

Report

Multidimensional Inventory of Development, Sex and Aggression



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Respondent: AE114
Date: October 15, 2012

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INTRODUCTION TO MIDSA

The full MIDSA report has the following parts: Demographic Information, Family History, Social and Antisocial History, Sexualization, and Attitudes and Behaviors Supporting Sexual Coercion. This report may not have all these parts if either (a) the administrator chose to have the respondent take only parts or (b) the respondent answered that he had not experienced certain things (for example, he may have said he never had any sexual contact or he was never physically punished). The report includes narrative descriptions and reports of scales that assess particular characteristics of the respondent's answers. All scales are standardized against the reports of community adults and offender samples. Although it would be preferable to standardize scales using adolescent community males, research on the present scales has demonstrated that adults' responses are very similar to those of community adolescents (college students).

In an assessment with many questions, respondents will make mistakes and can have inconsistent responses. When feasible, the report will call such answers to your attention. You will also need to be vigilant for other such responses. Inconsistencies and unrealistic answers often can effectively serve as a starting point for therapeutic exploration of important clinical issues. Respondents' answers cannot be considered legally binding admissions.

VALIDITY OF RESPONDENT'S ANSWERS

MIDSA checks that the respondent is answering truthfully in two ways. First, it compares the respondent's answers on specific questions to answers entered by the session manager, and second, it provides one to three general lie scales.

Discrepancies Analysis

The session manager and the respondent were both asked questions about the respondent's criminal history for sexual and nonsexual crimes separately. Their answers were compared to assess whether the respondent was answering truthfully.

Discrepancy: The respondent claimed that he has never been arrested for a sexual crime, but the session manager said that the respondent has been charged but never convicted (adjudicated) of a sexual crime.

No Discrepancy: The respondent and session manager agreed that the respondent has been charged but never convicted (adjudicated) for a sexual crime.

No Discrepancy: The respondent and session manager agreed that the respondent has never been arrested for a nonsexual crime.

Lie Scales

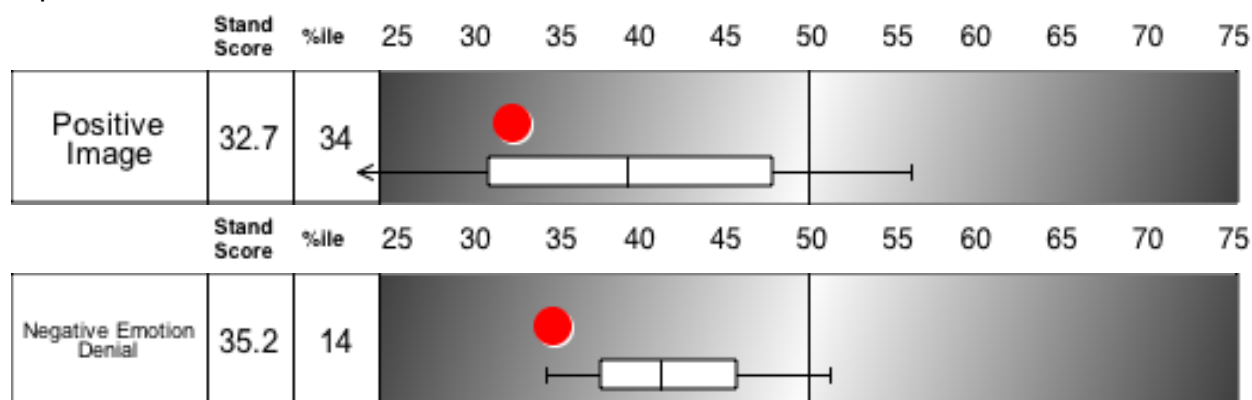
The MIDSA includes three lie scales. All respondents answer the questions for the Positive Image Scale. Respondents who take the Attitudes and Behavior Change portion of the MIDSA will generate scores on the other two scales as well.

The respondent's score on the Positive Image and Negative Emotion Denial Scales appear in the charts below. The T scores are based on the reports of community adults. It is generally considered that scores above 65 indicate questionable validity. Although it would be preferable to standardize scales using adolescent community males, research on the present scales has demonstrated that adults' responses are very similar to those of community adolescents (college students).

The whiskers plots are based on the responses of incarcerated juveniles who have committed sexual offenses. If the respondent is a juvenile who has sexually offended, his percentile score, which defines his position relative to other such offenders, should be taken into account as well as his T score. Percentile scores in the top decile (> 90 %ile) of such offenders suggest that the respondent may be defensive and his report should be interpreted with this in mind.

The Improbability scale is reported last. It is calculated as a sum. For interpretation see the description of this scale below.

See the Clinical Manual for additional help with interpretation. The Scale Legend for the Positive Image and Negative Emotional Denial Scales is located on the last page of this report.



Description of Lie Scales

Positive Image. The Positive Image scale consists of nine items that respondents would answer if they wished to appear in a positive light. Examples are: claiming that (a) they never litter and (b) are always good listeners. Respondents who are high on this scale may be inclined to exaggerate their positive traits.

Negative Emotion Denial. The Negative Emotion Denial scale consists of nine items that assess respondents' tendency to deny negative characteristics. For example,

a respondent who scores high on this scale would deny that he ever would try to get even rather than forgive and forget. Respondents who score high on this scale are not admitting that they have undesirable negative reactions to things.

Improbability Scale. The Improbability scale consists of three items that are highly unlikely to occur. If a respondent answers two or more items in the improbable direction, one should question his understanding or reading of the questions on the MIDSA. The respondent's score was 0.0.

GENERAL INFORMATION

The respondent is a 15 year old male. His racial heritage is Caucasian.

The respondent said that he has never been arrested. He has been charged but never adjudicated of a sexual crime. He has been arrested 0 time.

The respondent reports that he has been incarcerated 2 times for a total of 1 to 2 years. His most recent incarceration has been for 4 to 6 months.

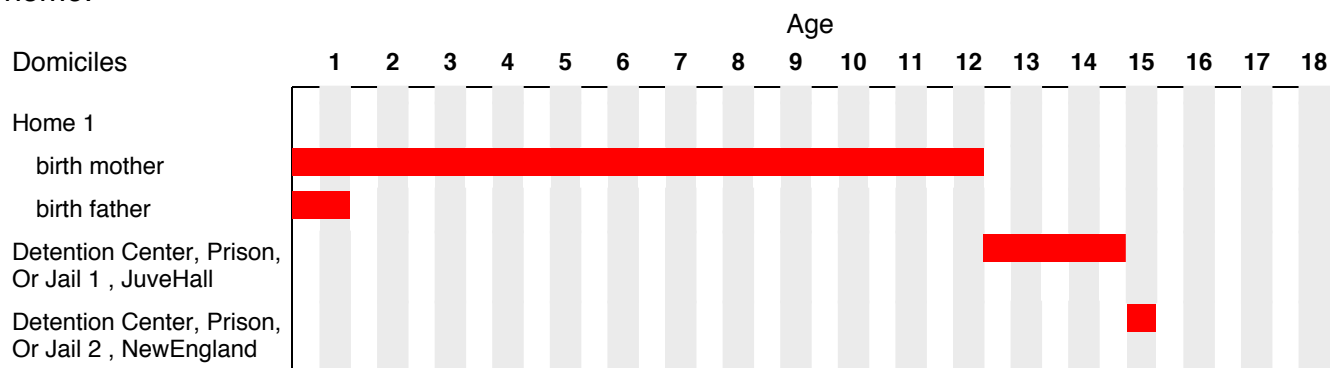
The respondent reports that he has never been in therapy for a psychiatric or psychological problem.

He has never received medication for such problems. He has never been admitted to a psychiatric facility.

The respondent reports that he has never had a head injury.

FAMILY HISTORY

In the first section of the Developmental History, the respondent was asked to chart the homes and caregivers he has lived with. The chart below maps his answers. Columns represent half years of his life and rows represent the places he resided and what adults took care of him. The respondent chose whether a home represents a physical place or the time he spent with a particular caregiver. For example, if he lived in three different apartments with his mother, he might represent them as three different homes or as one home.



The respondent reported that his biological parents were married. His parents were married 6 to 9 years. They were divorced. He was 1 years old at the time.

The respondent has no older and no younger brother(s).

He has 2 older and no younger sister(s). Of his older sisters, he has 2 full sister(s),

None of his siblings have been arrested. None of his siblings has been admitted to a

psychiatric facility.

Adult Caregivers

Respondents were asked to identify the one or two women and one or two men who have been most important in their lives. They were asked a series of questions about them. The respondent was asked about their arrest records, drinking and drug history, and psychiatric hospitalizations. The report next displays two scales that assess the quality of the respondent's relationship with his important caregivers. This segment ends with a description of the amount and kind of violence between important caregiver pairs.

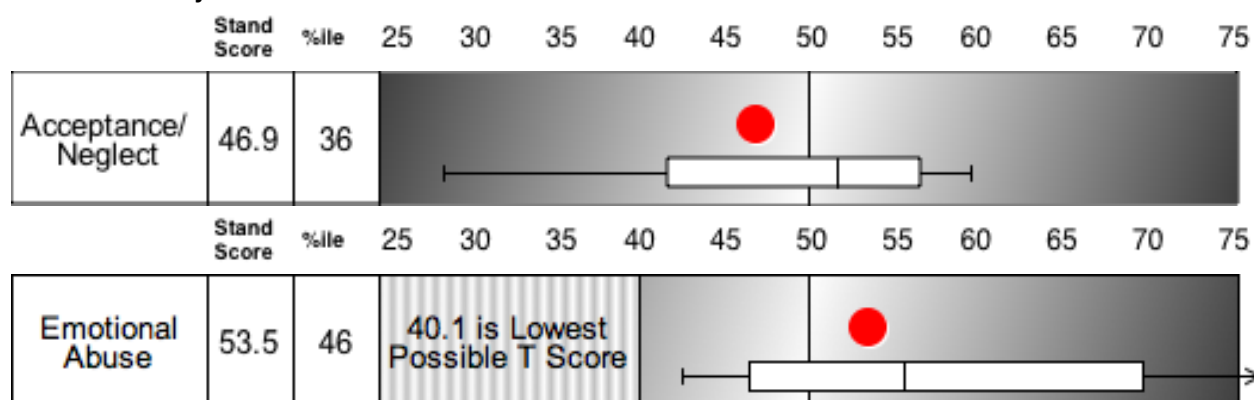
The respondent's birth mother has never been in trouble with the police. She has never been stoned or high on drugs. She has been drunk 11 to 50 times. She has been hospitalized once for mental problems.

Scales for Respondent's Relationship with His Important Caregivers

The MIDSA includes two factor analytic scales describing the relationship between the respondent and the caregivers he has identified as most important in his life (1-2 women and 1-2 men). The scales are standardized against community adults. Respondents who knew their caregivers during both their childhood and teenage years were asked these questions twice, once for each time period.

birth mother

The respondent's relationship with his birth mother was assessed for both his childhood and his teen years.



Description of Caregiver Relationship Scales

Acceptance-Neglect. This scale has nine items that describe ways in which the caregiver expressed love and acceptance to the respondent. Examples are the frequency the caregiver hugged or kissed the respondent and the frequency the caregiver took care of the respondent's needs. Higher scores mean greater acceptance.

Emotional Abuse. This scale has 14 items, most of which describe the frequency that the caregiver engaged in verbal abuse. Examples are the frequency the caregiver threatened to kill the respondent and the frequency the caregiver made fun or or said mean things to the respondent.

See the last page of this report for the Legend.

Physical Punishment and Abuse

The respondent reported that none of his caregivers physically punished or abused him.

SEXUAL EXPERIENCES IN CHILDHOOD AND ADOLESCENCE

The respondent was asked to identify all people who have had sexual contact with him. He was asked about sexual experiences with specific people caregivers, relatives, and adults in positions of authority. He was also asked about sexual contacts with unrelated agemates. If he reported having sexual contacts with three or fewer girls or boys, he was asked about his contacts with each. If he reported sexual contact with three or more girls or three or more boys, he was asked about those experiences in general.

If the respondent named someone who may have been a minor, the respondent was asked how old the person was at their first encounter.

If nothing appears below, it means that the respondent denied having any sexual experiences in his childhood or teenage years.

Sexual Contact with Respondent's sister Jessica

The respondent reported that the sexual contact with his sister Jessica started when he was 4. It ended when he was 9 years old. He and his sister Jessica had sexual contact once or twice a month.

The respondent described how often he was the victim, consenting partner, or perpetrator in sexual encounters with his sister Jessica:

	Never	Once or a few times	A few times a year	Once or twice a month	Once or twice a week	Almost every day
He was manipulated or tricked to have sex.				✓		
He was bribed.	✓					
He was forced by verbal threats.			✓			
He was physically forced.		✓				
They were both willing to have sex.		✓				
He manipulated, tricked or bribed his sister Jessica.	✓					
He verbally or physically forced his sister Jessica.	✓					

For those incidents in which the respondent was forced or manipulated, the sex involved the following:

- Touching, fondling, or sexual kissing
- Oral sex
- Attempted vaginal or anal intercourse

For those incidents in which both participants were willing, the sex involved the following:

- Touching, fondling, or sexual kissing
- Oral sex
- Attempted vaginal or anal intercourse

SOCIAL HISTORY

This section of the MIDSA report includes three parts. The first part reports the respondent's school history. The second segment asks about his social relationships, both friendships and romantic relationships. The third segment reports his work history.

School History

The respondent has completed grade 11. The respondent did not graduate from high school. The respondent attended a trade or technical school, but he did not earn a license or certificate from that work.

The respondent repeated Grade 1. He has attended special classes eight or more year(s).

The respondent is currently in school.

Social Relationships

Friendships

The respondent reported that when he was a child he had a few casual friends and a few close friends. Since his thirteenth birthday he has had many casual friends and a few close friends. Five or more of his casual teenage friends have been females and two to four have been males. Only one of his close friends have been females and only one have been males. The respondent's longest friendship with a male or female lasted 3 or more years.

Relationships with females (not lived with). The respondent reported that the longest sexual or romantic relationship he has had with a female lasted several weeks. He never has had a sexual or romantic relationship that involved emotional attachment and that lasted for at least three months.

Relationships with males (not lived with). The respondent reported that the longest sexual or romantic relationship he has had with a male lasted 1 to 2 years. They had sexual contact once or twice a month. While he was in this relationship, he had sexual contact with other males once or twice a month. He did not have sexual contact with females.

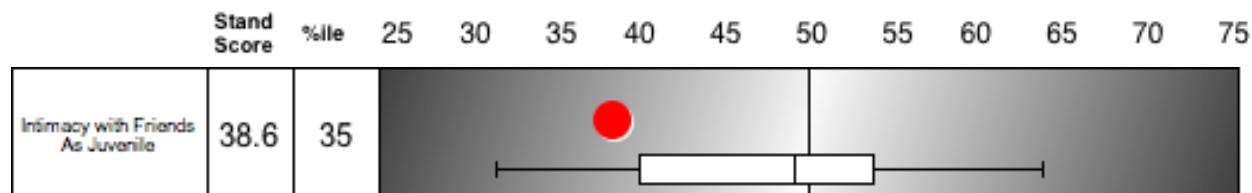
The respondent was asked to choose from a list of descriptions all those that described the homosexual relationship that meant the most to him . He rated the following as most characteristic of the relationship:

- They fought, but were able to resolve issues.
- They did things together.
- They did not influence each other in their ideas and behaviors.
- He did not help his boyfriend achieve his goals in life.

Heterosexual marital relationships. The respondent reported that he has never been married.

Intimacy Scales

The intimacy scales were developed separately for relationships with friends and with romantic partners. They are the result of exploratory factor analyses followed by IRT analysis. The standardization sample for the intimacy scales were men enrolled in a regional state university. Cronbach alpha for friendship intimacy was .75 and for romantic intimacy .78.



Description of Intimacy Scales

Friendship intimacy. This scale consists of nine questions. Respondents who scored high on this scale report that their relationship with important friends included behavioral and emotional support.

Respondents who reported having no friends were not given the questions for the intimacy scale.

Romantic Intimacy with Females. If a respondent said that he had at least one relationship that lasted more than three months and in which he felt close to the girl or woman, he was asked questions to determine how intimate he was with the girl or woman who meant the most to them.

He was asked a similar set of questions if he has lived with a woman or has ever been married. A separate scale is displayed in that case.

The intimacy scale consists of eight items. Respondents who score high on this scale report that their relationship was emotionally and behaviorally supportive. Respondents who reported not being interested in romantic relationships or having only casual relationships were not asked the intimacy questions.

See the last page of this report for the Legend.

Fatherhood

The respondent reports that he has never fathered a child.

ANTISOCIAL HISTORY

Attention Deficit and Hyperactivity and Oppositional Behavior

In the MIDSA respondents were asked a series of questions about their childhood behaviors and impulses that are frequently found in attention deficit/hyperactive and oppositional children. Exploratory factor analysis revealed three factor scales. Because data from a community population are unavailable, the respondent's scores are reported as percentiles.

Attention Deficit

This scale consists of nine items. Respondents who score high on this scale report being careless, distractible, and disorganized before the age of 12 years. The respondent's score was higher than 47 percent of a sample of residential juveniles who offend sexually.

Inhibition Difficulties

This scale consists of five items. Respondents who score high on this scale indicate that they found it difficult to inhibit verbal and motoric behaviors as children. The respondent's score was higher than 47 percent of a sample of residential juveniles who offend sexually.

Oppositional Behavior

This scale consists of eight items. Respondents who score high on this scale report that they tended to be hateful, angry, and argumentative, and that they often refused to obey rules when they were children. The respondent's score was higher than 83 percent of a sample of residential juveniles who offend sexually.

Report of Individual Questions on the Oppositional Behavior Scale.

Compared to residential juveniles who had sexually offended the respondent scored higher than half a standard deviation above the mean on the Oppositional Behavior Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that residential juveniles who had sexually offended tended to answer these questions between "once a month" and "a few times a year."

Please answer the following questions about how you were while you were a child (before your thirteenth birthday):

	Never	Once or a few times	A few times a year	Once or twice a month	Once or twice a week	Almost every day
I lost my temper.					✓	
I argued with adults.				✓		
I annoyed people on purpose.					✓	
I blamed others for my own mistakes or misbehavior.					✓	
I refused to obey rules or actively opposed things I was asked to do.					✓	
I was touchy or easily annoyed by others.				✓		
I was angry and resentful.			✓			
I was hateful or wanted to get revenge.					✓	

School Problems

The respondent reported having the following problems in grade school:

Problem	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
Behavior or discipline problems		✓			
He skipped school, not because of illness.	✓				
His parents came to school because of his behavior.		✓			
Other kids bullied or picked on him.		✓			
He bullied or picked on other kids.			✓		
He picked fights with other kids.			✓		
He was disruptive in the classroom.	✓				
He swore at teachers or said nasty things to them.	✓				
He physically hurt a teacher in some way.	✓				
He stayed after school for misbehaving.	✓				
He was suspended from school.			✓		
He was expelled from school.	✓				

The respondent reported having the following problems in grades 7 to 12:

Problem	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
Behavior or discipline problems		✓			
He skipped school, not because of illness.	✓				
His parents came to school because of his behavior.		✓			
Other kids bullied or picked on him.		✓			
He bullied or picked on other kids.			✓		
He picked fights with other kids.	✓				
He was disruptive in the classroom.	✓				
He swore at teachers or said nasty things to them.	✓				
He physically hurt a teacher in some way.	✓				
He stayed after school for misbehaving.	✓				
He was suspended from school.		✓			
He was expelled from school.	✓				

Alcohol and Drug History

Use of Alcohol

The respondent claimed that he has never drunk alcohol.

Use of Other Drugs

The respondent claimed that he has never used drugs.

Admitted Delinquent and Criminal Behavior

The respondent was asked two series of questions about antisocial behaviors. This segment of the report describes behaviors he admitted to. The next section will report criminal charges or convictions that he acknowledged.

Delinquent Behaviors

The respondent was first asked how often he has engaged in the following behaviors:

Behavior	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
He ran away from his parents' home.			✓		
He ran away from a foster home.	✓				
He ran away from an institution (orphanage, reform school, etc.).		✓			
He put a license plate on a car to which the plate did not belong.	✓				
He set fires (other than campfires, barbecues, or legal burning).		✓			
He purposely damaged or destroyed personal or public property.	✓				
He had illegal drugs in his possession.	✓				
He sold illegal drugs.	✓				

Criminal Behaviors

The respondent was then asked if he ever engaged in a variety of criminal behaviors, regardless of whether he was arrested for them. He was first asked whether he engaged in the following four categories: (a) stealing, fraud, or robbery, (b) carrying or using weapons, (c) fighting or hurting another person, and (d) unlawful sexual behaviors. For those categories he admitted to, he was asked a number of specific questions. The report presents tables about the details of the categories he admitted doing.

Sometimes respondents are inconsistent in their responding. For example, they may admit to carrying a weapon, but then answer "never" to all specific questions. Such discrepancies may be errors in reading or in understanding or they may reveal an issue that needs to be explored.

If there is no table, the respondent denied engaging in that category.

Stealing Behaviors

The respondent admitted that he has done things involving stealing, fraud, or robbery. He answered the following specific questions about stealing:

Behavior	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
He took or stole something that did not belong to him.		✓			
He robbed a home or a business (including shoplifting).	✓				
He held up someone.	✓				
He stole cars.	✓				

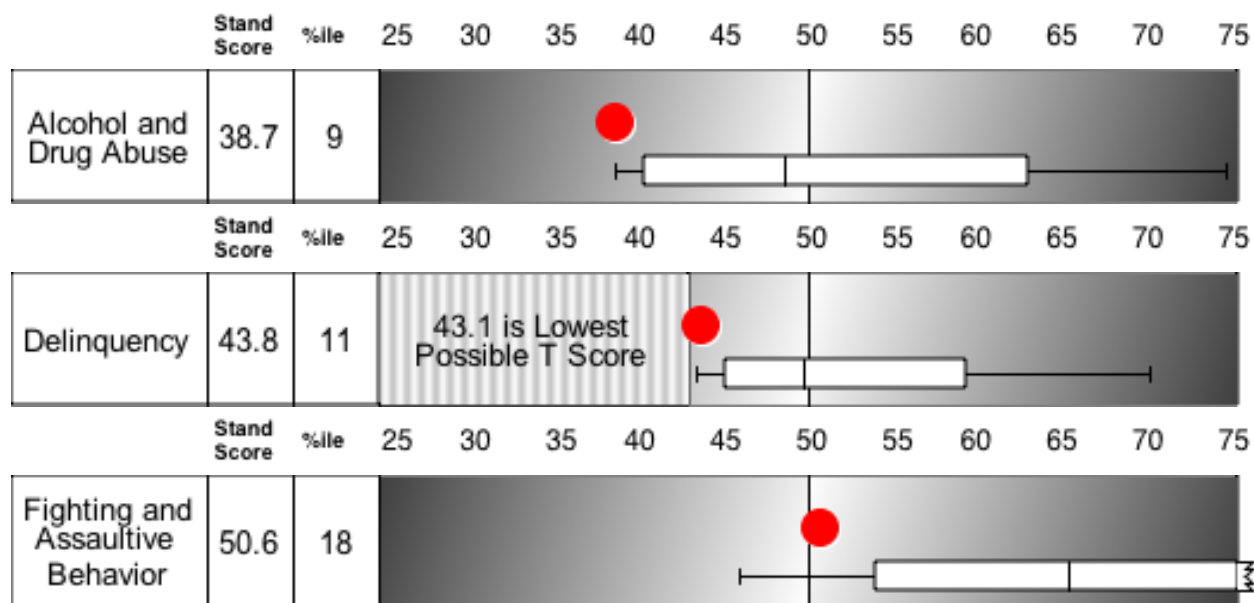
Physical Assault Behaviors

The respondent admitted that he has fought or hurt another person. He answered the following specific questions about his assaultive behavior:

Behavior	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
He was involved in physical fights.	✓				
He started fights or picked on others.	✓				
He physically assaulted males (not sexual).		✓			
He physically assaulted females (not sexual).	✓				
He hit or physically injured a brother, sister, parent, wife, or girlfriend.		✓			

Juvenile Antisocial Scales

The MIDSA asks a number of questions about acting out behaviors during childhood and adolescence. Exploratory factor analysis resulted in three factor scales. The report displays these scales and then the specific behaviors the respondent reported. Note that these are standardized against community adults.



Description of Juvenile Antisocial Scales

Juvenile alcohol and drug abuse. This factor scale includes six subscales measuring the variety and frequency of drug and alcohol use as a juvenile. Respondents who score high on this scale report frequent abuse with a variety of substances.

Juvenile delinquency. This factor scale includes ten subscales measuring different juvenile antisocial behaviors, including disturbing the peace, vandalism, trespassing, vagrancy, stealing, drug abuse, etc. High scorers are high on delinquency.

Juvenile behavioral and aggressive problems. This factor scale includes five subscales measuring instances of fighting, bullying, impulsive behavior, and school discipline problems. High scorers have a high incidence of fighting and impulsivity.

See the last page of this report for the Legend.

INTRODUCTION TO SEXUALIZATION SECTIONS

This MIDSA section questions respondents extensively about their sexual practices, thoughts, and fantasies and about attitudes that have been shown to support sexually coercive behavior. It begins with a sexual history, then reports on the respondents' exposure to and use of pornography. For respondents who admit sexual contact with children, a report on their types of sexual contact, thoughts, and practices follows. Last is a number of scales designed to measure sexualization, sexual and masculine inadequacy, paraphilias, and sadism.

Note that the Administrator may have chosen to omit some of these sections.

SEXUAL HISTORY AND PREFERENCES

After respondents were asked about potential sexual abuse during their childhood and teenage years, they were asked about their sexual experiences in general and then they were asked about their sexual experiences with females and males of particular age groups.

Sometimes respondents may admit to sexual contact with a certain age-gender category, but then answer "none" or "never" to the specific questions (how many people in that category, how frequently, etc.). Such discrepancies are often errors reading or in understanding. Sometimes they may reveal a respondent's conflict about how to answer questions that should be explored.

If the respondent claims he has had no sexual contact with any age-gender category, there will be no report of Age Preferences in Sexual Contact with Females or Males.

General Sexual Behavior

The respondent has had intercourse with 11 to 20 people. He asserted that he has never had intercourse with a prostitute.

Age Preferences in Sexual Contact with Females

Respondents are asked to identify age groups with whom they have had sexual contact. For all categories (0-5, 6-13, 14-17, adult women, and women over 60) they are asked to describe the extent of that contact.

Sexual contact with young girls (up to age 5)

The respondent reported that he has had sexual contact with one such person 4 to 5 times. He was 6 years of age or younger the first time and 6 years of age or younger the last time.

Age Preferences in Sexual Contact with Males

Respondents are asked to identify age groups with whom they had had sexual contact. For all categories (0-5, 6-13, 14-17, adult men, and men over 60) they are asked to describe the extent of that contact.

Sexual Contact with young boys (up to age 5)

The respondent reported that he has had sexual contact 21 to 50 times with 6 to 10 young boys (up to age 5). He was 6 years of age or younger the first time and 15-16 years of age the last time.

Sexual Contact with older boys (age 6 - 13)

The respondent reported that he has had sexual contact 11 to 20 times with 4 to 5 older boys (age 6 - 13). He was 13-14 years of age the first time and 15-16 years of age the last time.

Sexual Contact with teenage boys (age 14 - 17)

The respondent reported that he has had sexual contact 11 to 20 times with 4 to 5 teenage boys (age 14 - 17). He was 13-14 years of age the first time and 15-16 years of age the last time.

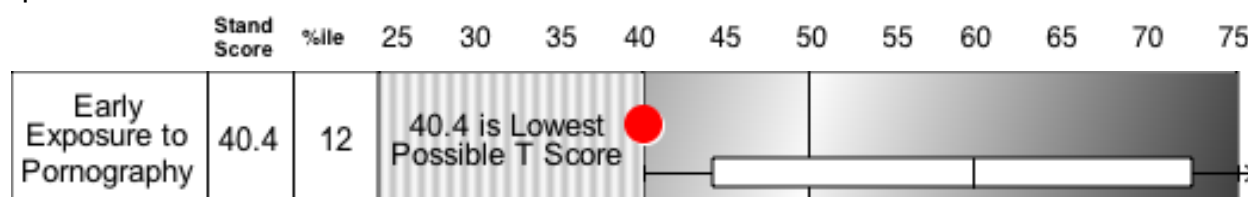
PORNOGRAPHY

Exposure to and Use of Pornography

Before his thirteenth birthday, relatives or family members never gave the respondent pornography. He never used pornography when a child. He never used pornography as a teen, even when not incarcerated.

Pornography Use Scales

Exploratory factor analyses yielded factors that replicated across adult and juvenile sexual offender. The five factor scales that describe the respondent's experiences, use of, and attitudes toward pornography. One scale, Early Exposure to Pornography, is differentiated temporally from the other four, focusing only on childhood exposure. Three scales are differentiated by person depicted in the pornographic material—children, men, and women—and one scale focuses on the amount of violence in the material—Violent Pornography. If some scales are missing, it is because respondents who reported no pornography exposure or use were not given additional questions.



NOTE: The Conventional Heterosexual Pornography Scale will not be displayed because the respondent did not answer enough questions to generate the scale.

NOTE: The Homosexual Pornography Scale will not be displayed because the respondent did not answer enough questions to generate the scale.

NOTE: The Child Pornography Scale will not be displayed because the respondent did not answer enough questions to generate the scale.

NOTE: The Violent Pornography Scale will not be displayed because the respondent did not answer enough questions to generate the scale.

Description of the Pornography Use Scales

Early exposure to pornography. This scale consists of five items. Respondents who scored high on this scale were exposed to sexual materials during childhood. The kinds of materials included X-rated movies, nude women, and sex acts between adults.

Conventional heterosexual pornography. This scale consists of four items. Respondents who score high on this scale used conventional heterosexual pornography as teenagers (13 -18). The kinds of materials they used included X-rated movies, nude women, and sex acts between adults. They also reported whether they masturbated to these materials.

Homosexual pornography. This scale consists of two items reporting use of pornography of nude men during their childhood and teenage years.

Child pornography. This scale consists of four items. Respondents who score high on this scale have used pornography depicting nude children and sex acts involving children. This use occurred during their childhood and teenage years.

Violent pornography. This scale consists of four items. Respondents who score high on this scale have used pornography depicting bondage and physical harm to victims during sex. This use occurred during their childhood and teenage years.

CHILD MOLESTATION

Respondents who admitted to having sexual interest in children were asked four sets of questions about this interest. The first set of questions asks them to choose the specific kinds of sexual contact they had with children of various ages (0-5, 6-13, and, 14-17). The second set of questions asks them about their sexual thoughts. The third set of questions asks them about the people they socialize with. The last set of questions ask them about their modus operandi during their crimes. If the report does not display responses for one or more set of questions, it is because the respondent claimed he did not engage in such behaviors. Three scales assessing sexual arousal to children, sexual sadism to children, and cognitive distortions supporting child molestation appear in the Sexual Fantasy, Attitude, and Behavior Scales section.

Kinds of Sexual Contact

With Preschool Girls

The respondent reported the following sexual contact:

- Touching and fondling
- Kissing

With Preschool Boys

The respondent reported the following sexual contact:

- Touching and fondling
- Kissing
- Fellatio by respondent
- Fellatio by victim

With Grade School Boys

The respondent reported the following sexual contact:

- Touching and fondling
- Kissing
- Fellatio by respondent
- Fellatio by victim

With Teenage Boys

The respondent reported the following sexual contact:

- Touching and fondling
- Kissing
- Fellatio by respondent
- Fellatio by victim
- Anal intercourse by respondent

Sexual Thoughts about Females

In this section respondents were asked to describe which categories of females (0-5, 6-13, 14-17, adult women, and women over 60) they thought about when they were having sexual thoughts.

Thoughts about young girls (up to age 5)

When the respondent started having sexual thoughts about young girls (up to age 5) he was 5 years old. The last time he had such thoughts he was 5. He had such thoughts once or a few times. These thoughts once or a few times led to sexual arousal. He reports masturbating to these thoughts once or a few times.

Sexual Thoughts about Males

In this section respondents were asked to describe which categories of males (0-5, 6-13, 14-17, adult men, and men over 60) they thought about when they were having sexual thoughts.

Thoughts about young boys (up to age 5)

When the respondent started having sexual thoughts about young boys (up to age 5) he was 6 years old. The last time he had such thoughts he was 15. He had such thoughts a few times a year. These thoughts a few times a year led to sexual arousal. He masturbated to these thoughts a few times a year.

Thoughts about older boys (age 6 - 13)

When the respondent started having sexual thoughts about older boys (age 6 - 13) he was 13 years old. The last time he had such thoughts he was 15. He had such thoughts once or twice a week. These thoughts once or twice a week led to sexual arousal. He masturbated to these thoughts once or twice a week.

Thoughts about teenage boys (age 14 - 17)

When the respondent started having sexual thoughts about teenage boys (age 14 - 17) he was 13 years old. The last time he had such thoughts he was 15. He had such thoughts once or twice a week. These thoughts once or twice a week led to sexual arousal. He masturbated to these thoughts once or twice a week.

Socializing with Potential Victims

The MIDSA asks the respondent whether he likes to spend leisure time with males and females of varying ages. Then it asks a series of questions about the nature of the relationships.

Socializing with older boys (age 6 - 13)

The respondent spent about half of his free time with older boys (age 6 - 13). They enjoyed being together and liked each other.

Socializing with teenage boys (age 14 - 17)

The respondent spent more than half of his free time with teenage boys (age 14 - 17). He felt very close to them and the relationships were very important to him.

Modus Operandi of Child Molestation

The respondent refused to identify his relationship to his victims (e. g., whether they were strangers, neighbors, or his siblings).

The respondent reported that he met his victims in the following ways:

- He met them in the streets of his neighborhood.
- He met them at their homes.
- He met them at friends' homes.

The respondent reported that he used the following techniques to gain sexual access to his victims:

- He comforted them to get close to them.

The respondent reported that he encouraged his victims to comply with the following rewards or promises:

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
Money	✓				
Gifts		✓			
Drugs or alcohol	✓				
Cigarettes	✓				
Favors, promises, or privileges		✓			
Getting or keeping a job	✓				
Promising them higher grades	✓				

The respondent reported that he used the following to gain victim compliance:

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
The respondent's friendship with his victims				✓	
The respondent's power or authority over them	✓				
Helping them solve a problem	✓				
Showing them concern about their lives		✓			
Making them think that they wanted sexual contact				✓	

The respondent reported that he used the following negative manipulative tactics to encourage or persuade the victim(s):

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
Making them feel uncomfortable or scared	✓				
Using verbal threats	✓				
Threatening to hurt them		✓			
Threatening them with some kind of weapon	✓				
Threatening to hurt people they care about	✓				
Threatening to get them in trouble		✓			
Threatening to lie about them	✓				
Using physical force	✓				

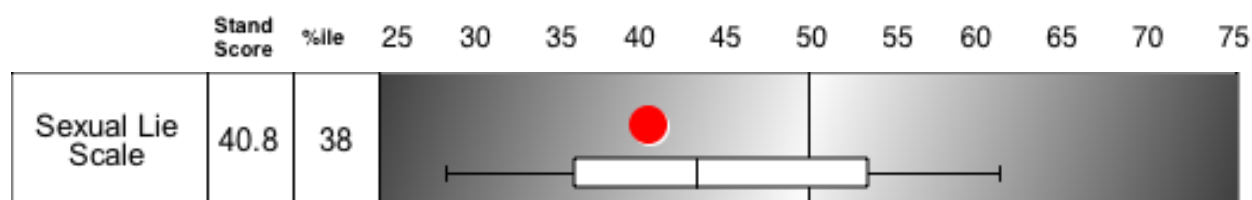
The respondent reported doing the following when his victim(s) resisted him:

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
He threatened to hurt them.	✓				
He threatened to hurt their friends or family.	✓				
He threatened not to be their friend anymore.	✓				
He yelled at them.	✓				
He tied or constrained them in some fashion.	✓				
He hit or hurt them.	✓				
He threatened to get them in trouble.	✓				
He did nothing.		✓			
He withdrew love or ignored them.			✓		

SEXUAL FANTASY, ATTITUDES, AND BEHAVIOR SCALES

In this section are a number of scales designed to measure attitudes toward child molestation, sexualization, sexual and masculine inadequacy, paraphilias, and sadism. These scales have been found empirically to correlate with various forms of sexually coercive behavior.

Sexual Lie Scale



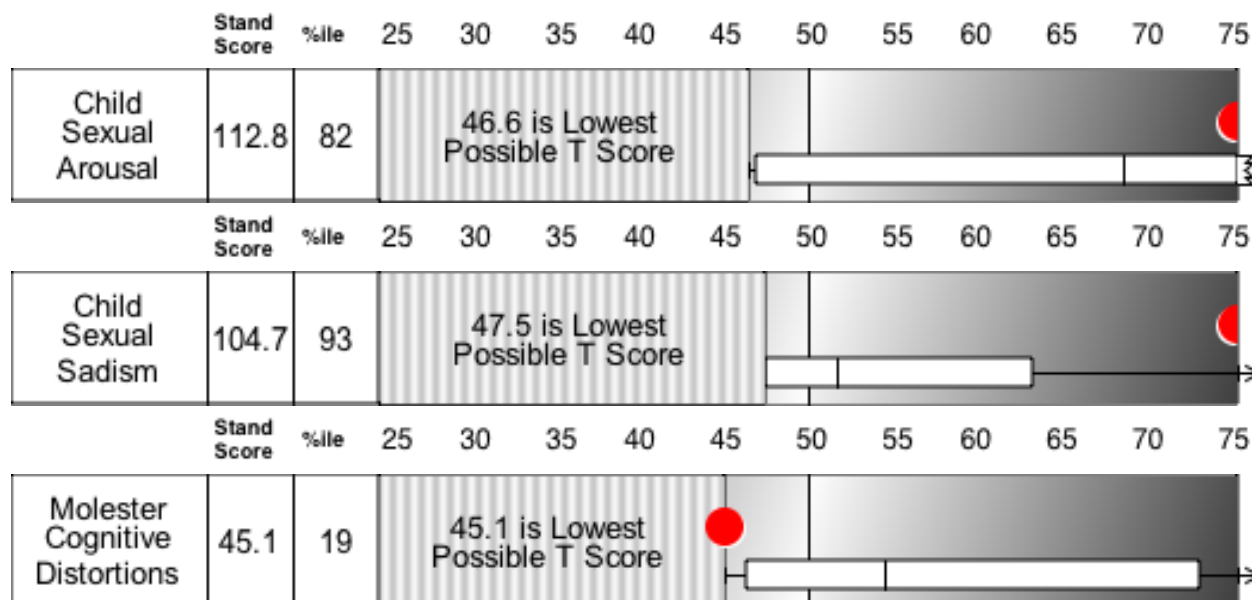
Description of the Sexual Lie Scale

Sexual lie scale. This scale contains six items that describe sexual thoughts and behaviors. High scores on this lie scale indicate that the respondent is denying engaging in sexual behaviors and having sexual thoughts. T Scores greater than 65 on this lie scale indicate defensiveness about sexual behavior, and that responses on the sexualization scales should be interpreted with caution.

See the last page of this report for the Legend.

Child Molestation Scales

In the MIDSA respondents were asked a series of questions about their sexual arousal to children and their attitudes about child sexual behavior. Exploratory factor analysis of all child-sex related behavior, attitude, and fantasy items yielded three factors.



Description of the Child Molestation Scales

Child Sexual Arousal. This scale consists of five items that assess being sexually aroused by children and fantasizing sexual activity with them. Respondents who score high on this scale report high sexual arousal to children.

Child Sexual Sadism. This scale consists of six items that assess fantasies and behaviors involving hurting or frightening a child during sex. Respondents who score high on this scale report inclinations to high sexual sadism with children.

Child Molester Cognitive Distortions. This scale consists of six items that endorse attitudes conducive to or supporting sexual behavior with children. Three of the items focus on the theme that children are sexual beings and sex with them is like sex with adults, and three downplay the possibility of any harm to the child. Respondents who score high on this scale evidence high endorsement of such cognitive distortions.

See the last page of this report for the Legend.

Report of Individual Questions on the Child Sexual Arousal Scale.

The respondent scored higher than 1.5 standard deviations above the mean of the community males on the Child Sexual Arousal Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that most respondents in the community sample denied any arousal to children.

	Definitely False	Possibly False	Not sure	Possibly True	Definitely True
I get sexually turned on by little boys.					✓
I get sexually turned on by little girls.			✓		

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
I have thought about having sex with a child.					✓
I have become sexually excited over thoughts of having sex with a child.		✓			
I have had sexual thoughts about putting my penis in a child's rear end.	✓				

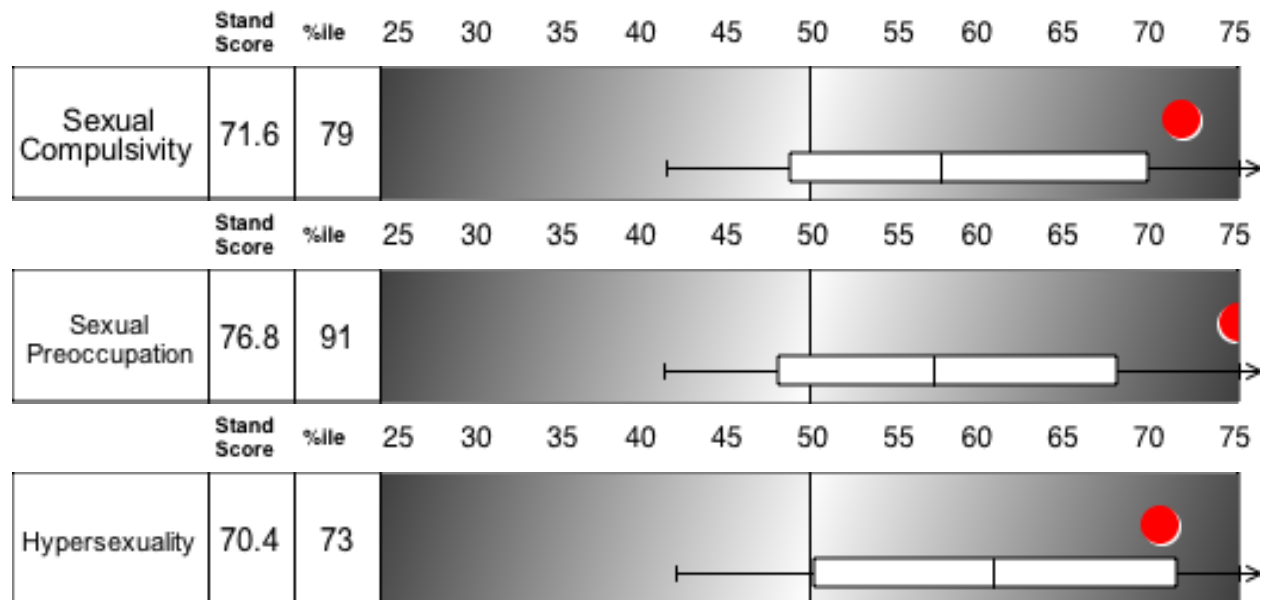
Report of Individual Questions on the Child Sexual Sadism Scale.

The respondent scored higher than 1.5 standard deviations above the mean of the community males on the Child Sexual Sadism Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know the community sample denied all sadistic thoughts or behaviors toward children.

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
I have gotten sexually excited when I thought about putting a child in fear.					✓
I have physically injured a child during sex.					✓
I have gotten sexually excited when I have seen a child in pain.	✓				
I have gotten sexually turned on when I have hurt a child.		✓			
I have enjoyed hurting a child during sex.	✓				
I have put my penis in a child's rear end.	✓				

Sexualization Scales

The MIDSA includes two factor scales and one rational scale that describe the intensity and intrusiveness of sexual fantasies and the frequency of sexual activity. The respondent's scores on these three scales appear in the charts below. Note that these are standardized against community adults.



Description of the Sexualization Scales

Sexual Compulsivity. This factor scale consists of nine items. Respondents who scored high on this scale reported being slave to their sexual urges/being unable to control their sexual urges.

Sexual Preoccupation. This factor scale consists of seven items. Respondents who score high on this scale report that they think, daydream, and dream about sex frequently.

Hypersexuality. This rational scale consists of five items that measure sexual drive. Respondents who score high on this scale report frequent sexual activity and/or the need to have sex frequently.

See the last page of this report for the Legend.

Report of Individual Questions on the Sexual Compulsivity Scale.

The respondent scored higher than 1.5 standard deviations above the mean of the community males on the Sexual Compulsivity Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that the mean of the community sample on these items fell approximately in the "possibly false," "once," and "once or a few times" categories.

	Definitely False	Possibly False	Not sure	Possibly True	Definitely True
I need to masturbate or have sex every day so that I feel less tense.			✓		
I am always thinking about sex, no matter where I go or what I do.	✓				
I am not able to control my sexual behavior.	✓				

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
I have felt an overpowering urge to do a sexual behavior that I had thought about.			✓		
I have not been able to stop myself from a sexual act, even when I wanted to stop.	✓				

	Never	Once or a few times	A few times a year	Once or twice a month	Once or twice a week	Almost every day
Sexual feelings overpower me.						✓
I have had a problem controlling my sexual feelings.						✓
I have to fight sexual urges.						✓
I can't stop thinking about sex.			✓			

Report of Individual Questions on the Sexual Preoccupation Scale.

The respondent scored higher than 1.5 standard deviations above the mean of the community males on the Sexual Preoccupation Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that the mean of the community sample on these items was approximately "a few times a year."

	Never	Once or a few times	A few times a year	Once or twice a month	Once or twice a week	Almost every day
Before going to sleep, I think about sex.						✓
I have thought about sex.						✓
There have been times when I thought about sex all of the time.						✓
I have sex dreams when I sleep.					✓	
I get sexually turned on easily.			✓			
When I am bored, I daydream about sex.						✓
While working at a job, my mind will wander to thoughts about sex.						✓

Report of Individual Questions on the Hypersexuality Scale.

The respondent scored higher than 1.5 standard deviations above the mean of the community males on the Hypersexuality Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that the mean of the community sample on the true-false items fell approximately in the "possibly false" category. The community sample's mean response on the "how often" item was "three to five times a week."

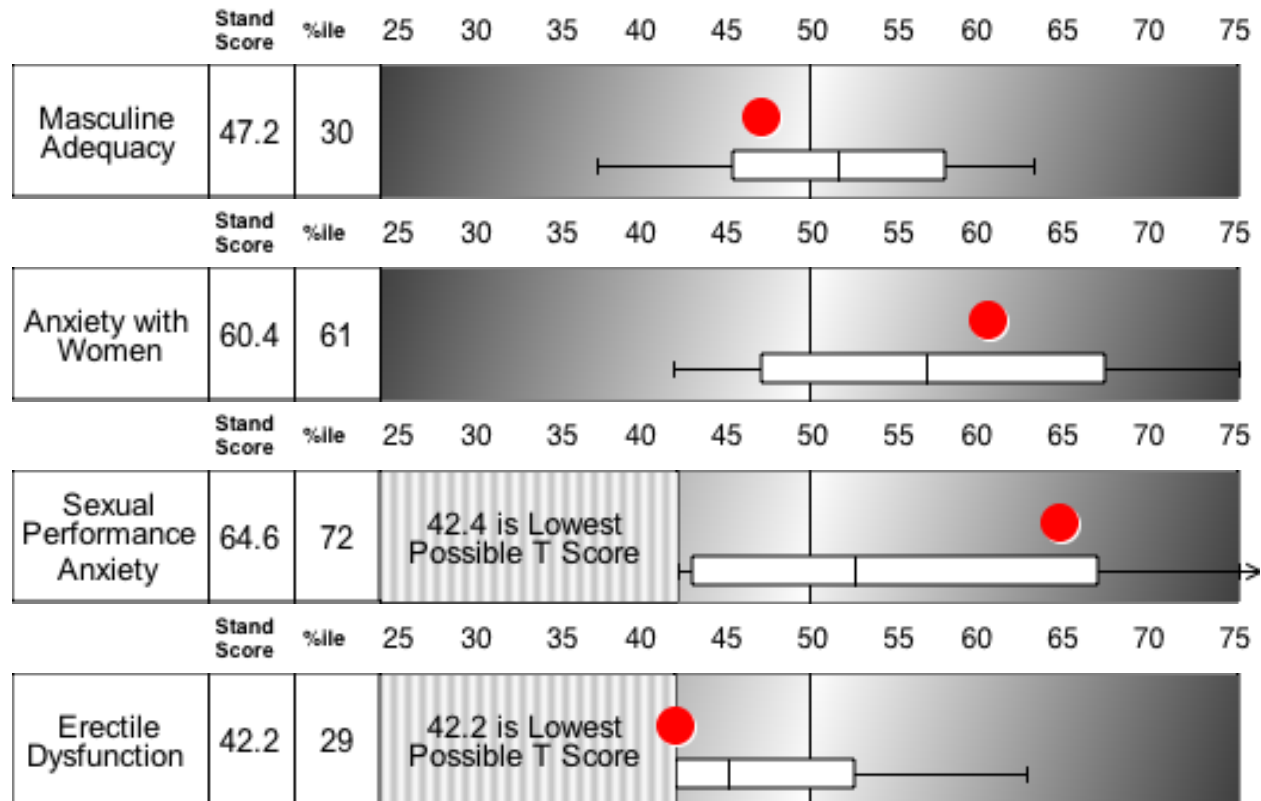
	Definitely False	Possibly False	Not sure	Possibly True	Definitely True
There have been times when sex was on my mind so much that I had to make love or masturbate once a day or more.					✓
At times I have almost been driven insane by my thoughts about sex.		✓			
I need to masturbate or have sex every day so that I feel less tense.			✓		
I sometimes think about sex so much that it gets on my nerves.				✓	

Question: "If you had your choice, how often would you prefer to have sex?"

Respondent's response: " Every day."

Masculine Adequacy and Sexual Inadequacy Scales

The MIDSA includes four factor scales that describe how sexualized respondents are. The respondent's score on these scales appear in the charts below. Note that these are standardized against community adults.



Description of the Masculine Adequacy and Sexual Inadequacy Scales

Masculine adequacy. This scale consists of five items. Respondents who scored high on this scale report that they are manly, good in fights, and in sex.

Anxiety with women. This scale consists of five items. Respondents who score high on this scale report feeling anxious, nervous, inadequate, and guilty around women and sex.

Sexual performance anxiety. This scale consists of three items that measure anxiety about their penis and their sexual performance.

Erectile dysfunction. This scale consists of three items. Respondents who score high on this scale report difficulties with erection and ejaculation.

See the last page of this report for the Legend.

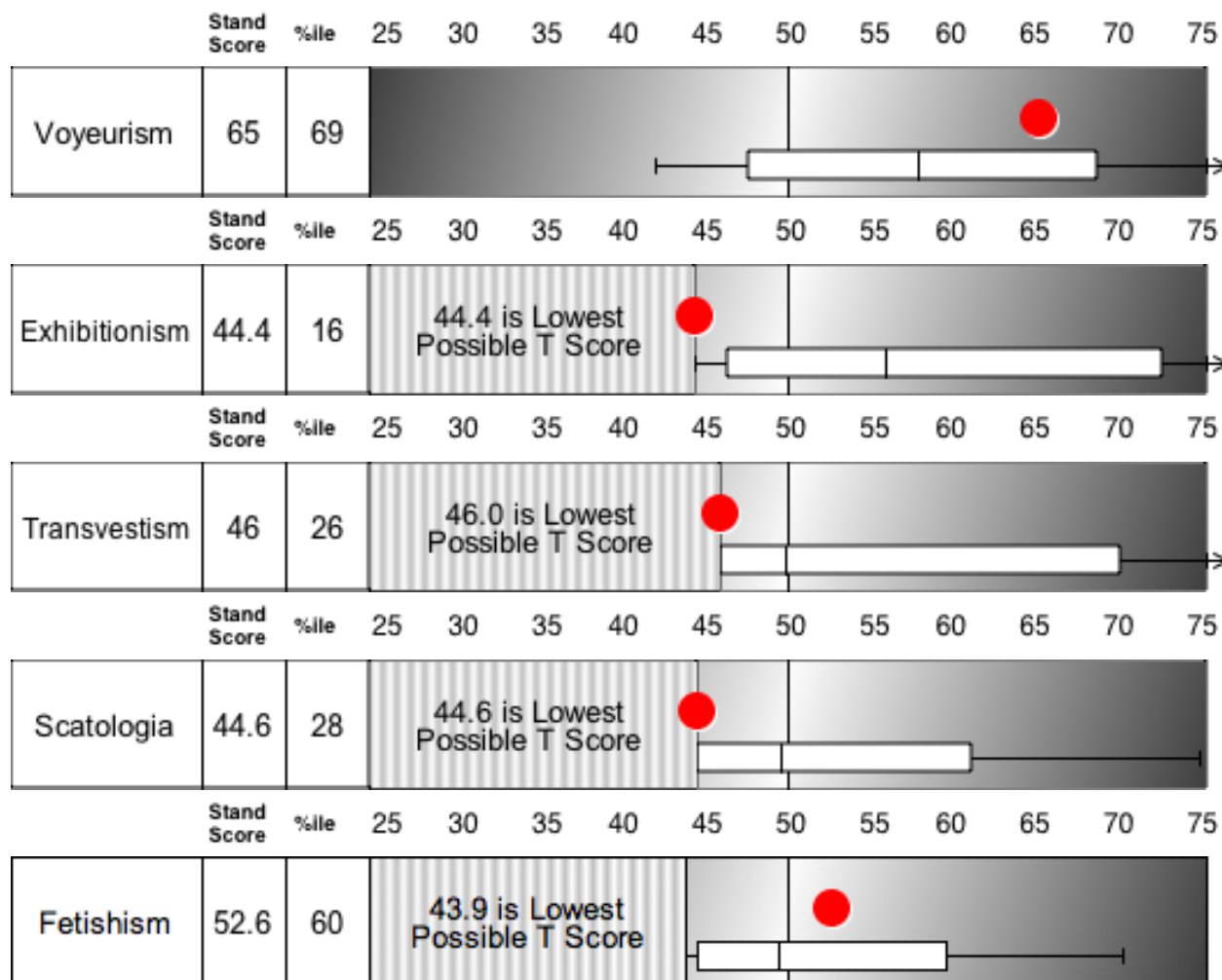
Report of Individual Questions on the Sexual Performance Anxiety Scale.

The respondent scored higher than 1.5 standard deviations above the mean of the community males on the Sexual Performance Anxiety Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that the community sample tended to answer "definitely false" or "possibly false" for sexual performance anxiety items.

	Definitely False	Possibly False	Not sure	Possibly True	Definitely True
I worry that I will not be able to satisfy a woman or girl sexually, because my penis is too small.	✓				
I am so afraid I might fail sexually with a female that it hurts my sex life.			✓		
I worry that there is something wrong with my penis.				✓	

Paraphilia Scales

The MIDSA includes five factor scales that describe the respondent's paraphilic fantasies and behaviors. The respondent's score on these scales appear in the charts below. Note that these are standardized against community adults.



Description of the Paraphilia Scales

Voyeurism. This scale consists of five items. Respondents who scored high on this scale both engage in voyeurism and report having strong urges to do so. They also report masturbating while watching someone.

Exhibitionism. This scale consists of five items. Respondents who score high on this scale report exposing themselves and report having strong urges to do so. They also may report reaching climax while exhibiting themselves.

Transvestism. This scale consists of three items. Respondents who score high on this scale report becoming aroused by wearing women's clothes.

Scatologia. This scale consists of two items. Respondents who score high on this scale report making obscene phone calls.

Fetishism. This scale consists of three items. Respondents who score high on this scale report becoming aroused by nonsexual parts of women's bodies, such as feet or hair and being aroused by a woman's smell or feel.

See the last page of this report for the Legend.

Report of Individual Questions on the Voyeurism Scale.

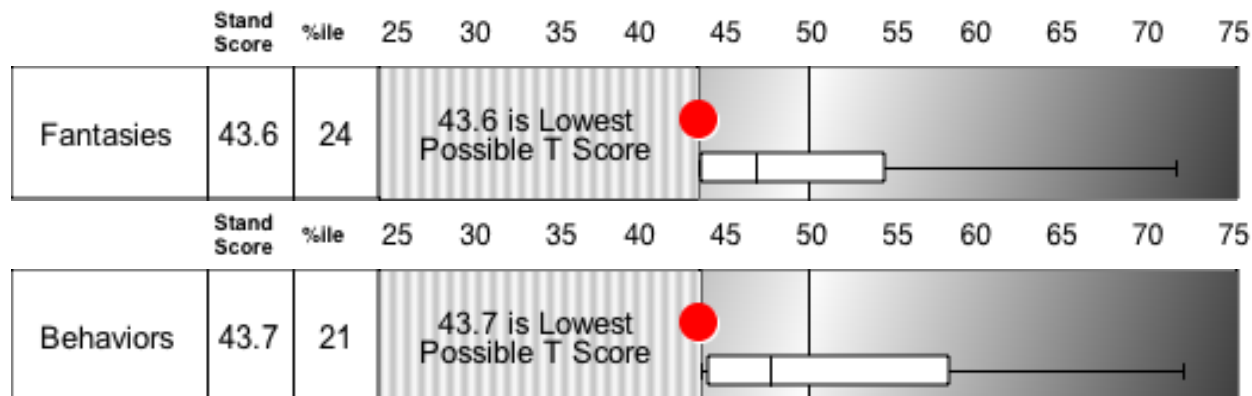
The respondent scored higher than 1.5 standard deviations above the mean of the community males on the Voyeurism Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that the mean of the community sample on these items was between "never" and "once."

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
I have secretly watched people having sex (not counting movies and sex shows).	✓				
I have had a very strong urge to peep.					✓
I have masturbated while watching someone secretly.	✓				

	Never	Once or a few times	A few times a year	Once or twice a month	Once or twice a week	Almost every day
I think about secretly watching people having sex.						✓
When I have sexual thoughts, I think about secretly watching a woman or girl undress.	✓					

Sexual Sadism Scales

The MIDSA includes two rational scales that describe the amount of sadistic fantasies and behavior reported by the respondent. The respondent's score on these scales appear in the charts below. Note that these are standardized against community adults.



Description of the Sexual Sadism Scales

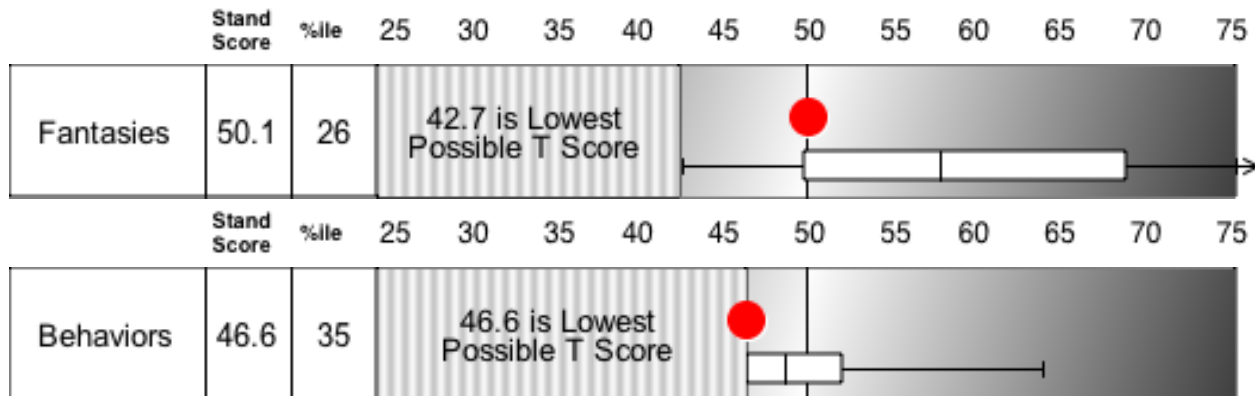
Fantasy. This scale consists of seven items. Respondents who scored high on this scale report becoming aroused by thoughts of scaring, hurting, humiliating, or killing women during sex.

Behaviors. This scale consists of eight items. Respondents who score high on this scale report having scared, hurt, or humiliated women during sex.

See the last page of this report for the Legend.

Expressive Aggression Scales

The MIDSA includes two factor scales that describe how hostile toward women in nonsexual situations respondents are. The respondent's score on these scales appear in the charts below. Note that these are standardized against community adults.



Description of the Expressive Aggression Scales

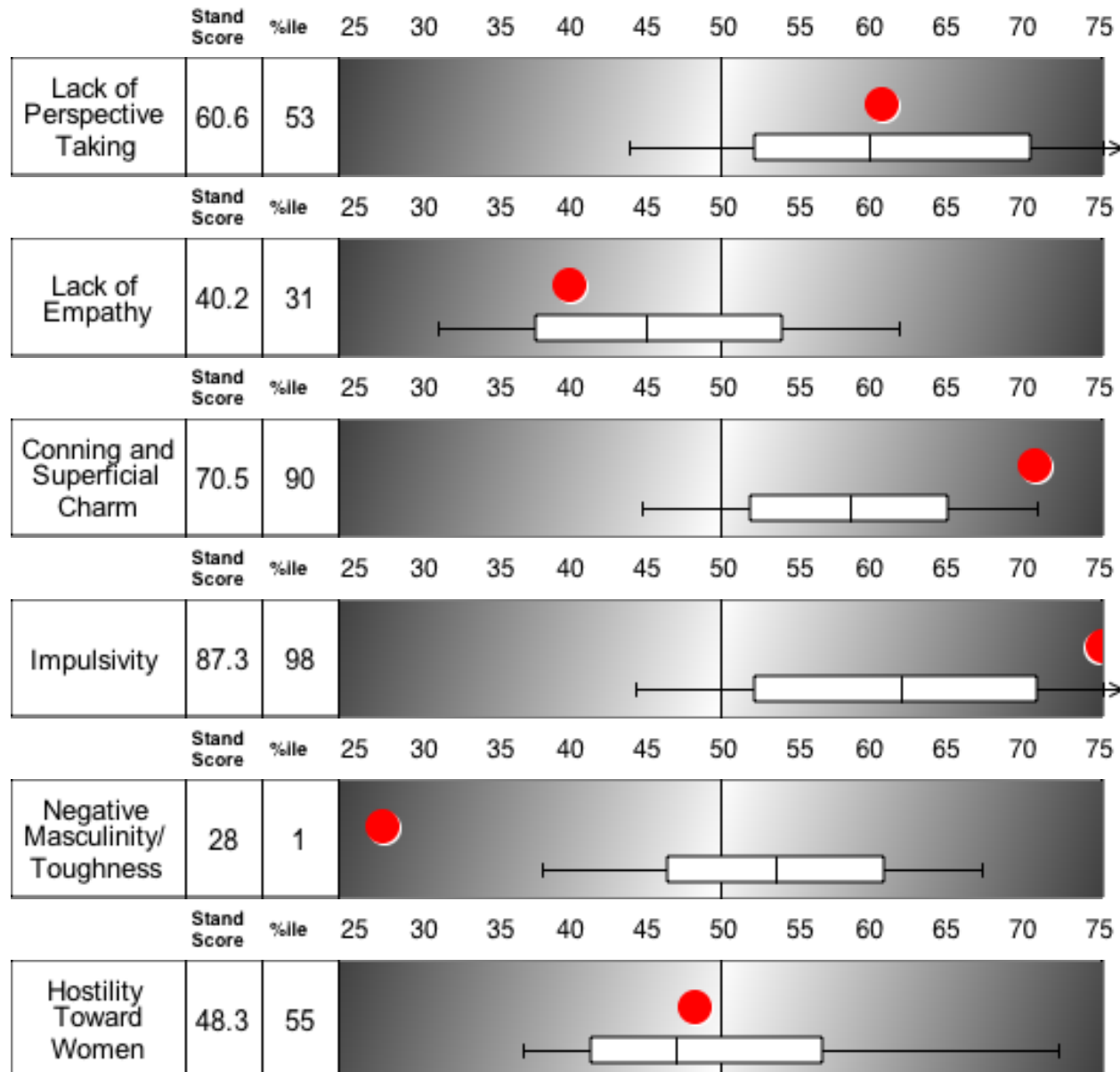
Expressive aggression fantasy. This scale consists of five items. Respondents who scored high on this scale report having felt angry toward women and had thoughts of hurting or frightening them in nonsexual situations.

Expressive aggression behavior. This scale consists of four items. Respondents who score high on this scale report they have beaten or harmed women in nonsexual situations.

See the last page of this report for the Legend.

Psychopathy and Hypermasculinity Scales

The MIDSA includes six scales that assess various components of psychopathy and negative masculinity, which are correlated domains related to increased probability of sexually coercive behavior against women and age-appropriate females.



Description of Psychopathy and Hypermasculinity Scales

Lack of perspective taking. This factor scale consists of six items. Respondents who scored high on this scale report difficulty seeing another's perspective and considering both sides of an issue.

Lack of empathy. This scale consists of eight items. Respondents who score high on this scale report they lack feelings of concern for the misfortunes of others.

Conning and superficial charm. This scale consists of six items. Respondents who score high on this scale report having conned others, taken advantage of them, and manipulated them with charm.

Impulsivity. This scale consists of seven items. Respondents who score high on this scale report acting on impulse, losing control, and moodiness.

Negative masculinity/toughness. This scale consists of five items. Respondents who score high on this scale endorse attitudes of toughness and masculine honor-defending.

Hostility toward women. This scale consists of eight items. Respondents who score high on this scale report negative attitudes toward women and endorse cognitive distortions about rape.

See the last page of this report for the Legend.

Report of Individual Questions on the Conning and Superficial Charm Scale.

The respondent scored higher than 1.5 standard deviations above the mean of the community males on the Conning and Superficial Charm Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that the mean of the community sample lies between "possibly false" and "not sure," between "once" and "rarely," or between "once" and "a few times."

	Definitely False	Possibly False	Not sure	Possibly True	Definitely True
There have been times when I took advantage of someone.					✓
I have never taken advantage of anyone.	✓				
I can easily charm someone into doing almost anything for me.				✓	

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
I have conned someone to get what I wanted.					✓
I have lied to someone to get them to do what I want them to.					✓

	Never	Once or a few times	A few times a year	Once or twice a month	Once or twice a week	Almost every day
I use my charm to get people to notice me.			✓			

Report of Individual Questions on the Impulsivity Scale.

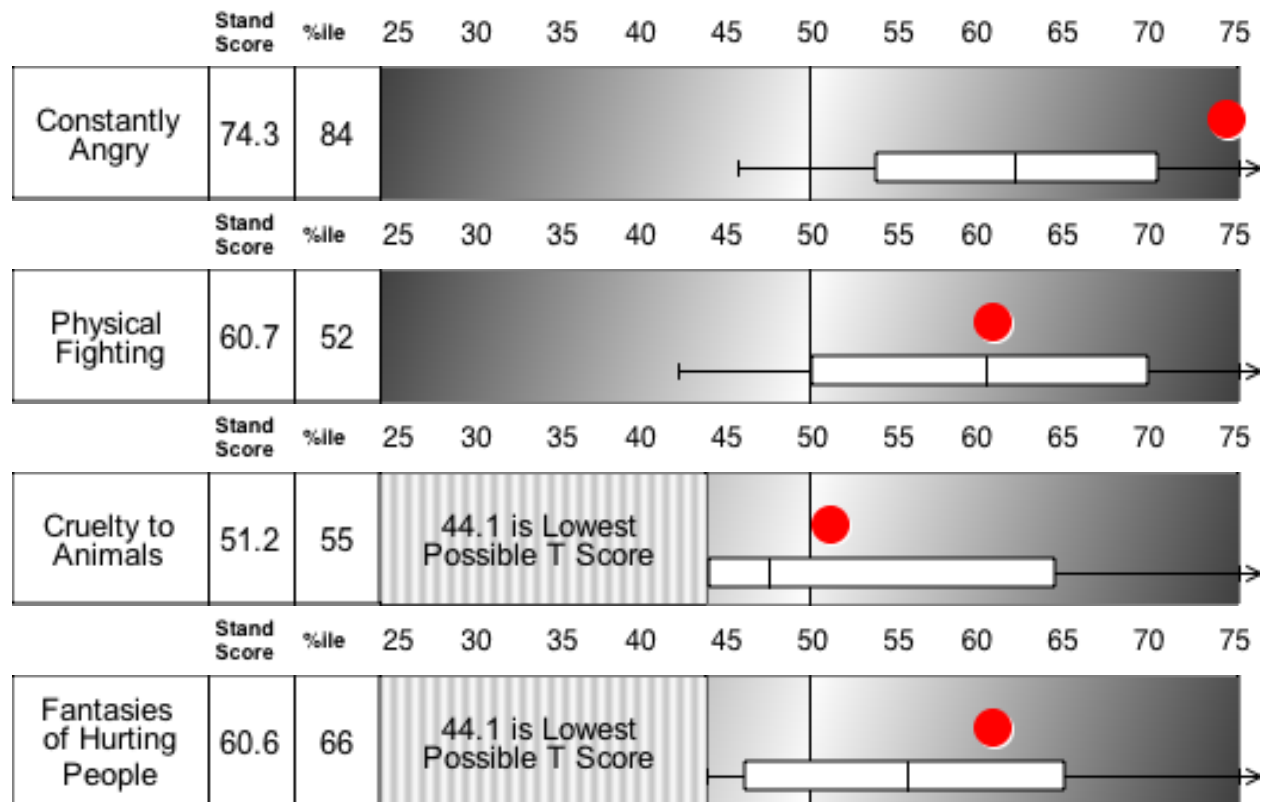
The respondent scored higher than 1.5 standard deviations above the mean of the community males on the Impulsivity Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that the mean of the community sample was at "once" or "once or a few times" on these items.

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
Even though I did not want it, I have lost control of myself.					✓
I have had frightening feelings that I could not understand.	✓				
I have gotten in trouble for things that were not my fault.					✓

	Never	Once or a few times	A few times a year	Once or twice a month	Once or twice a week	Almost every day
My moods change suddenly.						✓
I have hurt someone's feeling by saying something without thinking.						✓
I have acted impulsively or without thinking.						✓
I do things that make me feel really bad about myself.						✓

Pervasive Anger Scales

The MIDSA includes four scales that assess anger and nonsexual aggressive fantasies.



Description of Pervasive Anger Scales

Constantly angry. This scale consists of eight items that assess instances of anger and failure to control one's temper. Respondents who score high on this scale report grouchiness, frequent anger, and temper tantrums.

Physical fighting. This scale consists of four items that assess tendencies to engage in and enjoy assaultive behavior (physical fights) against both males and females.

Cruelty to animals. This scale consists of four items that assess the frequency that the respondent has been cruel to animals, other than in sport (hunting).

Fantasies of hurting people. This scale consists of four items that assess the frequency of having fantasies of hurting other people or seeing them hurt.

See the last page of this report for the Legend.

Report of Individual Questions on the Constantly Angry Scale.

The respondent scored higher than 1.5 standard deviations above the mean of the community males on the Constantly Angry Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that the mean of the community sample was between "once" or "rarely" for the first item and between "once" and "a few times a year" for the second set of seven items.

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
I have gotten into verbal fights or arguments with other people.	✓				

	Never	Once or a few times	A few times a year	Once or twice a month	Once or twice a week	Almost every day
I feel angry enough to swear.						✓
I lose my temper easily.						✓
If someone yells at me, I yell back.						✓
When I get mad, I say nasty things to people.						✓
I get angry or feel angry.			✓			
I have been so angry, I felt like breaking things.					✓	
I get grouchy about little things.						✓

Offense Planning Scales

The offense planning section is given to those who admit to (a) manipulating or forcing someone to have sex, (b) being charged or convicted of a sex crime, or (c) having sexual contact with a child or with a teen when they were over 16 years of age. The MIDSA includes four factor scales that describe offense planning and fantasy. Because community samples can not provide valid data about offense planning, the respondent's scores are reported as percentiles.

Intimacy-seeking sexual fantasies. This scale consists of seventeen items that assess fantasies in which the respondent ignores the agonistic nature of coercive sexual behavior and fantasies that his sexual overtures will elicit a positive response. He fantasies both about what he will say and do sexually to a women and what she will say and feel and do sexually to him during the offense encounter. The respondent's score was higher than 56 percent of a sample of juveniles who offended sexually.

Aggressive/violent fantasies. This scale contains seven items that tap the respondent's fantasies about physically harming, frightening, and even killing someone during nonconsensual sex. The respondent's score was higher than 76 percent of a sample of juveniles who offended sexually.

Explicit Planning. This factor consists of seven items that indicate that the respondent has thought specifically about committing an offense, including who the victim would be and where he would commit the offense. The respondent's score was higher than 99 percent of a sample of juveniles who offended sexually.

Eluding Apprehension. This scale contains five items that assess the respondent's plans to elude apprehension after sexually coercive behavior. High scores indicate high post-offense planning. The respondent's score was higher than 83 percent of a sample of juveniles who offended sexually.

Report of Individual Questions on the Explicit Planning Scale.

Compared to residential juveniles who had sexually offended the respondent scored higher than half a standard deviation above the mean on the Explicit Planning Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that the mean of residential juveniles who had sexually offended was at the "once" level.

When you think about manipulating or making somebody to have sex with you, how do you think about starting it at the various times listed below?

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
Two weeks or more before					✓
Only on the day that I did it					✓

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
How often have the thoughts that you have had about manipulating or making somebody have sex have changed over time (that is, how often have the details about what would happen and who you would manipulate changed)?					✓

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
How often have your thoughts about manipulating somebody to have sex been different from what actually happened when you did it?					✓

How often have you thought about the following when you think about manipulating somebody to have sex?

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
Who the person should be--old, rich, blond, Asian, beautiful etc.					✓
Where or how I would find the person (hitchhiking, at a party, near a college, in the park, etc.)					✓
Where I would take the person to commit the assault (my car, the woods etc.)					✓

Report of Individual Questions on the Eluding Apprehension Scale.

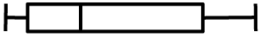

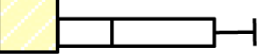

Compared to residential juveniles who had sexually offended the respondent scored higher than half a standard deviation above the mean on the Eluding Apprehension Scale. So that you can target his problems in therapy, here are the answers he gave to the questions on the scale. To interpret his responses, it is helpful to know that the mean of residential juveniles who had sexually offended was between the "once" and the "rarely" levels.

How often have your thoughts about what you would do after you made somebody have sex included:

	Never	Once	Rarely (2 to 10 times)	Sometimes (11 to 50 times)	Often (over 50 times)
What to do with the person after the sex			✓		
How the person would be discovered or whether the person would go to the police					✓
What I would do after the incident		✓			
The possibility of getting caught					✓
The involvement of the police and how I would keep from getting caught				✓	

Scale Legend

Legend

- Respondent's T Score appears in numeric form, at left, and as a circle on the plot.
 - ◐ If the respondent's T score is lower than 25 or higher than 75, its symbol is a half circle.
-  The figure represents the distribution of scores in a sample of incarcerated sex offenders. The box encloses the 25th to 75th percentile. The vertical line in the box is the median. The whiskers mark the 10th and 90th percentile.
-  If the 10th or 90th percentile goes beyond a T score of 25 or 75, the marker ends with an arrow to indicate that it goes off the scale.
-  In scales that assess low incidence behaviors, the lowest T score may be greater than 25. The shaded box marks the lowest possible score.
-  The scale represents the T scores of a sample of community males.

See the MIDSA Clinical Manual for assistance with the interpretation of the scales.

This is the end of the report.