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A Novel Approach to Examining Personality Risk Factors of Sexual Offending in Clergy Applicants

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The clergy sexual abuse crisis in the Catholic Church has led to several strategies aimed at preventing future offenses from occurring. The screening of applicants to clergy training programs has become more rigorous and includes a psychological evaluation. The purpose of this article is to examine personality-based risk factors associated with sexual offending in clergy applicants. This study involved evaluation data of the Sixteen Personality Factor Questionnaire (16PF) and Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) from 137 male participants who applied to enter a training program for priests or deacons from a mid-Atlantic city in the United States from 2013 to 2019. Analyses included correlations among 16PF global and primary factors with MMPI-2-RF scales. Results indicated significant and clinically meaningful associations in our hypotheses focused on emotional deficits and impulsivity. Combining normative and psychopathological measures in psychological evaluations can be helpful by assessing deficits of normative characteristics and known risk factors in clergy applicants.

Keywords: Catholic, clergy applicants, 16PF, MMPI-2-RF

Clergy sexual abuse in the Catholic Church has caused immense harm to victims (e.g., Benkert & Doyle, 2009). In addition, the ongoing payment of legal settlements to victims and their families is estimated to be around $3 billion and growing, contributing to negative financial situations for some dioceses and even bankruptcy (Gjelten, 2018). Directly related to the clergy sexual abuse crisis, individuals have left the Catholic Church while anger, disenchantment, and low morale has been prevalent with those individuals that have remained Catholic. Taken together, the importance of implementing systemic measures in the Catholic Church to prevent clergy sexual abuse of children is evident. The Catholic Church in the United States has used psychological evaluations in the screening of applicants for a long time. The clergy abuse crisis that broke in 2002 out of Boston highlighted limitations of past approaches and the need for more effective preventative measures. Enhanced screening of applicants to clergy training programs (seminaries for candidates to the priesthood; diaconate formation programs for candidates to be deacons) represented a continued point of emphasis within the Catholic Church (John Jay College of Criminal Justice, 2011). Psychological evaluations have evolved with increased research and training, but the heterogeneity of offending clergy makes it unlikely that a single test can identify all risk factors. Thus, there is a need for

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comprehensive psychological evaluations that gather data from multiple methods to improve the identification of applicants who are not suitable for clergy roles (United States Conference of Catholic Bishops [USCCB], 2015).

There is a lack of consensus in the extant literature about how and which psychological tools can accurately develop a profile of potential sexual offending in clergy applicant samples (Seto, 2018). Thus, a comprehensive psychological evaluation (e.g., clinical interview, objective and projective tests, psycho-social-sexual history and development) is an enhanced approach to identifying psychopathology, maladaptive personality and interpersonal styles, and other contraindications to an authentic vocation to a clergy role. However, the utility of a psychological evaluation to identify applicants that are at risk for sexually offending is more tenuous. The goal of this study was to take a novel approach to examining personality and psychological risk factors of sexual offending in clergy applicants. Accomplishing our goal would contribute to increasing the effectiveness of psychological evaluations as an improved preventative measure in the Catholic Church sexual abuse context.

MMPI-2 and MMPI-2-RF Testing of Clergy Applicants

The USCCB (2015) has issued guidelines that detail how the psychological evaluations can be used in the admission screening process of clergy applicants. Specific tests were not recommended, but the USCCB described a preference for a comprehensive approach that utilizes a clinical interview, standardized tests of personality and psychopathology, and objective measures. In the most recent review (McGlone, Ortiz, & Karney, 2010), the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) was identified as the most frequently used test by mental health professionals during clergy admission evaluations. The MMPI-2 has also been examined in studies on clergy applicants' psychological health and profiles of clergy accused of sexual misconduct (Plante & Aldridge, 2005; Plante & Lackey, 2007). Those and other studies have found that clergy applicants are, in general, psychologically healthy when measured by traditional cut-off scores (below a *T* score of 65) on the MMPI-2 (e.g., Plante & Lackey, 2007). In a recent replication study, the authors noted that despite similar general findings about levels of clinical elevation, other parts of a comprehensive evaluation may identify psychological deficits contrary to applicant suitability (Isacco, Tirabassi, Plante, Finn, & Amir, 2019).

In terms of using the MMPI-2 to identify trends or indicators of sexual offending, Plante and Aldridge (2005) found that Catholic clergy who had been reliably accused of sexual offenses had higher scores on scales related to perceived isolation and frequently experienced greater feeling of distrust with others and preferring social isolation. However, subsequent studies of the MMPI-2 did not support these clear pathological differences between cleric sex offenders and nonoffenders, which led some to call into question the utility of the MMPI-2 as an assessment tool for clergy applicants (Amrom, Calkins, & Fargo, 2019). These mixed findings, as well as other studies of Catholic clergy perpetrators (e.g., Montana et al., 2012), have generally challenged the assumption that sexual offenders will exhibit elevated or different psychopathological traits compared to nonoffenders on the MMPI-2. Conversely, a lack of distinguishable scale scores between offenders and nonoffenders is not necessarily surprising because the MMPI-2 was not designed to identify sexual offending risk factors specifically, nor was it normed in samples of sexual offenders. As a result, a consensus about the MMPI-2's utility in psychological evaluations for these purposes remains unresolved.

The MMPI-2-Restructured Form (MMPI-2-RF; Tellegen & Ben-Porath, 2008/2011) is a widely utilized measure of psychological functioning that reflects updated scale constructs and improved psychometric and predictive validity relative to the earlier MMPI-2. The MMPI-2-RF also incorporates contemporary, dimensional models of personality and psychopathology on which to guide its integration into the broader sexual offender literature. Beyond improved validity, another way that the MMPI-2-RF has helped to address some historical criticisms of the MMPI-2 is in research on sexual offender recidivism assessment. Exemplifying this contribution, research has found that the MMPI-2-RF scales are informative during evaluations of convicted child sexual offenders with associations between specific MMPI-2-RF

scales and scores on known risk assessment instruments (STATIC-99 and Level of Service Inventory—Revised; Tarescavage, Cappo, & Ben-Porath, 2018). Specifically, the MMPI-2-RF scales measuring Juvenile Conduct Problems (JCP), Substance Use (SUB), Family Problems (FML), Social Avoidance (SAV), Disaffiliativeness (DSF), Disconstraint (DISC-r), Behavioral Dysfunction (BXD), Cynicism (RC3), Antisocial Behavior (RC4), Persecutory Ideation (RC6), Impression Management (L-r), and Underreporting (K-r) mapped onto dynamic risk factors of sexual offending including resistance to rules, hostility, emotional deficits, impulsivity, and lack of intimate adult relationships. Taken together, the MMPI-2-RF offers promise in identifying empirically supported risk factors of sexual offending.

Despite these strengths, we are aware of only one study that has utilized the MMPI-2-RF with clergy applicants (Isacco et al., 2019). That study compared mean scores of clergy applicants with the sexual offender sample on 12 MMPI-2-RF scales consistent with sexual offending risk factors (see Tarescavage et al., 2018). In general, diaconate and seminary applicants scored significantly lower than the normed sample of sexual offenders across risk factors, with the exception of the impression management and defensiveness scales (i.e., L-r and K-r). The aggregate scores on L-r and K-r were more elevated but were still not above the recommended cut scores (80 and 70, respectively), which would indicate an uninterpretable profile. Thus, existing literature on the MMPI-2-RF in clergy applicants suggests that risk factors for sexual offending on the MMPI-2-RF are not generalizable from other populations. Thus, assessments utilizing the MMPI-2-RF will likely face the challenge of utilizing traditional cut score interpretations. Accordingly, continued research on clergy applicants is warranted, particularly in determining if MMPI-2-RF scale scores are similarly predictive of other personality and criterion risk factors that may be available during the clergy evaluations. As such, this study examines the concurrent relationships between MMPI-2-RF scale scores and a widely utilized test of normative personality (Sixteen Personality Factor Questionnaire [16PF]).

Conceptualizing Catholic Clergy Applicants as "Acquaintance Offenders"

Despite the improvements made from the MMPI-2 to the MMPI-2-RF, a single self-report instrument is limited in identifying risk factors of sexual offending in a nonclinical sample of clergy applicants. Identifying potential sexual offenders is very difficult and there is not a "silver bullet" assessment tool (Seto, 2018). News media accounts often describe a sexual offender as an individual well-regarded in the community such as a coach, teacher, or priest. As a result, people react with shock and confusion when such an individual is charged with a child sexual offense. The criminal justice scholarship refers to this type of offender as "the nice guy" or "acquaintance offender" (Lanning, 2010). Acquaintance offenders exhibit prosocial qualities such as warmth, helpfulness, caring, and service that enables them to "blend in" with the general population and groom the victim without suspicion. Many clergy sexual offenders of children fit that description of offender. For example, the John Jay studies (John Jay College of Criminal Justice, 2011; John Jay College Research Team 2004) considered the majority of clergy offenders as "situational generalists," which meant that priests were able to embed within a community and offend a vulnerable child based on the situation. For example, victims were often altar servers and children in the parish from families with whom priests had built trusting relationships over time. Reinforcing the "acquaintance offender" model among Catholic clergy are some psychological data that has indicated that clergy sexual offenders do not fit into a heterogeneous mold and have not exhibited significantly different psychological profiles from nonoffenders (Amrom et al., 2019). Thus, it is important to emphasize that clergy applicants may exhibit characteristics perceived as normative and adaptive while also having underlying risk factors that are associated with sexual offending.

Whereas previous research has examined the MMPI-2, MCMI-III, and other tests of psychopathology, we are not aware of any research with Catholic clergy applicants or clergy that has investigated normative personality traits as possible correlates of sexual offending risk factors. A primary assumption

of this study is that sexual offenders are capable of demonstrating normative personality characteristics that contribute to decreased scores of psychopathology and enable their grooming of potential victims. Therefore, clinicians may benefit from using a combined assessment of psychopathology and normative personality to identify risk factors in clergy applicants. A distal aim of an effective combined assessment is to prevent at-risk applicants from gaining admission to training programs and becoming Catholic clergy that fit an "acquaintance offenders" type, capable of blending into a context that provides access to potential child victims.

Assessing Normative Personality Traits in Clergy Applicants

The USCCB assessment guidelines (USCC, 2015) suggested testing that evaluates desirable and undesirable personality traits for clergy ministry. In addition to tests of psychopathology mentioned above (e.g., MMPI), tests of normative personality can be helpful in clergy applicant evaluations. McGlone et al. (2010) reported that the Sixteen Personality Factor Questionnaire (16PF) was a commonly used standardized, self-report assessment tool for normative personality in clergy screening evaluations. The 16PF has also been used in studies of clergy applicants (Plante and Aldridge, 2005; Plante & Lackey, 2007), with results indicating that admitted applicants are strong in reasoning, sensitive, emotionally stable, attentive, and trusting. To our knowledge, the 16PF has never been examined in relation to risk factors for sexual offending or to identify any other psychopathology, as the test is constructed to assess normal personality characteristics. A question guiding the current study is the following: Can normal personality characteristics measured on the 16PF shed light on risk factors for sexual offending that may otherwise go unnoticed? Germane to the present study, to the degree that measures of personality pathology (e.g., MMPI-2-RF) might evoke desirable/defensive responding in certain applicants, a measure of normative personality offers a novel opportunity for assessments to detect risky profiles of responding.

Framework for Normative Personality and Psychopathology Correlations

This study focuses on two areas of personality and psychopathology that may correlate in ways that point toward evidence of sexual offending risk factors in clergy applicants: emotional deficits and impulsivity.

H. E. P. Cattell and Mead (2008), the theorist and researcher behind the 16PF, described emotional stability as an ability to remain steadfast and to identify adaptive means to overcome emotional challenges. Individuals lacking in emotional stability are more likely to lack coping skills to manage daily stressors, exhibit negative emotions, and express their emotions in ways that contribute to interpersonal conflict (H. E. P. Cattell & Mead, 2008). In studies of sexual offenders, their lack of emotional stability was seen in maladaptive displays of anxiety and anger (Chantry & Craig, 1994; Lyn & Burton, 2005). Plante and Aldridge (2005) found that their sample of Catholic clergy credibly accused of child sexual abuse tested higher on measures of irritability and impatience and were more likely to become upset. Thus, we expected that emotional instability and anxiety as measured by the 16PF would likely be correlated with MMPI-2-RF scales of maladaptive emotions such as anxiety and negative emotionality.

Emotional instability also has an interpersonal component. Emotional deficits exhibited in relationships has been identified as a dynamic risk factor to sexual offending that can be assessed on MMPI-2-RF scales, such as the FML, SAV, and DSF (Tarescavage et al., 2018). Emotional deficits in sexual offenders have been traced back to childhood family-of-origin dysfunction and traumatic attachment styles (Grady, Yoder, & Brown, 2018; Lee, Jackson, Pattison, & Ward, 2002), which inhibit intimacy and empathy in relationships as an adult (DeGue, DiLillo, & Scalora, 2010). An inability to develop healthy, intimate relationships with others and process other's emotions in a manner that elicits compassionate understanding both increase the risk of an individual committing a sexual offense. For example, Plante and Aldridge (2005) noted that their sample of accused clergy sexual offenders exhibited little concern for others. Thus, we expected that emotional stability, introversion, dominance, and sensitivity as measured by the 16PF would likely be

correlated with MMPI-2-RF scales of maladaptive interpersonal styles such as social avoidance, family problems, and disaffiliativeness.

Impulsivity is a personality characteristic that prompts individuals toward rapid, unplanned reactions to internal or external stimuli, without regard to the negative consequences (Moeller, Barratt, Dougherty, Schmitz, & Swann, 2001). Increased impulsivity has been linked to sexual offending and recidivism perpetrators, with some facilitating factors being low self-control, irresponsible decision-making, and antisocial tendencies (Boisvert, Wright, Knopik, & Vaske, 2012; de Vries Robbé, Mann, Maruna, & Thornton, 2015; Duckworth & Kern, 2011; Gottfredson & Hirschi, 1990; Hanson & Morton-Bourgon, 2005; Saramago, Cardoso, & Leal, 2019). Individuals who are high in impulsivity and low in self-control are less likely to adhere to societal norms, are less moralistic, and are prone to more aggressive behaviors—all of which are correlated with sexual offending (Palucka, 1998).

The 16PF measures normal personality characteristics, including both specific (primary) and more general (global) factors. Included within this measurement of personality are traits associated with impulsivity, self-control, and antisocial tendencies. Specifically, the global factor of Self-Control assesses inhibition of impulses, while Rule Consciousness and Dominance examine moralistic thinking and conformity to rules and an individual's proclivity toward aggression respectively. Taken together, we expected that self-control, rule-consciousness, and dominance would be primarily correlated with the externalizing scales of the MMPI-2-RF, including those previously linked with sexual offender risk (e.g., DISC-r, AGGR-r, BXD, RC4, SUD, JCP).

The Study's Hypotheses

In summary, we hypothesize that in a sample of applicants to the Roman Catholic seminary and diaconate, sexual offending risk factors on the MMPI-2-RF will correlate to personality factors on the 16PF. We also formulated specific hypotheses. The first hypothesis focuses on emotional deficits and posits that normative personality characteristics of low emotional stability and high anxiety as measured by the 16PF will be correlated with high maladaptive emotions on the MMPI-2-RF (e.g., depression, anxiety, inefficacy). Given that emotional deficits have an interpersonal component, we further hypothesized that low emotional stability, high introversion, high dominance, and low sensitivity as measured by the 16PF would likely be correlated with MMPI-2-RF scales of maladaptive interpersonal styles such as social avoidance, family problems, and disaffiliativeness. The second hypothesis is based on the impulsivity literature. We hypothesized that low self-control, low rule-consciousness, and high dominance on the 16PF would be correlated with higher scores on MMPI-2-RF scales such as disconstraint, aggression, behavioral/externalizing dysfunction, antisocial behavior, cynicism, substance abuse, and juvenile conduct problems.

Method

Participants

This study included 137 male participants. Seventy-six participants applied to a priestly formation program, and 61 applied to a diaconate formation program. Participants were, on average, 37.2 years old (SD = 14.61, range 18–66 years) and had between 11 and 27 years of education (M = 17.1, SD = 2.95). In terms of marital status, most were not married (n = 81; 59%), while 55 were married (40%) and 1 was not-married/divorced. It should be noted that of the sample, only diaconate applicants may be married. Most of the participants did not have children (n = 85; 62%). The majority of participants were White (n = 131; 95%), and the remainder identified as multiracial (n = 3; 2%), Asian American (n = 2; 1%), or Hispanic/Latino (n = 1; <1%).

Procedure

Participants were applicants to the seminary or diaconate formation programs in a mid-sized Catholic diocese in the mid-Atlantic region of the United States. All participants took part in a standardized psychological evaluation consisting of a clinical interview, objective and projective tests, and a feedback session between 2013 and 2019. The report from the psychological evaluations became part of the applicant's admission file in the diocese. Permission to use

archival test data from the diocesan admission files was granted by the diocese to the primary author. The study was approved by Chatham University's Institutional Review Board.

All participants evaluated between 2013 and 2016 completed the MMPI-2 and the MMPI-2-RF in 2017 and thereafter. All MMPI data were computer scored, and the T-Scores were inputted into SPSS v.26. Consistent with previous research using similar clinical databases, MMPI-2 item responses were converted to MMPI-2-RF scale scores for analysis (Tarescavage, Alosco, Ben-Porath, Wood, & Luna-Jones, 2015). Demographic data were obtained on a basic intake form that participants completed prior to the psychological evaluation and included questions about the applicant's age, marital status, parental status, employment, race/ethnicity, and obtained education.

Measures

16PF. The 16PF is a self-report assessment of normative personality functioning and interpersonal style (R. B. Cattell, Cattell, & Cattell, 2009). The test consists of 185 questions that are answered with a three-choice response format. The 16PF assesses three response styles, 5 global factors (broad domains: Extraversion, Anxiety, Tough-Mindedness, Independence, and Self-Control), and 16 primary factors (specific domains, e.g., Emotional Stability, Sensitivity, Rule-Consciousness, Dominance) of personality. Internal consistency estimates average .76, with a range from .68 to .87, test–retest reliability average .80 for two-week interval and .70 for a two-month intervention (R. B. Cattell et al., 2009). Construct, factorial, and predictive validity have been examined. The 16PF was reported to have sufficient correlations with other personality measures, maintain a stable factor structure across diverse populations, and be predictive of specific outcomes in employment and clinical uses (H. E. P. Cattell & Mead, 2008).

MMPI-2-RF. The MMPI-2-RF is a widely utilized self-report assessment of personality and psychopathology (Ben-Porath, 2012). The test consists of 338 true–false items and includes 9 validity scales that assess profile interpretability (Ingram & Ternes, 2016) as well as the hierarchically organized substantive, clinical scales. These 42 substantive scales include 3 Higher Order construct scales, 9 clinical scales referred to as the Restructured Clinical (RC) scales, 23 specific problem scales (examining specific somatic/cognitive, internalizing, externalizing, and interpersonal problems), 2 interest scales, and the scales of the Personality Psychopathology 5 (PSY-5). The MMPI-2-RF is extensively validated and includes reliability (test–retest, internal consistency, and standard error of measurement) and extratest validity data (diagnostic formulations, intake demographics, record review forms, etc.) for each scale in the technical manual (Tellegen & Ben-Porath, 2008/2011). These data are supplied for the normative sample of 2,600 persons (1,462 women and 1,138 men) as well as for various clinical populations (e.g., outpatient, psychiatric community inpatient, Veterans Affairs psychiatric hospital). In addition, the scales have also been independently validated in over 300 peer-reviewed articles.

Data Analysis Plan

We calculated zero-order correlations between the Global and Primary Factor scales of the 16PF and the MMPI-2-RF substantive scales. We utilized family-wise Bonferroni corrected correlations based on the hierarchically organized MMP-2-RF (e.g., .05/3 for the H-O scales; .05/9 for the RC scales; .05/5 for the Somatic/Cognitive scales; .05/9 for the Internalizing scales; .05/4 for the Externalizing Scales; .05/5 for the Interpersonal scales; and .05/5 for the PSY-5 scales) to determine statistical significance for these correlations. We interpreted the magnitudes of these correlations as small ($.3 > r > .1$), medium ($.5 > r \geq .3$), or large ($.5 \geq r$) based on the recommendations of Cohen (1988). We identified statistically significant correlations that were also interpretively, clinically meaningful by setting a threshold for medium to strong effect size ($r >= |.30|$). Observed means and standard deviations for all scales were calculated for the 16PF and MMPI-2-RF along with percentage exceeded recommended clinical cut scores on the MMPI-2-RF. All analyses were computed using SPSS 26.

Results

Zero-order correlations for the MMPI-2-RF are presented in Table 1 for the Higher Order

Table 1
Extra-Test Correlations for 16PF Global Factors and MMPI-2-RF Higher-Order and RC Scales

MMPI-2-RF scale	16 Personality Factor (16PF) Global Factors					% ≥65	*M*	*SD*
	Extraversion	Independence	Tough-Mindedness	Self-Control	Anxiety			
H-O								
EID	−0.27*	−.08	−.19	**-.46***	**.70***	1.1%	40.3	7.7
THD	.12	.20	−.18	−.20	.27*	2.2%	45.4	7.7
BXD	.07	**.40***	−.19	**−.32***	**.37***	0.5%	41.9	7.6
RC								
RCd	−.18	−.11	.18	**−.50***	**.66***	2.2%	43.9	7.5
RC1	−.03	.13	−.19	**−.30***	**.47***	3.8%	43.1	8.8
RC2	**−.51***	−.26*	−.01	−.19	**.36***	0.5%	44.1	7.8
RC3	−.06	.10	−.16	−.18	**.45***	0.5%	41.8	6.6
RC4	−.02	.25*	−.12	−.28*	**.37***	0.5%	42.7	8.1
RC6	.08	.09	−.22	−.22	.26	2.7%	50.3	8.2
RC7	−.09	.02	−.17	**−.40***	**.63***	1.1%	40.8	6.5
RC8	.06	.16	−.20	−.27	**.34***	2.2%	46.0	8.0
RC9	.15	**.37***	−.27*	**−.40***	**.48***	0.0%	40.6	8.5
M	5.87	5.12	5.59	6.42	4.42			
SD	1.85	1.45	1.62	1.50	1.70			

Note. MMPI-2-RF = Minnesota Multiphasic Personality Inventory-2-Restructured Form; RC = Restructured Clinical; H-O = Higher Order; Bolded values reflect relationships that are of at least a moderate effect size (r ≥ .3; Cohen, 1988).
* Correlation meets family-wise Bonferroni correction significance.

and Restructured Clinical Scales, while Table 2 contains the remaining substantive clinical scales (e.g., Somatic/Cognitive, Internalizing, Externalizing, Interpersonal, and PSY-5). These tables also contain descriptive statistics for both the 16PF and the MMPI-2-RF, along with the percent of individuals within this sample who exceeded recommended cut-scores on each of the MMPI-2-RF clinical scales.

Consistent with the emotional stability hypothesis, the 16PF Global factors of Anxiety and Self-Control are meaningfully related to a respondent's sense of inefficacy, self-doubt, low morale, negative emotionality, general tendency of worry, and capacity to cope. As indicated in Tables 1 and 2, scores on the 16PF factor of Anxiety scores are strongly related to the same internalizing symptoms; however, higher Anxiety scores are also related to a broad array of scores on psychopathology across the MMPI-2-RF's five clinical domains (Internalization, Externalization, Thought Dysfunction, Interpersonal Problems, and Somatic/Cognitive Concerns). Exemplifying this broader set of relationships, not only do higher Anxiety scores strongly relate to internalizing symptoms (e.g., EID [Emotional/Internalizing Dysfunction] r = .70), Anxiety is also associated with higher scores on measures of somatic problems (RC1 [Somatic Complaints] r = .66), Machiavellian thinking (RC3 [Cynicism] r = .45), endorsement of antisocial and deviant behaviors (RC4 [Antisocial Behavior] r = .37), and interpersonal avoidance and family problems (SAV [Social Avoidance] r = .67, SHY [Shyness] r = .50, and FML [Family Problems] r = .46). Internalizing scales of the MMPI-2-RF generally demonstrated unexpectedly large negative associations (ranging from medium to large in effect) with the 16PF Global factor of Self-Control, which measures urge inhibition and restraint.

As indicated in Tables 3 and 4, the Emotionality Stability hypothesis was also supported in the 16PF primary factors. In general, the observed pattern on the 16PF global factors reflecting poor internal and external self-control had meaningful associations to negative, dysfunctional, and anxious emotionality and to externalizing thoughts and behaviors on the 16PF primary factors. For instance, Emotionality Stability and Apprehension were strongly and negatively associated with EID and RCd (r = −.62, r = −.65; r = .58, r = .57, respectively). Abstraction displayed a similar and robust pattern of meaningful relationships across the

Table 2
Extra-Test Correlations for 16PF Global Factors and MMPI-2-RF Somatic/Cognitive, Internalizing, Externalizing, Interpersonal, and PSY-5 Scales

	16 Personality Factor (16PF) Global Factors							
MMPI-2-RF Scale	Extraversion	Independence	Tough-Mindedness	Self-Control	Anxiety	% ≥65	*M*	*SD*
Somatic/Cognitive								
MLS	−.14	.01	−.18	**−.38***	**.50***	0.5%	44.1	7.1
GIC	−.10	.01	−.06	−.14	**.31***	2.7%	47.4	5.6
HPC	−.04	.10	−.22	**−.37***	**.36***	3.8%	45.6	6.8
NUC	−.04	.13	−.16	−.12	**.37***	7.0%	46.7	8.8
COG	−.09	−.05	−.15	**−.48***	**.51***	1.6%	45.6	7.8
Internalizing								
SUI	−.08	−.12	−.04	−.28*	.14	7.0%	46.6	5.7
HLP	−.20	−.07	.05	−.13	.15	0.0%	42.3	5.6
SFD	−.08	.01	−.20	**−.47***	**.53***	5.9%	46.2	7.4
NFC	−.27*	−.17	−.04	**−.33***	**.69***	2.2%	44.6	8.2
STW	−.05	.08	−.11	**−.35***	**.55***	3.2%	43.4	7.5
AXY	.01	−.04	−.08	**−.32***	**.41***	2.2%	45.4	5.3
ANP	.10	**.34***	−.16	−.27*	**.38***	1.1%	43.2	6.1
BRF	−.10	−.05	−.14	−.23	.17	0.5%	45.1	5.3
MSF	.13	.19	−.07	−.06	.17	0.0%	43.5	6.1
Externalizing								
JCP	−.04	.20	−.10	−.15	.29*	2.7%	45.3	7.9
SUB	.02	**.30***	−.07	−.16	.13	1.1%	45.3	6.1
AGG	−.01	.26*	−.16	−.27*	**.34***	0.5%	42.3	6.9
ACT	.07	.14	−.24*	−.27*	**.35***	1.6%	43.5	8.5
Interpersonal								
FML	<.01	.16	−.28*	**−.31***	**.50***	0.5%	43.3	6.9
IPP	**−.49***	**−.66***	.17	−.04	0.04	5.4%	48.4	8.6
SAV	**−.63***	**−.36***	.08	.08	**.67***	5.4%	48.5	8.1
SHY	**−.46***	**−.33***	.07	−.07	**.46***	2.2%	42.1	6.9
DSF	**−.33**	−.11	.01	−.09	.13	1.6%	46.3	6.3
PSY-5								
AGGR-r	**.41***	**.69***	−.17	.02	−.03	3.2%	47.1	8.1
PSYC-r	.08	.19	−.26*	−.26*	**.36**	1.6%	47.3	8.3
DISC-r	.11	**.33***	−.11	−.27*	.28	1.6%	44.8	7.6
NEGE-r	<.01	.10	−.22	**−.39***	**.60***	1.6%	41.9	8.2
INTR-r	**−.52***	**−.35***	.14	.15	−.02	5.9%	49.8	9.1

Note. MMPI-2-RF = Minnesota Multiphasic Personality Inventory-2-Restructured Form; PSY-5 = sonality Psychopathology 5. Bolded values reflect relationships that are of at least a moderate effect size (r ≥ .3; Cohen, 1988).
* Correlation meets family-wise Bonferroni correction significance.

MMPI-2-RF domains in a manner like those observed on Anxiety. Although not hypothesized, this pattern makes sense, as those who are less grounded, practical, and conventional are likely to experience greater stress internalization, physical health concerns, interpersonal problems, and impulsive and aggressive tendencies.

In contrast to the support of the emotional stability hypothesis, the impulsivity hypothesis was partially supported. Expected relationships were evident between 16PF scales associated with disconstrained and impulsive behaviors and some MMPI-2-RF externalizing scales. For instance, the global factor of Self-Control had moderate relationships with Behavioral/Externalizing Dysfunction (BXD r = −.32) and Hypomanic Activation (RC9 r = −.40) and the specific factor Rule-Consciousness had a moderate relationship with anger proneness (ANP r = .32) in addition to the more internalized negative emotional states, EID and RCd (r = −.43, r = −.40). The magnitudes of 16PF relationships to MMPI-2-RF externalizing scales were smaller and less frequent than the relationships observed to internalizing scales.

Table 3
Extra-Test Correlations for 16PF Primary Factors and MMPI-2-RF Higher Order (H-O) and Restructured Clinical (RC) Scales

	16 Personality Factor (16PF) Primary Factors																
MMPI-2-RF scale	Warmth	Reasoning	Emotional stability	Dominance	Liveliness	Rule consciousness	Social boldness	Sensitivity	Vigilence	Abstractedness	Privateness	Apprehension	Openness to change	Self reliance	Perfectionism	Tension	*M*	*SD*
H-O																		
EID	−0.28*	0.03	**−0.62***	−0.11	0.03	**-0.43***	**−0.33***	0.12	**0.43***	**0.53***	0.17	**0.58***	0.03	0.24*	−0.17	0.18	40.3	7.7
THD	0.12	−0.24*	−0.18	0.20	0.26*	−0.13	0.04	0.09	0.28*	**0.30***	0.02	0.24*	0.00	−0.04	0.00	0.23*	45.4	7.7
BXD	0.03	−0.05	−0.26*	**0.40***	0.23*	**−0.32***	0.11	0.06	0.27*	**0.30***	0.05	0.21	0.08	0.03	−0.09	0.17	41.9	7.6
RC																		
RCd	−0.21	−0.03	**−0.65***	−0.20	0.07	**−0.40***	−0.20	−0.14	**0.38***	**0.50***	0.05	**0.57***	−0.04	0.25*	−0.24*	0.18	43.9	7.5
RC1	−0.09	−0.17	**−0.38***	0.12	0.10	**−0.33***	−0.11	0.05	**0.34***	**0.40***	0.02	**0.34***	0.09	−0.01	−0.02	**0.31***	43.1	8.8
RC2	**−0.38***	0.17	**−0.39***	−0.20	**−0.37***	**−0.35***	**−0.43***	0.04	0.13	0.21	0.32	0.27*	−0.01	0.40*	−0.15	0.00	44.1	7.8
RC3	0.00	−0.12	−0.22	0.11	0.14	−0.15	−0.26*	0.06	**0.57**	**0.36***	0.10	**0.31***	0.01	−0.02	0.04	**0.50***	41.8	6.6
RC4	−0.07	0.06	**−0.30***	0.27	0.13	−0.26*	0.08	0.00	0.18	0.27*	0.05	0.24*	0.03	0.09	−0.16	0.14	42.7	8.1
RC6	0.06	−0.03	−0.15	−0.01	0.12	−0.16	−0.01	0.17	0.24*	0.28*	−0.13	0.22	0.04	0.04	−0.02	0.07	50.3	8.2
RC7	−0.17	−0.06	**−0.49***	0.01	0.19	**−0.34***	−0.19	0.11	**0.41***	**0.51***	0.08	**0.55***	−0.02	0.07	−0.09	**0.35***	40.8	6.5
RC8	0.02	−0.21	**−0.32***	0.14	0.26*	−0.19	0.02	0.16	0.27*	**0.36***	0.04	0.26*	0.00	0.03	−0.02	**0.31***	46.0	8.0
RC9	−0.03	−0.05	−0.29*	0.29*	**0.40**	−0.28*	0.11	0.12	**0.42***	**0.43***	−0.11	0.34*	0.17	−0.05	−0.09	0.22	40.6	8.5
M	6.2	6.5	6.3	4.7	4.5	6.9	6.2	4.9	4.3	5.1	4.8	5.4	5.8	5.1	5.5	5.6		
SD	1.8	1.6	1.5	1.5	1.8	1.4	1.8	1.6	1.7	2.0	1.9	1.6	1.5	1.8	1.9	11.9		

Note. MMPI-2-RF = Minnesota Multiphasic Personality Inventory-2-Restructured Form. Bolded values reflect relationships that are of at least a moderate effect size (r ≥ .3; Cohen, 1988).
* Correlation meets family-wise Bonferroni correction.

Table 4
Extra-Test Correlations for 16PF Primary Factors and MMPI-2-RF Somatic/Cognitive, Internalizing, Externalizing, Interpersonal, and PSY-5 Scales

MMPI-2-RF scale	16 Personality Factor (16PF) Primary Factors																
	Warmth	Reasoning	Emotional stability	Dominance	Liveliness	Rule consciousness	Social boldness	Sensitivity	Vigilence	Abstractedness	Privateness	Apprehension	Openness to change	Self reliance	Perfectionism	Tension	*M*	*SD*
Somatic/Cognitive																		
MLS	−0.17	0.08	**−0.42***	−0.03	0.08	**−0.31***	−0.28*	0.07	**0.40***	**0.42***	0.05	**0.37***	0.07	0.12	−0.13	0.25*	44.1	7.1
GIC	−0.09	0.01	−0.27*	−0.05	−0.06	−0.15	−0.07	0.04	0.21	0.21	0.04	**0.30***	−0.02	0.08	−0.01	−0.010	47.4	5.6
HPC	−0.10	0.01	**−0.36***	0.11	0.10	**−0.37***	−0.11	0.10	0.22	**0.38***	0.03	0.23*	0.11	0.00	−0.14	0.27*	45.6	6.8
NUC	−0.06	−0.24*	−0.28*	0.19	0.06	−0.19	−0.13	0.02	0.27*	**0.35***	0.05	0.26*	0.05	−0.03	0.14	0.29*	46.7	8.8
COG	−0.11	−0.15	**−0.47***	−0.05	0.12	**−0.32***	−0.16	0.08	**0.32***	**0.47***	0.05	**0.39***	−0.06	0.15	−0.25*	0.49*	45.6	7.8
Internalizing																		
SUI	−0.09	−0.03	−0.21	−0.13	0.01	−0.23	−0.15	0.02	0.04	0.19	0.05	0.14	0.00	0.08	−0.16	−0.020	46.6	5.7
HLP	−0.14	−0.01	−0.14	0.00	−0.07	−0.22	−0.07	0.07	0.02	0.04	0.18	0.14	−0.18	**0.24***	−0.08	−0.020	42.3	5.6
SFD	−0.16	−0.07	**−0.53***	−0.07	0.17	**−0.42***	−0.20	0.08	**0.34***	**0.44***	0.01	**0.41***	0.13	0.10	−0.16	0.24*	46.2	7.4
NFC	**−0.31***	0.05	**−0.60***	−0.21	0.05	**−0.35***	−0.28*	0.11	**0.44***	**0.39***	0.15	**0.60***	−0.16	**0.30***	−0.01	0.160	44.6	8.2
STW	−0.11	−0.03	**−0.43***	0.02	0.15	**−0.31***	0.00	0.06	**0.32***	**0.37***	0.11	**0.42***	−0.05	0.10	−0.10	0.197	43.4	7.5
AXY	−0.11	−0.15	**−0.33***	−0.12	0.17	−0.20	−0.04	0.02	**0.35***	**0.37***	−0.08	**0.33***	−0.09	0.04	−0.08	0.42*	45.4	5.3
ANP	−0.07	−0.11	−0.21	0.28*	**0.32***	−0.28*	0.13	−0.04	**0.31***	0.27*	0.01	0.16	0.20	−0.03	−0.05	0.16	43.2	6.1
BRF	0.02	−0.11	−0.20	0.00	0.08	−0.28*	−0.20	0.19	0.11	0.21	0.12	0.08	−0.02	0.07	−0.07	0.43*	45.1	5.3
MSF	0.10	−0.19	−0.10	0.24*	0.11	−0.10	−0.02	0.02	0.17	0.13	−0.16	0.08	0.01	−0.17	0.10	0.25*	43.5	6.1
Externalizing																		
JCP	−0.02	−0.03	−0.19	0.26*	0.09	−0.11	−0.02	0.01	0.14	0.24*	0.08	0.19	−0.02	0.06	−0.04	0.14	45.3	7.9
SUB	−0.08	0.12	−0.13	0.29*	0.07	−0.12	0.25*	0.03	0.03	0.10	0.04	0.06	0.07	0.06	−0.15	−0.04	45.3	6.1
AGG	−0.01	−0.02	−0.26*	0.29*	0.14	−0.24*	0.02	0.06	0.20	**0.31***	0.04	0.25*	0.08	0.06	−0.08	0.20	42.3	6.9
ACT	−0.03	−0.06	−0.19	0.06	0.29*	−0.18	0.00	0.15	**0.35***	**0.35***	−0.05	0.28*	0.14	0.00	0.00	0.33*	43.5	8.5
Interpersonal																		
FML	−0.08	−0.01	**−0.38***	0.03	0.18	−0.25*	−0.10	0.17	**0.39***	**0.43***	−0.05	**0.45***	0.14	0.03	0.00	0.15	43.3	6.9
IPP	**−0.30***	0.12	−0.29*	**−0.60***	**−0.37***	−0.15	**−0.40***	0.07	−0.18	−0.05	**0.37***	0.06	−0.27*	**0.46***	−0.16	−0.04	48.4	8.6
SAV	**−0.39***	0.07	−0.14	−0.23*	**−0.55***	−0.07	**−0.60***	−0.01	0.13	0.10	**0.37***	0.14	−0.04	**0.48***	−0.01	0.04	48.5	8.1
SHY	**−0.35***	0.10	**−0.38***	−0.22*	−0.17	−0.16	**−0.64***	0.02	0.29*	0.20	0.24*	**0.38***	−0.09	0.23*	0.07	0.19	42.1	6.9
DSF	−0.28*	−0.11	−0.11	−0.10	−0.16	−0.19	−0.20	0.09	0.17	0.12	0.26*	0.11	−0.08	0.29*	−0.06	−0.03	46.3	6.3
PSY-5																		
AGGR-r	0.18	−0.18	0.27*	**0.67***	**0.37***	0.12	0.41*	−0.01	0.19	0.08	**−0.30***	−0.11	0.23*	**−0.33***	0.13	0.083	47.1	8.1
PSYC-r	0.08	−0.22	−0.28*	0.13	0.19	−0.18	0.00	0.16	**0.32***	**0.39***	−0.01	0.28*	0.06	0.03	−0.03	0.228*	47.3	8.3
DISC-r	0.01	0.02	−0.23*	0.27*	0.26*	−0.24	0.17	−0.01	0.18	0.22*	0.00	0.19	0.10	−0.03	−0.09	0.061	44.8	7.6
NEGE-r	−0.05	−0.12	**−0.47***	0.04	0.20	**−0.30***	−0.04	0.11	**0.35***	**0.46***	0.05	**0.54***	0.02	0.04	−0.11	0.351*	41.9	8.2
INTR-r	−0.25*	0.06	−0.03	−0.21	**−0.60***	−0.06	−0.45*	−0.05	−0.11	−0.06	**0.31***	0.02	−0.08	**0.39***	−0.02	−0.061	49.8	9.1

Note. MMPI-2-RF = Minnesota Multiphasic Personality Inventory-2-Restructured Form; PSY-5 = sonality Psychopathology 5. Bolded values reflect relationships that are of at least a moderate effect size (r ≥ .3; Cohen, 1988).
* Correlation meets family-wise Bonferroni correction.

Accordingly, results indicate that only specific types of aggressive attitudes and behaviors are evident on the 16PF. Specifically, Independence was moderately related to BXD ($r = .40$) and Dominance had a strong association ($r = .60$) with the AGGR-r (Aggressiveness-Revised) scale (see Table 4). AGGR-r is designed as a dimensional measure of personality psychopathology and may suggest tendencies related to instrumental aggression and social domineering. Conversely, many other externalizing scales approached our threshold for clinical significance but failed to reach a medium effect required for a clinically meaningful relationship, (e.g., Antisocial Behavior [RC4] $r = .27$, AGG [Aggression] $r = .29$, and SUD [Substance Use] $r = .29$; Tables 3 and 4). Likewise, AGG-r may also reflect an individual's belief in their leadership potential, which may explain its negative relationship to Privateness ($r = .30$). Given the general tendency toward low scores across the MMPI-2-RF and a lack of meaningful relationships among other externalizing scales and Dominance, this relationship should be interpreted with caution.

Discussion

The goal of the current study was to identify correlations between risk factors of sexual abuse on the MMPI-2-RF and personality traits on the 16PF in a sample of Catholic clergy applicants. The results from this study support our overarching hypothesis that there are correlations between normative and pathological personality traits. Specific hypotheses about emotional deficits were largely supported as we found significant relationships between 16PF global factors of Anxiety and Self-Control and MMPI-2-RF scales of emotional (e.g., inefficacy, self-doubt, anxiety) and interpersonal dysfunction (e.g., social avoidance, family problems). The impulsivity hypothesis was partially supported as we found associations between the 16PF global factor of Self-Control and a few MMPI-2-RF scales of externalizing behavior (e.g., behavioral dysfunction and hypomanic activation), but fewer significant relationships were found than expected. Our findings warrant further discussion.

The primary finding of this study highlights the problem of emotional deficits in applicants to clergy roles in the Catholic Church. Indeed, emotional deficits such as avoidance of negative emotions and inability to cope with negative affect have been identified as known risk factors of sexual offending (Böhm, Zollner, Fegert, & Liebhardt, 2014; Ward & Beech, 2006). Accordingly, a preponderance of negative emotions (i.e., anger, impatience, irritability, and resentment) are regularly found in clergy credibly accused of sexual misconduct (Plante & Aldridge, 2005). While sexual offenders are often perceived as easily spotted due to their aggressive, manipulative, and violent tendencies, there is not a unified profile of how sexual offenders behave and their underlying motivations (Plante, 2015). Some can blend in by exhibiting adaptive qualities even if underlying characterological flaws are not readily apparent. Thus, rather than focusing on egregious problematic behavior that is likely minimized or hidden in an admission context, psychological evaluations may be more effective by focusing on problematic emotional states as well as candidates' ability to manage stress and cope with challenges (Baer & Miller, 2002).

From a religious–spiritual perspective, the psychological focus on emotional deficits is congruent with the USCCB's (2006) stated goals of admitting and training men for clergy roles of "affective maturity." Affective maturity is a key phrase in the Catholic Church's document about an applicant's suitability to be accepted, trained, and ordained to a clergy role. The phrase has a multidimensional description that speaks to an individual having balanced and integrated feelings, not driven by emotions, capable of productively dealing with conflict and stress, and having harmonious relationships, particularly with authority figures. In addition, affective maturity is an all-encompassing state that reflects an individual's health across domains—physical, psychological, spiritual, and sexual (USCCB, 2006). There are many psychological terms about emotion (e.g., emotional intelligence, emotional regulation, emotional expression), but we are not aware of a psychological construct that encompasses all of the Church's description of affective maturity. Without a theoretical construct, it is not surprising that we could not find a specific psychological test to assess for affective maturity in evaluations of clergy applicants. Thus, despite knowledge that affective maturity is desired by the Catholic Church for the clergy, evaluations

have lacked a clear way to communicate the assessment of affective maturity. This study contributes to addressing that clinical problem by providing a psychological framework for using specific scales from the 16PF and MMPI-2-RF to identify the multiple dimensions of affective maturity. Thus, identifying emotional deficits in applicants is an important task for mental health professionals conducting psychological evaluations in the admission process.

The partial support for the impulsivity hypothesis may stem from a lower rate of participants exceeding recommended cut-off scores on traits associated with externalization (e.g., while 7% endorsed clinically indicated levels of suicidality, only 1.1% [2 people] reported an equally elevated level of substance abuse concerns). It is possible that clergy applicants intentionally underreported impulsive traits, which may be expected given the admission context of the evaluation and findings of underreporting in previous research with similar samples (e.g., police officer applicants; Detrick & Chibnall, 2014). Another hypothesis worth investigating in future research is that perhaps clergy applicants are less impulsive than members of the general population and in comparison to men more at-risk for sexually acting out. After all, men typically apply to the priesthood or diaconate after years of careful discernment (Isacco & Tirabassi, 2018), which suggests that clergy applicants may be an atypically deliberate group of people. Moreover, clergy applicants undergo more rigorous systematic screening (e.g., background checks), are a nonclinical sample, and do not have any history of offending—all of which decreases the likelihood of detecting impulsivity toward sexual perpetration. Whether due to an intentional suppression of those externalizing behavioral concerns, or due to their nonexistence within this population, this pattern of low rates of clinical elevations may have restricted score ranges to some degree. This restriction, in turn, may have impacted our ability to detect meaningful relationships on scales more overtly measuring externalizing behaviors (e.g., substance use, dominance). Taken together, the elusiveness of impulsivity as assessed in the present study reinforces why identifying emotional deficits may be a better clinical focus during these evaluations.

From a sexual offending risk perspective, a lack of support for the impulsivity hypothesis may reinforce that clergy offenders are likely to fit the acquaintance offender type (Raine & Kent, 2019; Ryan, Huss, & Scalora, 2017). The grooming process of gaining the victim's (and their family's) trust, ensuring secrecy, and establishing a situation for a sexual offense to a child requires time, patience, and plotting, which is contrary to impulsivity. Moreover, the average amount of time between ordination to a clergy role and first sexual offense is 11 years postordination. Training programs for clergy typically take about 4–9 years to complete. We are not aware of any type of assessment from any field that can predict criminal behavior approximately 15–20 years before it may occur. Thus, psychological evaluations of clergy applicants are less helpful in assessing dormant impulsivity in relation to potential risk for sexual offending, but should be concerned when an applicant has elevated scores in that domain.

Limitations and Future Directions of Research

We considered our framework to analyze 16PF and MMPI-2-RF associations to be novel and in alignment with recent calls to consider normative and maladaptive personality traits in tandem to improve the validity of personality assessments (see Widiger, Crego, Rojas, & Oltmanns, 2018). Such an approach contributes to developing a more holistic understanding of the person by acknowledging the reality that some applicants can have both healthy and unhealthy parts to their personality. In other words, personality is not "all or nothing," as in completely adaptive or maladaptive. However, this study's measure of normative personality traits (the 16PF) has not been normed in clinical populations; thus, caution should be used when drawing inferences about the clinical meaning of extreme (high/low) scores on the 16PF. It may be the case that extreme scores on the 16PF are indicative of psychopathology, but that claim cannot be substantiated in the absence of well-validated norms. Future research would do well to test this possibility and may provide insight to identifying personality traits associated with the acquaintance offender type.

The present study focused on applicants to the priesthood and diaconate who are, by defi-

nition, potential clergy members. Additional research is needed to assess the normative and pathological personality traits of current clergy members, particularly those who have committed sexual offenses. This could be accomplished by administering personality measures to priests who have been convicted of such offenses or by administering personality measures to applicants and then tracking them longitudinally. Future research can advance this study's line of inquiry by examining normative and pathological personality traits in association with sexual offending behavior in clergy applicants and ordained clergy members.

This study contributed new insights to problematic personality characteristics that can be applied at the individual level in evaluations. However, clergy sexual abuse in the Catholic Church has occurred within specific and unique contexts (John Jay College of Criminal Justice, 2011). Consistent with the long-held idea that behavior is the function of both the person and their environment (Lewin, 1931), situational factors must also be considered in future research on sexual offending in priests and deacons. Like personality traits, situational factors could be assessed in both retrospective and prospective designs. While situational factors can be challenging to study (Dimoff & Sayette, 2017), including them in future investigations is likely to enhance our understanding of personality traits shown to confer risk of sexual offending (e.g., by identifying the circumstances under which emotional instability is most likely to lead to such offending). Furthermore, an increased consideration of situational factors could help us to identify protective factors that reduce the risk of problematic personality traits and offer directions for broader interventions that target both clergy members and their social environments.

Our sample was predominately White (95%), which is higher than recent demographic statistics of newly ordained priests (65%) and overall permanent deacons (65%) in the United States (Gautier, 2018; Gautier & Kramarek, 2019). A more diverse sample that better reflects national demographics is desirable in future research. The extent to which varying racial/ethnic groups' personality traits may differ on 16PF and MMPI-2-RF scores is unexplored in clergy and applicant samples. Finally, our study did not examine underlying sexual motivations to risk factors of sexual offending in clergy (Seto, 2019), which would shed additional light on nuanced assessment practices that could identify different factors that explain risk to sexual offending.

Clinical Implications

This is a nonclinical, nonoffending sample of applicants to the Catholic priesthood or diaconate. Therefore, the typical risk factors for sexual offending will understandably be lower and not reach a clinical threshold. Taking this implication into consideration, it is important to still be able to assess general behavior problems and emotional functioning deficits that could be exacerbated over time in a clergy role. Specifically, with the full support of the emotional stability hypothesis, this study highlighted the importance of assessing for the presence of coping skills, stress management, appropriate management of emotions, and psychological strengths during the psychological evaluation of clergy applicants, as well as determining which applicants may need more emotional support. In the instances that scales are elevated, further assessment is important. Assessment of those important emotional factors and other risk factors is best conducted within a multimethod evaluation that includes a comprehensive clinical interview, objective and projective tests, and obtaining collateral information (Seto, 2018; USCCB, 2015). As our study examined standardized, self-report measures with closed-ended questions, clinical interviews that explore candidates' psycho-sexual history, deviant attractions, paraphilias, and sexual behaviors can be an effective strategy that complements data from the 16PF and MMPI-2-RF.

We caution practitioners that evidence of emotional deficits and impulsivity in clergy candidates on the 16PF and MMPI-2-RF are not certain indicators of subsequent sexual offending. Our study provides information from standardized tests that help to assess the degree of emotional deficits and impulsivity in candidates to better evaluate the level of risk that informs admission decisions. The USCCB (2006, 2015) has contended that affective immaturity, emotional vulnerabilities, personality traits inconsistent with healthy ministry, and severe psychopathology are contraindications to an authentic vocation to clergy roles in the Church. Psycho-

logical evaluations that identify indicators of those contraindications are better able to assist Church representations in admission decisions by highlighting traits that would impede a candidate's ability to be effective in their clergy role.

In addition, a portion of our participants had an elevated suicide scale on the MMPI-2-RF, which may at first glance be concerning. However, all of the elevated scales were attributable to participants endorsing a specific item that asked if they had thoughts of death and what life is like after death. Endorsement of only one item triggers an elevation above the clinical cut-off and warrants a follow-up risk assessment. For each applicant, a risk assessment was conducted and they provided a spiritual–religious reason(s) (e.g., contemplating heaven, spiritual reading) for their endorsement of the specific item. The risk assessments did not identify any actual suicidal ideation, intent, or plan. Practitioners conducting evaluations would benefit from being aware of how spiritual factors might inform applicants' answers to certain questions on the MMPI-2-RF, which is needed to avoid over-pathologizing and to develop more accurate clinical conceptualizations.

Conclusions

While trends suggest that enhanced screening processes of clergy applicants has contributed to a decrease in clergy sexual abuse in the Catholic Church, continued vigilance and refinement of these screening processes is needed. The screening of applicants to clergy roles is a gateway situation, and mental health professionals are well positioned to play a key role in identifying applicants who have emotional deficits and should not be admitted. This study is important because it sheds light on a unique approach to the psychological evaluation that can be used to assess potential risk factors of sexual abuse within clergy applicants by using standardized tests common to the evaluation. This study highlighted the significance of emotional stability to members of the Catholic priesthood and diaconate. Our approach to examining both normative and pathological personality characteristics in the context of sexual offending risk factors offers an important contribution to the extant literature on enhancing psychological evaluations of clergy applicants.

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