



Early traumatization and psychopathy in female and male juvenile offenders

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ABSTRACT

Childhood traumatization is expected to have a significant impact on the development of antisocial and aggressive behavior in adulthood. Psychopathy as a syndrome that can predict future violent and aggressive behavior in adults is therefore believed to be associated with early traumatization. The association between early childhood victimization and violence might at least be mediated through psychopathy. The present study examined the relationship between early emotional, physical or sexual trauma and neglect and psychopathy in incarcerated delinquent female and male juveniles using the Childhood Trauma Questionnaire (CTQ) and the Psychopathy Checklist–Youth Version (PCL-YV). A sample of detained adolescents ($n=185$) was compared to adolescent students ($n=98$). Also, gender differences were analyzed with respect to the association of trauma and psychopathy. As expected, our analyses revealed higher scores of traumatization in delinquent juveniles compared to school adolescents. Hypothesized relationships between physical traumatization and the PCL-YV total score could be confirmed among criminal boys, but not among delinquent girls. Results, therefore, indicated that an association exists between early physical, but also emotional traumatic experience and psychopathy in detained boys. In girls, however, other family-related variables, such as non-parental living arrangements, seemed to be more influential in developing the psychopathy syndrome than traumatization.

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1. Introduction

1.1. Trauma and psychopathy in delinquent juveniles

In addition to adverse family conditions (Marmorstein & Iacono, 2005), early traumatization is commonly regarded as a causal or mediating risk factor for aggressive and violent behavior (Jaffee, Caspi, Moffitt, & Taylor, 2004; Loeber & Stouthamer-Loeber, 1998; Maxfield and Widom, 1996; Pollock, 1999). Different researchers argue that early traumatization has a negative influence on the development of the ability to regulate anger and affect (Erwin et al., 2000; Novaco & Chemtob, 2002). The ability to control anger and affect enables low aggressiveness, while a deficit in that ability leads to heightened aggression. The syndrome of psychopathy is defined by such affective deficits, interpersonal deceptiveness, impulsive as well as antisocial tendencies (Forth, Kosson, & Hare, 2003) and is highly predictive of aggressive and violent behavior in adulthood (Hare, 1991; Vincent, Corrado, Cohen, & Odgers, 1999). Although these theoretical aspects of aggression imply a relationship between early traumatic experiences and the syndrome of psychopathy, few studies have so far focused on this topic. The leading question for our study was whether in juvenile offenders childhood trauma is associated with the psychopathy syndrome, which is the extreme end within the spectrum of antisocial personality.

One of the few studies addressing this topic was conducted in a Swedish longitudinal project that studied possible implications of childhood neglect and/or abuse on adult scores on the Psychopathy Checklist–Revised (PCL-R), (Hare, 1991) and violent

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offending (Lang, Klinteberg, Alm, 2002). The authors found that the high victimization subjects exhibited significantly more violence and had high PCL scores in adulthood. Weiler and Widom (1996) investigated the relationship among early childhood victimization, psychopathy and violence in a sample of previously abused and neglected young adults ($N=652$) and a matched control group ($N=489$). Victims of childhood abuse and/or neglect had significantly higher PCL-R scores than controls. Furthermore, victimization predicted official and self-reported violence. Based on their findings, the authors suggested that in some individuals the association between early childhood victimization and violence might be mediated through psychopathy. Similarly, Bernstein, Stein, and Handelsman (1998) revealed in a substance-abusing population ($n=339$) that physical abuse and physical neglect were related to a sub-cluster of “psychopathic” personality disorders consisting of childhood and adult sadistic and antisocial personality traits. In adolescents, Campbell, Porter, and Santor (2004) evaluated the clinical, psychosocial and criminal correlates of psychopathic traits in a sample of 226 male and female incarcerated juvenile offenders, using the Psychopathy Checklist—Youth Version (PCL-YV, Forth et al., 2003). They showed that while higher PCL-YV scores were associated with having experienced physical abuse, the only psychosocial factor to predict PCL-YV scores was a history of non-parental living arrangements (e.g. foster care). Marshall and Cooke (1999) found in their study comparing childhood experiences of criminal adult psychopaths with non-psychopaths that childhood familial and societal experiences were strongly correlated with PCL-R scores and influenced the adult outcomes. Forth et al. (2003) provided a summary of findings from unpublished doctoral dissertations on the linkage between victimization and psychopathy in adolescents. They documented an association between childhood victimization and PCL-YV scores (O’Neill, 2001; McBride, 1998).

1.2. Gender aspects

As for gender differences, a variety of studies have reported a heightened prevalence of traumatization in female delinquent juveniles compared to males (Abram et al., 2004; Cauffman, Feldman, Waterman, & Steiner, 1998; Dixon, Howie, & Starling, 2004). In girls, victimization is considered an essential risk factor for aggressive behavior (Chamberlain & Moore, 2002). Only recently has the psychopathy construct been explicitly applied to women and adolescent girls (Forth, Brown, Hart, & Hare, 1996; Salekin, Rogers, & Sewell, 1997; Vitale & Newman, 2001). To our knowledge, the only study focusing on the relationship between violence, traumatization and psychopathy in delinquent girls was conducted by Odgers, Reppucci, and Moretti (2005). They found a strong association between trauma and aggression and between psychopathy and aggression, but once victimization was entered into a regression model, the relationship between psychopathy and aggression was no longer significant. Odgers and co-workers argued that in girls the psychopathy syndrome is not yet sufficiently disentangled to understand the complex relationship between trauma and aggression.

1.3. Psychopathy factors

Over the past several years defining and measuring the concept of youth psychopathy has gained importance, especially as it relates to the understanding of persistently violent youthful offenders. Recent work provided some preliminary evidence that psychopathy has a similar factor structure in both adults and adolescents (Kosson, Cyterski, Steuerwald, Neumann, & Walker-Matthews, 2002). At present, rival factor structures for the psychopathy concept exist. The Hare 4-factor model (Hare et al., 1990) proposes that the construct of psychopathy can be best understood in terms of dimensions which reflect interactions with others (interpersonal factor, factor 1); emotions, or the absence thereof (affective factor 2); impulsive behavior (lifestyle, factor 3); and the specific kinds of antisocial tendencies (factor 4). In their 3-factor model, Cooke and Michie (2001) eliminated items that dealt specifically with criminal behavior and focused on the personality domains of the psychopathy syndrome. They argued that antisocial behavior should not be a defining feature of psychopathy, as it is a behavioral result of the disorder. The 4-factor model has also been replicated with the Psychopathy Checklist—Youth Version, as Table 1 shows (Forth et al., 2003; Salekin, Neumann, Leistico, & Zalot, 2004).

Table 1

The 4-factor model of the Psychopathy Checklist—Youth Version (PCL-YV) Forth et al. (2003); German Version Sevecke & Krischer (in press)

Hare 4-factor model			
Interpersonal (I)	Impression management (1) Grandiose sense of self-worth (2) Pathological lying (4) Manipulation for personal gain (5)	Lifestyle (III)	Stimulation seeking (3) Parasitic orientation (9) Lacks goals (13) Impulsivity (14) Irresponsibility (15)
Affective (II)	Lack of remorse (6) Shallow affect (7) Callous/lacking empathy (8) Failure to accept responsibility (16)	Antisocial (IV)	Poor anger control (10) Early behavior problems (12) Serious criminal behavior (18) Revocation of conditional release (19) Criminal versatility (20)

Note: Item number in parentheses.

Impersonal sexual behavior (11)*.

Unstable interpersonal relationships (17)*.

* = PCL-YV-Items that were not included into the factor model.

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