

The Roles of Childhood Maltreatment and Psychopathy in Sexual Recidivism of Treated Sex Offenders

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ABSTRACT. The Intensive Treatment Program for Sexual Offenders (ITPSO) at the Correctional Service of Canada (CSC) provides cognitive-behavioral group treatment to federally incarcerated sex offenders.

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Follow-up data for 81 of these men were examined, looking at psychopathy and childhood maltreatment history as potential predictors of recidivism using Survival Analysis. Offenders who had been placed in foster care as a child were more likely to recidivate; however when PCL-R Factor 2 scores (a history of antisocial behavior) were entered, they predicted over and above foster care history. Childhood physical abuse predicted sexual recidivism; however, childhood sexual abuse and PCL-R scores did not predict sexual recidivism. PCL-R Factor 2 scores predicted violent recidivism. doi:10.1300/J146v14n03_02 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

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Sexual violence is a serious social problem, with wide-ranging adverse effects on individuals and society as a whole. Increasing recognition and acknowledgement of the problem has led to a substantial increase in the number of reports to authorities of sexual offences, and to an increase in the number of incarcerated sex offenders in penal institutions (Blanchette, 1996; Juristat, Canadian Centre for Justice Statistics, Statistics Canada, 1999). In Canada, sex offenders represent approximately 25% of the total incarcerated population in federal institutions, and approximately 14% of those on conditional release from those institutions (Motiuk & Belcourt, 1998). It should be noted that these figures do not represent all incarcerated Canadian sex offenders, those incarcerated and/or on release from provincial jails are not included in these figures.

HISTORIES OF OFFENDERS

Child Abuse

Although the majority of individuals with histories of childhood abuse do not engage in violence or sexual violence against others (e.g., see Gilgun, Klein, & Pranis, 2000; Hamilton, Falshaw, & Browne, 2002), incarcerated prisoners frequently report child abuse histories, with reported rates of sexual abuse as high as 93% (Briggs & Hawkins,

1996). One recent study with a sample of Canadian inmates found that severe childhood sexual abuse predicted later sexual violence, but was not related to non-sexual violence with this sample (Dietrich, 2003). However, according to Boer, Hart, Kropp, and Webster (1997), there is little published empirical evidence in support of a specific connection between childhood sexual abuse and later sexual violence among offenders. Moreover, a meta-analysis by Hanson and Bussiere (1998) reported that childhood sexual abuse correlated with general recidivism, but not with sexual recidivism.

The disparate findings in published studies may be based in variations in methodology, including the particular definition of childhood sexual abuse used in a given study, the characteristics of those who are actually released and have an opportunity to re-offend, as well as the means by which researchers assess for recidivism. For example, if researchers use broad definitions of childhood sexual abuse (e.g., non-contact abuse such as kissing or fondling), and if more severe forms of childhood sexual abuse (i.e., that involving penetration) pose the highest risk for later sexual offending, the inclusion of non-contact and non-penetrative forms of sexual abuse as predictors may distort the results. Similarly, if only those men at lower risk of recidivism are released into society, those who are at higher risk (and who may have more severe childhood abuse histories) and who are not released will have little opportunity to re-offend. Recidivism rates will be affected. Moreover, many studies use only official legal records to determine recidivism rates and fail to include other information, such as self-report and collateral reports. Released offenders who commit offenses do not necessarily get caught, and thus recidivism rates are undoubtedly underestimated of actual offending behavior.

“Psychopathy” and Childhood Abuse

Hare’s (1991) operationalization of “psychopathy,” as per cutoff scores on the Psychopathy Checklist, Revised (PCL-R) is reported as one of the strongest predictors of general and violent recidivism (Hart & Hare, 1997). The PCL-R includes two main factors: Personality traits (e.g., superficial charm, lack of empathy, shallow affect, and so forth) and antisocial behaviors.

There is evidence that some individuals with childhood abuse and/or neglect histories have higher PCL-R scores than non-abused controls (Weiler & Widom, 1996; see also Rice & Harris, 1995). Weiler and

Widom (1996) found that child abuse predicted later violence; however, it was no longer significant when PCL-R scores were included in their model. Although psychopathy has been reported to be predictive of sexual reoffending (e.g., see Meloy, 2002), particularly when coupled with sexual deviance (e.g., see Quinsey, Harris, Rice, & Cormier, 1998), the author's review of the American Psychological Association's PsycINFO database using search terms of "psychopathy and sexual recidivism" resulted in nine hits. Of these, psychopathy was reported to predict sexual recidivism in only 2 studies (Furr, 1993; Quinsey, Rice, & Harris, 1995). A review article by Hempill, Hare, and Wong (1998) reported a correlation coefficient between psychopathy and sexual recidivism of .23. Langstroem and Grann (2001) found that, although sexual deviance and poor social skills predicted sexual recidivism with a sample of 56 Swedish young offenders, psychopathy failed to predict. Similarly, Barbaree et al. (2001) found that psychopathy predicted general and violent recidivism, but failed to predict sexual recidivism. Sjoestedt and Langstroem (2002) also reported that psychopathy did not predict sexual recidivism with their sample of Swedish rapists. Thus, although the PCL-R is a good predictor of general and violent recidivism, its role as a useful predictor of sexual recidivism is equivocal.

Treatment of Sex Offenders

Treatment approaches for incarcerated sex offenders tend to focus on teaching sex offenders skills to effectively manage their risk of re-offense in the community once they are released. A variety of treatment approaches has been used with sex offenders, with the most common approach in Canada Corrections being cognitive-behavioral therapy combined with relapse prevention (Correctional Service of Canada, 1995; Marshall & Barbaree, 1990).

Intensive Treatment Program for Sexual Offenders (ITPSO)

The Regional Health Centre (Canadian Pacific region) has offered an eight-month, fixed duration, intensive treatment program for sexual offenders. This psychotherapeutic program is based on a cognitive-behavioral model and employs a series of didactic modules focused on criminogenic needs (i.e., dynamic risk factors). The theoretical principles on which the program is based include relapse prevention and cognitive behavior therapy. This program generally admits those offenders who have a history of sexual offences and severe antisocial traits.

The didactic components of the program include several modules that are taught and applied to each participant to make the concepts personally relevant. These include (1) rational emotive behavior therapy, (2) communication, (3) autobiography and offense autobiography, (4) addictions, (5) thinking errors, (6) human relationships and sexuality, (7) anger management, (8) crime cycle and relapse prevention, (9) empathy, and (10) discharge planning.

Although the ITPSO includes a psycho-educational module that has offenders write about and briefly present personal autobiographies (including child abuse), this module would not be sufficient, in itself, for treating the sequelae of severe childhood abuse trauma (e.g., see Briere, 1997). Relapse prevention models focus on teaching offenders to identify their risk factors, monitor any elevations in these factors, and to utilize coping skills and cognitions to manage elevations. Although these treatment approaches would assist in fostering skills for stabilization, they do not sufficiently target childhood abuse trauma sequelae.

Childhood maltreatment has been viewed as a static (i.e., unchangeable) risk factor for later violent and sexually violent offending (e.g., see the HCR-20; Webster, Eaves, Douglas, & Wintrup, 1996; and the SVR-20; Boer, Hart, Kropp, & Webster, 1997). However, there are reasonable grounds to consider childhood maltreatment sequelae as dynamic (i.e., changeable) risk factors for later sexual offending and sexual recidivism. It is proposed here that the sequelae frequently observed in adults with severe childhood abuse histories function as dynamic risk factors for sexual offending of known sex offenders.

Clinical observations and empirical research shows that sex offenders frequently cite factors such as affect dysregulation, substance abuse, emotional numbing, interpersonal difficulties, impaired self-esteem, and so forth, as factors in their offending behaviors (e.g., see Abbey et al., 2001; Brecklin & Ullman, 2001; Bumby & Hansen, 1997; Marshall et al., 1997). Empirical data show that individuals who report severe childhood abuse histories frequently report similar long-term difficulties (e.g., Brecklin & Ullman, 2001; Briere & Runtz, 1986; Bumby & Hansen, 1997; Marshall et al., 1997; Mennen & Meadows, 1994; Singer, Song, & Ochberg, 1994; Spaccarelli & Kim, 1995; Toth, Manly, & Cicchetti, 1992). The PCL-R includes several variables empirically related to severe childhood abuse and/or neglect, such as shallow affect, poor behavioral controls, sexual promiscuity, need for stimulation (e.g., through substance abuse), impulsivity, early behavioral problems, and so forth.

The Present Study

In the present study, different forms of childhood maltreatment are examined as potential predictors of sexual recidivism with a sample of sex offenders who completed the ITPSO. In addition to childhood maltreatment histories, PCL-R ratings are also examined in terms of their potential predictive relationship to general, violent, and sexual recidivism of treated offenders. It is hypothesized that childhood abuse and PCL-R ratings will predict later recidivism with these offenders.

METHOD

Participants

One hundred and forty-nine incarcerated male sex offenders who completed the ITPSO between 1988 and 1995 were included in the current study. The men had a mean age of 34.11 ($SD = 10.47$) at the time of treatment. Offenses included various forms of sexual assault against adults and/or children, sexual assault with weapons, aggravated sexual assault, and rape-murder.

Procedure

Prior to treatment, PCL-R ratings were obtained by psychologists or trained, supervised, raters. Total PCL-R and Factor scores were available for 81 offenders. Total PCL-R scores were categorized as high (30+), medium (21 to 29), and low (0 to 19).

Childhood histories were coded by the first author from official offender files, and include physical abuse (CPA), contact sexual abuse (CSA), emotional abuse, neglect, foster care placement, and loss of parent prior to age 16 (it should be noted that the file data are largely based on self-report by the offenders). Child maltreatment variables were coded dichotomously. Abuse histories could not be coded for 21 of the men, for whom there was insufficient information in their files. An index of different types of maltreatment was computed by summing the number of different types of maltreatment experienced during childhood. These were categorized into three groups for survival analyses: Low (0 to 2 types of maltreatment), medium (3 to 4 types), and high (5 to 6 types).

To date, a total of 115 of the 149 sex offenders in this study who received treatment have been released into the community. Survival analyses with Cox regression were computed for these men, looking at

recidivism as a function of childhood maltreatment history and PCL-R ratings. General recidivism, violent recidivism, and sexual recidivism (yes or no) were coded from official Royal Canadian Mounted Police (RCMP) files.

Survival analysis is a statistical technique that estimates the time taken to an event (e.g., recidivism) and the rate of occurrence of that event. All data are incorporated into the analyses, regardless of whether or not the participant has reached the event of interest, dropped out of the study, or the study period has ended. Survival curves represent the cumulative proportion of offenders who have not re-offended at each fixed point in time.

RESULTS

Childhood Histories

The most frequently reported form of child maltreatment experienced by these sex offenders was emotional abuse, followed by physical abuse and sexual abuse (see Figure 1). The mean number of different types of adverse childhood events experienced by these men was 3.4 ($SD = 1.5$).

Twenty-eight (18.8%) of the offenders released into the community committed another known offence. Fourteen (9.4%) committed non-sexual violence, and 14 (9.4%) committed sexual violence. Nine men (6%) committed general (non-violent, non-sexual) offences. There was overlap in the types of offences committed by some of the offenders, with 20 offenders committing one type of offence, 7 offenders committing two types of offence, and 1 offender committing general, violent and sexual offences. Of the 81 men for whom PCL-R scores were available, 20 offenders (13%) were low in psychopathy, 47 (31.5%) were medium, and 14 (9.4%) were high.

Survival analyses were conducted with child maltreatment entered on the first block and PCL-R scores entered on the second block. Having been placed in foster care as a child enters the model ($\chi^2 = 4.6$, $df = 1$, $p < .05$). The odds of any recidivism (including violent and sexual) for those who had been placed in foster care are 3.11 (Wald = 4.14, $p < .05$). PCL-R total scores failed to enter. As shown in Figure 2, with a history of placement in foster care as a child, approximately 25% of treated sex offenders re-offended within 60 months.

This procedure was repeated using PCL-R factor scores in place of PCL-R total scores. Factor 2 scores predict any recidivism over and

FIGURE 1. Types of Adverse Childhood Experiences

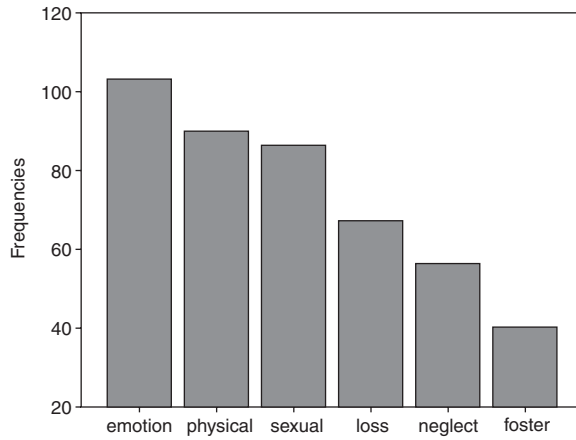
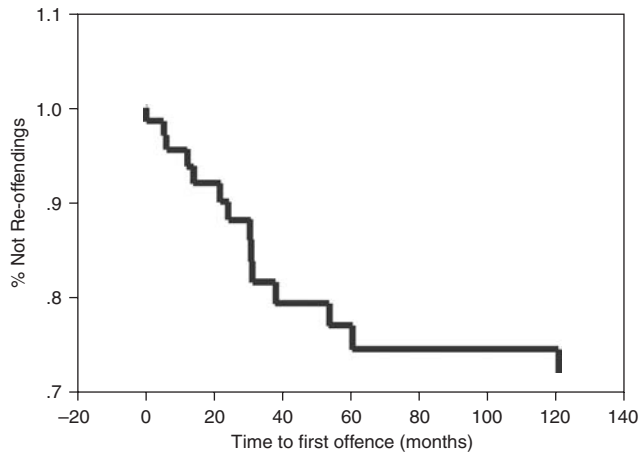


FIGURE 2. Foster Care Placement and Any Recidivism



above foster placement (Wald = 9.37, df = 1 p < .01), with odds of recidivism 1.3 to 1.

For sexual recidivism, child physical abuse entered the model ($\chi^2 = 4.08$, df = 1, p < .05). PCL-R total scores, factor scores, and other childhood abuse types failed to enter. PCL-R Factor 2 (antisocial behavior)

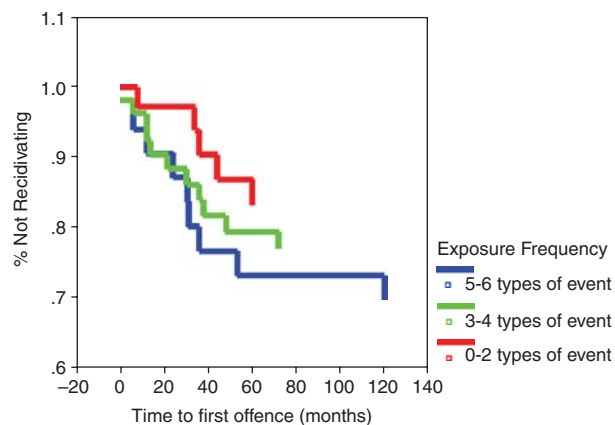
is the only variable that predicts violent recidivism ($\chi^2 = 8.24$, $df = 1$, $p = .004$). Factor 1 scores, total scores, and childhood abuse types did not predict violent recidivism.

The total number of different adverse child events, categorized into low (0 to 2), medium (3 to 4), and high (5 to 6), was entered into survival analysis. Although the degree of exposure to different types of adverse childhood events did not predict recidivism, those with exposure to 5 or 6 different types of adverse events engaged in slightly more re-offending over time (approximately 25% within 40 months of release) as compared with those who were exposed to 1 or 2 different types of adverse events (approximately 15% within 60 months of release; see Figure 3). Chi-square analyses show that the differences between groups in terms presence or absence of recidivism are not significant.

DISCUSSION

This study adds to our understanding of the relative influence of various forms of childhood maltreatment and neglect upon recidivism, and shows that having been placed in foster care as a child can influence recidivism. A history of childhood physical abuse predicts sexual recidivism for this sample, whereas violent recidivism is best predicted by a history of antisocial behaviors (PCL-R factor 2 scores). Consistent with

FIGURE 3. Number of Adverse Childhood Events and Recidivism



several other studies, psychopathy per the PCL-R did not predict sexual recidivism, and childhood sexual abuse was not related to sexual recidivism.

Actuarial studies can be like two-edged blades: On one hand they have the capacity to enlarge understanding and improve the accuracy of predictions; while on the other, they have the potential to cloud issues when slavishly applied (Duggan, 1998; Grubin, 1997). Further to this, predictive validity is compromised by the problem of low base rates, which can result in false-negative predictions. Although not statistically significant, childhood sexual abuse may be clinically significant as a risk factor for sexual recidivism, as is attested to by clinical observations. Factors that are often cited by sex offenders as risk factors in their recidivism have also been observed in the empirical and clinical literature as sequelae of severe childhood abuse. These childhood sexual abuse sequelae may play a moderating or mediating role in sexual recidivism.

The reported rates of childhood sexual abuse histories of the offenders in this study are likely underestimates, leading to lower base rates of CSA and lowered predictive power. When comparing objective indices of CSA as reported by incarcerated offenders with their perceptions of whether or not they had been sexually abused as a child, offenders who meet objective criteria do not always consider themselves to have a history of CSA (Dietrich, unpublished data; Weeks & Widom, 1998).

Base rates of recidivism suffer from similar difficulties. Sexual offenses, particularly against children, often remain undetected (Bonta & Hanson, 1994). Finally, there is evidence that traumatic material may be dissociated and be inaccessible to conscious awareness (Brown, Schefflin, & Hammond, 1997; Wegner & Gold, 1995; Wegner & Smart, 1997; Wenzlaff, Wegner, & Klein, 1991; Williams, 1995).

Using official police records as the sole index of recidivism is problematic for several reasons. Abel et al. (1987) found much higher rates of criminal activity by self-report than by arrest records, such that for every 30 self-reported acts of child molestation or rape, there was only one officially documented arrest. Moreover, sexual crimes are not always depicted as such on criminal records. They can be recorded as "assault" rather than "sexual assault" or "B & E with intent" rather than "B & E with intent to rape," and so forth. Finally, some offenders can have their records "expunged."

The implications for choice of treatment modalities presented by the role of abuse in recidivism are significant. There are few studies that have looked at the role of abuse histories in recidivism, and findings to date in terms of type of abuse and type of recidivism appear mixed.

Although the findings of this study show that the ITPSO results in lower recidivism rates than those reported for untreated sex offenders (Marshall & Barbaree, 1990), the evidence suggests that treatment approaches for incarcerated adult offenders could improve upon their efficacy by incorporating specialized programs for dealing with childhood maltreatment. Once offenders have internalized the affect regulation skills that are taught with the CBT and relapse prevention modules, treatment approaches that focus on processing and integration of the traumatic material appear warranted.

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