

The comparative analysis of selected psychosocial and psychopathological factors among the sexual offenders with personality disorders

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Abstract

Introduction: An important component in the study of sex related offences is the analysis of the effects of personality disorders and their correlation with other psychopathology.

Material and methods: The purpose of this paper is to evaluate and compare psychosocial and psychopathological factors characterising sexual offenders with and without the comorbid personality disorders (antisocial and not otherwise specified). The study dataset consisted of 180 court ordered psychiatric-sexuological assessments issued by forensic experts from the Mental Health Outpatient Unit between 2004 and 2012 in the 10th Military Clinic Hospital in Bydgoszcz (Poland).

Results: Relevant statistically significant differences have been observed between the study groups.

Conclusions:

1. The study revealed strong association between the prevalence of personality disorders and the use of psychoactive substances among the perpetrators of sexual offences with antisocial personality disorder.
2. Predictive factors influencing the formation of antisocial (dissocial) personality occur in the developmental stage and relate to the family low level of social functioning and the disrupted family structure.

Key words: criminal sexual behaviour, personality disorders

Polish Sexology 2016; 14 (1): 19–24

Introduction

First description of personality disorder similar to today's concept of dissocial personality (antisocial, psychopathic) comes from Prichard who points out to some of the features including "morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions and impulses" in individuals with normal intellectual faculties, and in the absence of delusions and hallucinations [1].

This theory has been further developed by Cleckley, who suggested that those affected by the psychopathy would often be considered free of any other psychiatric disorder and yet present with deep pathology in their thought process. Psychopathic personality is there

described as a set of symptoms in the interpersonal, affective and behavioural sphere [2]. Hare et al. propose that persons with psychopathic personality can differentiate between good and evil and should not be considered as absolved of criminal responsibility on the grounds of mental illness [3, 4]. Hare also points out that psychopaths in general are prone to criminal behavior and the type of violence used is manipulative (calculated) rather than affective. The violence is also more likely to be committed on the basis of revenge rather than a sexually motivated [5]. It is estimated that in the general population of convicts personality disorders are found in 64% of all convicted males and 50% of females [6]. Antisocial personality disorder was found among almost half of all male and one-fifth of female convicts [7]. Personality disorders are found in approximately half of the perpetrators of sexual offences [8], whereas antisocial personality disorder is common the group of perpetrators of multiple sexual homicides [9].

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Received: 16 05.2015

Accepted: 12.12.2015

It has been shown that psychopathy is associated with sexual violence against children. The association is even higher among the recidivists committing incest [10, 11]. Sexual offenders have been noted to have coinciding high prevalence of personality disorders and addictions to psychoactive substances [12, 13].

Although the strongest predictor for sexual offenders' recidivism is the presence of paraphilia, the meta-analysis of 61 studies indicate that also antisocial personality disorder, number of previous offences and young age of first offence are strong predictors of re-current offending [14].

The analysis of personality traits has been a part of several assessment tools used to evaluate the risk of re-offending, such as Sexual Violence Risk – 20 (SVR-20) or Sex Offender Risk Appraisal Guide (SORAG) [15]. Psychopathic features can be measured using the PCL-R (Psychopathy Checklist, Revised) [16].

Recently the researchers introduced a new term for a subgroup of persons with personality disorders, Dangerous Severe Personality Disorders (DSPD) [17, 18].

This term has been introduced following the recommendations from government agencies from the UK to distinguish this group among the offenders and to target these individuals with special therapeutic programs [19, 20].

However, some researchers argue that the term DSPD should not be considered a separate diagnosis since neither DSM-IV nor ICD-10 indicate any criteria to distinguish it from other disorders [21].

Although some researchers question the effectiveness of therapy for sexual offenders [22, 23], the recently conducted meta-analysis indicated that current treatment modalities significantly decrease the risk of recidivism in sexual offenders [24, 25]. Treatment of persons with personality disorders is based on programs including group therapy. A defined duration of group therapy is assumed with emphasis on clear group hierarchy and assumption of roles promoting responsibility for one's actions as well as insight into those actions [26, 27].

A number of studies propose that the predictors for dissociation could be found in childhood. These predictors include presence of conduct disorder [28, 29], hyperactivity [30], aggressive reaction patterns [31], difficulty in initiating or maintaining relationships with peers [32], affiliation with peer juvenile offenders [33], and school drop out [34].

DSM-IV criteria for personality disorders include failure to conform to social norms, aggressiveness and impulsivity, whereas ICD-10 definition describes this as a condition with a pervasive pattern of disregard for or violation of the rights of others, conflict with others,

incapacity to maintain enduring relationships, low frustration tolerance, low threshold for discharge of aggression, incapacity to experience guilt and to profit from experience such as punishment, and propensity to blame others [35].

Material and methods

The purpose of this paper is to evaluate and compare psychosocial and psychopathological factors characterising sexual offenders with and without the comorbid personality disorders including antisocial and personality disorder not otherwise specified (NOS).

The study dataset consisted of 180 court ordered psychiatric-sexuological assessments issued by forensic experts from the Mental Health Outpatient Unit between 2004 and 2012 in the 10th Military Clinic Hospital in Bydgoszcz (Poland). The assessments were done for the male offenders who committed sexual offences as defined in Chapter XXV of the Criminal Code in Poland: Offences Against Sexual Freedom and Morality. The subjects were divided into groups with and without comorbid personality disorders. Personality disorder group was further divided into antisocial and personality disorder NOS.

Paraphilia (disorders of sexual preference) was recognized in 5 cases which constituted 2.8% of all male offenders for whom expert opinion was issued. This study used a specially designed questionnaire: Charter for Diagnosis of Factors Determining Criminal Activity. This questionnaire was constructed based on clinical interviews and clinical knowledge. It included data regarding; characteristics of the committed offence (based on the relevant categories from the 1997 Polish Criminal Code), prior criminal and regulatory offenses, sociological features (sociodemographics), psychomotor development during childhood and adolescence, relationship status of the offender at the time of the offense, upbringing, school records, military service, relationship to alcohol and other addictions, somatic diseases, psychiatric and sexual treatments and clinical diagnoses according to ICD-10. The psychological assessment included the following diagnostic tests: a visuo-motor gestalt test (by Lauretta Bender), the Benton visual retention test and the Minnesota Multiphasic Personality Inventory. The questionnaire was completed by the researcher based on the opinion of the forensic experts. The data from the questionnaire was entered into a spreadsheet and all statistical calculations were done through Excel. To answer the questions posed in this paper, the chi-Pearson test was used. Corre-

Table 1. The comparative analysis of factors characterizing offenders with and without personality disorders, including antisocial and not otherwise specified personality disorder

| Analyzed factor | Antisocial personality disorder (n = 62) | Personality disorder NOS (n = 50) | Absence of personality disorder (n = 68) |
|---|--|-----------------------------------|--|
| Crime committed under the influence of alcohol | 59.7% | 56.0% | 33.8% |
| Prior criminal record | 67.7% | 20% | 13.3% |
| Age of the offender (years old): | | | |
| < 18 | 1.6% | 2.0% | 1.5% |
| 19–35 | 40.3% | 42.0% | 33.8% |
| 36–50 | 51.6% | 46.0% | 33.8% |
| 51–65 | 6.5% | 4.0% | 25.0% |
| > 60 | 0.0% | 6.0% | 5.9% |
| Family social background: | | | |
| “blue collar” urban | 85.5% | 62.0% | 54.4% |
| “blue collar” rural | 9.7% | 16.0% | 30.9% |
| “white collar” | 4.8% | 22.0% | 14.7% |
| Marital status: | | | |
| never married | 45.2% | 28.0% | 30.9% |
| married | 32.3% | 50.0% | 39.7% |
| divorced | 11.3% | 8.0% | 8.8% |
| widower | 0.0% | 0.0% | 8.8% |
| separated | 0.0% | 6.0% | 4.4% |
| common law | 11.3% | 8.0% | 7.4% |
| Education: | | | |
| elementary | 43.5% | 34.0% | 17.6% |
| special needs elementary | 6.5% | 0.0% | 11.8% |
| vocational | 30.6% | 18.0% | 29.4% |
| secondary | 3.2% | 26.0% | 29.4% |
| post secondary | 0.0% | 18.0% | 10.3% |
| Employment status: | | | |
| full time | 17.8% | 48.0% | 51.5% |
| part time | 33.9% | 22.0% | 4.4% |
| unemployed | 27.0% | 22.0% | 13.2% |
| disability benefits | 17.7% | 4.0% | 25.0% |
| History of delayed psychomotor development in childhood | 16.1% | 0.0% | 10.3% |

p-value < 0.05 for χ^2 Pearson's test

lations with all collected variables were analyzed for subjects in both study groups. Only the correlations for which the p-value was less than 0.05 were taken into consideration.

Results

The analysis revealed several characteristic features describing the sexual male offenders in both study groups. The findings are presented in Tables 1–3.

Discussion

In the group of sexual male offenders included in the study (n = 180), 112 participants (62.2%) were identified as having personality disorders. This finding confirms earlier predictions of high prevalence of this type of disorders expected among sexual offenders [8].

However, the results of this study revealed different results regarding the proportion of antisocial personality disorder when compared with other studies using similar methodology [36, 37]. Mc Elroy et al. report 72% of sexual offenders were found to have antisocial personality disorder; Dunsieith et al. found this disorder among 56% of the studied individuals, whereas the present study found only 34.4% of subjects with antisocial personality disorder. The results from the study confirm the coincidence of personality disorders with the disorders related to overuse of psychoactive substances [12, 13], though the association is stronger among the offenders with antisocial personality disorder where 35.5% subjects were abusing alcohol and 24.2% were using other psychoactive substances. The addiction syndrome for the psychoactive substances was found in 25.8%.

Antisocial personality disorder was also confirmed as a strong predictive factor for recidivism [38], in the

Table 2. Summary of factors characterizing personal history of sexual development among the sexual offenders with and without comorbid personality disorders including antisocial and NOS personality disorder

| Analyzed factor | Antisocial personality disorder (n = 62) | Personality disorder NOS (n = 50) | Absence of personality disorder (n = 68) |
|---|--|-----------------------------------|--|
| Current relationship conflict (marital, common law) | 46.8% | 34.0% | 16.2% |
| Reported sexual dissatisfaction | 27.4% | 16.0% | 4.4% |
| Weak or neutral emotional bond with parents | 58.0% | 32.0% | 22.1% |
| Age of sexual initiation (years old): | | | |
| 10–15 | 19.4% | 8.0% | 2.9% |
| 16–18 | 41.9% | 40.0% | 27.9% |
| > 18 | 33.9% | 52.0% | 57.4% |
| Number of sexual partners to date: | | | |
| < 5 | 45.2% | 64.0% | 48.6% |
| 6–15 | 27.4% | 18.0% | 33.8% |
| > 15 | 22.6% | 4.0% | 10.3% |
| Masturbation | 79.0% | 60.0% | 60.3% |
| Number of intimate relationships to date: | | | |
| multiple (> 5) | 21.0% | 4.0% | 22.1% |
| low (< 5) | 74.2% | 96.0% | 66.2% |
| Motives for getting married: | | | |
| love | 21.0% | 26.0% | 44.1% |
| convenience | 8.1% | 14.0% | 11.8% |
| pregnancy | 14.5% | 10.0% | 1.5% |
| Frequency of sexual contacts (in marital and common law relationships): | | | |
| daily | 3.2% | 0.0% | 0.0% |
| weekly | 24.2% | 16.0% | 36.8% |
| monthly | 30.6% | 50.0% | 14.7% |
| none | 41.9% | 34.0% | 48.5% |
| Parental alcoholism | 45.2% | 22.0% | 13.2% |
| Upbringing (family structure): | | | |
| both parents present | 69.4% | 76.0% | 79.4% |
| single parent family | 17.7% | 16.0% | 20.6% |
| foster care | 11.3% | 8.0% | 0.0% |
| Behavioural problems at school | 51.6% | 50.0% | 22.1% |

p-value < 0.05 for χ^2 Pearson's test**Table 3. Summary of psychobiological factors characterizing sexual offenders with and without personality disorders, including antisocial and NOS**

| Analyzed factor | Antisocial personality disorder (n = 62) | Personality disorder NOS (n = 50) | Absence of personality disorder (n = 68) |
|---|--|-----------------------------------|--|
| Alcohol use: | | | |
| overuse/abuse | 35.5% | 18.0% | 5.9% |
| moderate use | 64.5% | 82.0% | 86.8% |
| abstinence | 0.0% | 0.0% | 7.3% |
| Treatment of alcoholism | 17.7% | 10.0% | 4.4% |
| Use of psychoactive substances | 24.2% | 6.0% | 2.9% |
| Psychiatric treatment: | | | |
| sporadic | 24.2% | 12.0% | 8.8% |
| regular | 12.9% | 2.0% | 13.2% |
| Clinical assessment of the alcohol use: | | | |
| overuse/abuse | 11.3% | 6.0% | 0.0% |
| addiction syndrome | 25.8% | 8.0% | 8.8% |
| Developmental disability | 9.6% | 0.0% | 11.8% |

p-value < 0.05 for χ^2 Pearson's test

study group 67.7% of subjects had prior convictions, however, the analysis for recidivism in sex-related crime was not conducted.

It is important to point out that it has noted some of the risk factors antisocial (dissocial) personality occur during early in life as part of child development. This finding is consistent with current literature. The risk factors include behavioral problems [28, 29] — it has noted behavioural problems at school were found in 51.6% of subjects with antisocial personality disorder and 50% among the subjects with personality disorders NOS. Other factors such as school drop out [34] — 43.5% of offenders with antisocial personality features had only attained elementary education. It is also important to point out the association with low level of social functioning in the family and the disrupted family structure described by low socioeconomic status, weak bond with parents, or parental alcoholism.

The above factors may play a deciding role in forming of the personality during the development process favouring the formation of antisocial personality traits. In effect this will lead to low level of social functioning among the individuals affected, leading to behavioral problems at school, low education, early age of sexual initiation, relationship conflict, difficulty with initiating and maintaining relationships and criminal record.

The main limitation of the study is the lack of comparison between sexual offenders with and without paraphilia. The presence of comorbid paraphilia was identified among only 5 offenders (2.8% of the study group), therefore, it need to assume the results of the study are characteristic for the sexual offenders without coexisting paraphilia.

Further research is needed to determine if an introduction of a new term: Dangerous Severe Personality Disorder [17, 18], would not in fact reflect more accurately the features characteristic for the offenders, including sexual offenders exhibiting features of antisocial personality disorder.

Conclusions

1. The study revealed strong association between the prevalence of personality disorders and the use of psychoactive substances among the perpetrators of sexual offences with antisocial personality disorder.
2. Predictive factors influencing the formation of antisocial (dissocial) personality occur in the developmental stage and relate to the family low level of social functioning and the disrupted family structure.

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