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

e. Headings. The headings and other captions in this Agreement are for convenience and reference only and shall not be used in interpreting, construing or enforcing any of the provisions of this Agreement.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

DATA PROVIDER

Signed: Jill M. Norvell, Ph.D.

Print Name: Jill M. Norvell, Ph.D.

Print Title: Licensed Psychologist

DATA RECIPIENT

Signed: MA

Print Name: Jodi Cuneo

Print Title: Walden University Student

References

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Jodi Cuneo

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EMPLOYMENT HISTORY

2001-2002
Bancroft NeuroHealth (Haddonfield, NJ)
Direct Caregiver
Direct care services to developmentally disabled youth in crisis
Implementation of behavioral health plans

2002-2004
VisionQuest (New Lisbon, NJ)
Direct Caregiver
Direct caregiver to adjudicated youth
Administration, scoring and interpretation of psychological testing

2004-2008
Psychiatric and Addiction Services of Southern New Jersey (Mount Laurel, NJ)
Director of Intake Services
Behavioral Medicine Services in conjunction with staff psychiatrists
Coordination and assistance to staff psychiatrists with court ordered evaluations
Administration, scoring and interpretation of psychological testing

2012-Present
Evaluation and Development Centers (Tucson/Phoenix, Arizona)
Therapist
Individual, Family, and Couples Counseling
Administration, scoring and interpretation of psychological testing
Program development: Domestic Violence Relapse Prevention

EDUCATION HISTORY
Cherry Hill High School East (Cherry Hill, NJ)
1991 *High School Diploma*

Rutgers University-Camden College of Arts and Sciences (Camden, NJ)
2001 *Bachelors Degree*
Psychology and Criminal Justice Majors
Russian Minor
Repeated Dean's List

Jodi Cuneo

City University of New York- John Jay College of Criminal Justice (New York, NY)
2004 *Masters Degree*
Forensic Psychology
Specific focus on treatment of juvenile offenders
Externship with Psychiatric and Addiction Services of Southern New Jersey

Walden University- College of Social and Behavioral Sciences (Minneapolis, MN)
Projected 2015 Ph.D. recipient
Clinical Psychology licensure program
Dissertation: Comparison in Personality Profiles between Child Abusers versus Child Neglectors

PRACTICUM

March 2010-July 2010
Counseling and Consulting Services (Tucson, AZ)
Individual and group counseling
Anger Management, Domestic Violence Relapse Prevention, Parenting Skills, Sex Offender Relapse Prevention
Adults involved with Child Protective Services, parolees and probationers
Program development: Juvenile "sexting" conviction program

INTERNSHIP

January 2011-August 2012
Evaluation and Development Centers (Tucson and Phoenix, AZ)
Individual and Family Counseling
Administration, scoring and interpretation of psychological testing

Research Presentation

Walden University 2009 Summer Research Symposium
Poster Presentation- "The Relationships Between Sexual Offense Characteristics and Offender Age at Time of Offense"

Professional Memberships

American Psychological Association, Associate/ Student Member
Southern Arizona Psychological Association, Student Member

Jodi Cuneo

Interests

Child and Adolescent Treatment
Juvenile Offenders
Forensic Evaluation and Treatment
Neuropsychology
Psychometrics