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Does history of childhood maltreatment make a difference in prison? A hierarchical approach on early family events and personality traits



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ABSTRACT

This study attempts to assess childhood maltreatment in prison through a hierarchical approach. The hierarchical approach principally aims to disentangle the independent effects of childhood maltreatment upon psychiatric morbidity/personality traits, if any, from the burden that the adverse family conditions have already imposed to the mental health of the maltreated individual-prisoner. To this direction, a conceptual framework with five hierarchical levels was constructed, namely: immutable demographic factors; family conditions; childhood maltreatment (physical abuse, neglect and sexual abuse); personality traits, habits and psychiatric morbidity; prison-related variables. A self-administered, anonymous set (battery) of questionnaires was administered to 173 male prisoners in the Chalkida prison, Greece; 26% of prisoners disclosed childhood maltreatment. Psychiatric condition in the family, parental alcoholism and parental divorce correlated with childhood maltreatment. After adjustment for immutable demographic factors and family conditions, childhood maltreatment was associated with aggression (both in terms of Lifetime History of Aggression and Buss–Perry Aggression Questionnaire scores), illicit substance use, personal history of psychiatric condition, current smoking, impulsivity and alcohol abuse. In conclusion, childhood maltreatment represents a pivotal, determining factor in the life course of male prisoners. Delinquents seem to suffer from long-term consequences of childhood maltreatment in terms of numerous mental health aspects.

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1. Introduction

Childhood maltreatment represents a major threat to the health of children throughout the world. Psychosocial sequelae of childhood abuse are highly variable (Teicher et al., 2009; Tyrka et al., 2009; Lang and Sharma-Patel, 2011); sexual and physical abuses may be considered more severe or pathogenic than emotional or verbal abuse (Briere and Elliott, 2003). However, this approach may not be fully informative because individual forms of maltreatment almost always co-occur and the effects of multiple types of maltreatment may well be synergistic (Dong et al., 2004; Teicher et al., 2009). Of note, childhood physical (Crime and Misconduct Commission Queensland 2007) as well as sexual maltreatment (Ogloff et al., 2012) represents risk factors for adult offending.

Compared to other countries, the reported incidence of child abuse in Greece has been reported as relatively low, according to the recent UNICEF report based on death rates (UNICEF, 2003), the Greek Emergency Department Injury Surveillance System (EDISS) (Petridou et al., 2001) and various research teams (Agathonos-Georgopoulou

and Browne, 1997). It is possible, however, that this rate is underestimated because of the lack of mandatory reporting of child abuse, as well as inadequate awareness among health care workers (Petridou et al., 2001). This makes it difficult to estimate the true extent of child abuse in Greece.

Prisoners are a specific population with a high prevalence of mental disorders, personality disorders and associated problems as substance and alcohol misuse, in Greece (Fotiadou et al., 2004, 2006) and worldwide (Fazel and Seewald, 2012); childhood maltreatment history is also particularly frequent among prisoners. Among them, history of childhood maltreatment has been associated with lifestyle habits and mental health aspects; associations with smoking (Papadodima et al., 2010), illicit substance use (Cuomo et al., 2008), depression (Roxburgh and Macarthur, 2014) self-injurious behavior (Sakelliadis et al., 2010) and aggression (Sarchiapone et al., 2009; Swogger et al., 2011) have been reported. A recent study highlighted associations between childhood abuse and nearly every type of psychiatric disorder in both genders (King et al., 2011). Studies have either relied upon interviews (Sarchiapone et al., 2009; Roxburgh and Macarthur, 2014) or self-report (Sakelliadis et al., 2010; Swogger et al., 2011).

From a methodological point of view, childhood maltreatment history in the prison is a rather challenging notion. Childhood maltreatment may be predicted by unfavorable familial conditions,

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such as parental alcoholism (Harter and Taylor, 2000; Xiao et al., 2008), parental divorce (Afifi et al., 2009), or possibly psychiatric conditions in the family, but may in turn act synergistically with them, modifying personality traits, such as aggression (Teicher, 2010; Allen, 2011), impulsivity (Roy, 2005), alcohol abuse (Lown et al., 2011), suicidality (Easton et al., 2013) as well as contributing to psychiatric morbidity. Childhood maltreatment seems thus inscribed into a network of intimately interwoven risk factors, whose dynamic interaction underlines the fact that a purely data-driven, multivariate stepwise approach may not describe adequately the phenomenon (Kraemer et al., 2001).

Integrating the aforementioned data that have appeared in the literature, we created a conceptual framework and a hierarchical statistical approach (Fonseca et al., 1996; Vitora et al., 1997) was followed. Similarly to our previous publication in prisoners, where we focused hierarchically on smoking (Papadodima et al., 2010), the successive nature over time has been taken into account and five distinct levels were recognized in the conceptual framework, namely (i) immutable demographic factors, (ii) family conditions, (iii) maltreatment in childhood, (iv) personality traits and habits and psychiatric morbidity, and (v) prison-related variables (Fig. 1). Each level of parameters may well exert its effects upon all the following, “higher” levels. The hierarchical statistical approach included two steps: univariate analysis for the assessment of overall (unadjusted) effects and multivariate modeling, whose structure is dictated by the aforementioned conceptual framework.

The advantages of the hierarchical approach vis-à-vis the existing literature are numerous: it is based on a conceptual basis rather than entirely on statistical associations (the latter is the case of the commonly used stepwise multivariate analyses) and childhood maltreatment is globally assessed, being treated both as an outcome and as a predictor, depending on the level of other variables. Importantly, the hierarchical approach allows to disentangle between the overall (unadjusted) effects and the effects that are not mediated through the predictors of lower levels (Vitora et al., 1997). This seems extremely meaningful in the case of the interplay between childhood maltreatment and psychiatric morbidity/personality traits, as one needs to discriminate between the independent effects of maltreatment per se, if any, and the burden that the adverse family conditions (corresponding to the lower hierarchical levels) have already imposed on the mental health of the maltreated individual-prisoner.

This study aims to assess childhood maltreatment in prison through a hierarchical approach. A variety of parameters are hierarchically evaluated with respect to maltreatment, so as to evaluate the role of the latter in the network of interconnected risk factors and personality traits of prisoners.

2. Methods

2.1. Participants

The Chalkida prison, where this survey was conducted, is a male remand and sentence prison located in Central Greece. A self-administered, anonymous set (battery) of questionnaires, taking between 20 and 30 min to complete, was administered to the entire population of prisoners, namely 173 subjects. The prisoners were informed in written on the introductory page of the questionnaire sets about: i. the duration and the potential burden of the completion, ii. the fact that their participation and answers to the survey will remain confidential, anonymous and will not modify the attitudes of staff/personnel and treatments to them in prison. Self-reported reasons of admission consisted of murder or serious injury (10.4%), theft or robbery (34.7%), fraud (23.2%), illegal drugs (23.2%) and other (8.5%), being comparable to the national admission data. The purpose of the study was thoroughly described and the voluntary nature of participation emphasized as part of the consent procedure. Written informed consent was obtained before the administration of the battery of questionnaires. Approval from the Ministry of Justice was obtained for the survey and the study was approved by the local Institutional Review Board.

The participants were also informed that they could stop their participation at any time and that there were no prison-related benefits or penalties for their participation. The prison doctor (E.I.S.) was responsible for the whole procedure, as well as for the maintenance of the confidentiality; at the time of the study, the prison doctor served as a primary health care physician therein and was trained by a psychiatrist with previous peer-reviewed publications on the field (mental health of prisoners) about all necessary steps for conducting this study. (O.G., acknowledged).

In case that a prisoner was not able to read and fill in the questionnaire himself (because he could not read Greek, being an illiterate or a foreigner without sufficient knowledge of the Greek language), the questionnaire was filled in by the prison doctor after a face-to-face interview (this was the case in seven interviews; all of them led to complete questionnaires, as per Section 2.3). Further details of the study have been published elsewhere (Sakellidis et al., 2010).

2.2. Questionnaire and measures

The battery of questionnaires included items on five hierarchical levels, namely: a) immutable sociodemographic features (age, nationality), b) family conditions (parental divorce, parental alcoholism and psychiatric condition in the family) in yes/no format, c) maltreatment in childhood (yes/no), d) personality traits, habits and psychiatric morbidity [educational attainment, aggression, impulsivity, suicidal ideation, current smoking habits (yes/no), alcohol abuse, illicit substance use (ever-use, yes/no item), history of diagnosed psychiatric condition (yes/no)] and v) prison-related parameters [duration of sentence, recidivism (previous sentence)].

Maltreatment in childhood was assessed by the following three yes/no items: “During childhood were you subjected to physical abuse?”, “During childhood were you subjected to parental neglect?” and “During childhood were you subjected to sexual abuse?”. An individual was considered maltreated when he responded ‘yes’ to at least one of these three items. Appropriate examples were given in written, accompanying the definitions (Child Welfare Information Gateway, 2008). Physical abuse was defined as any nonaccidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child. Neglect was defined as the failure of

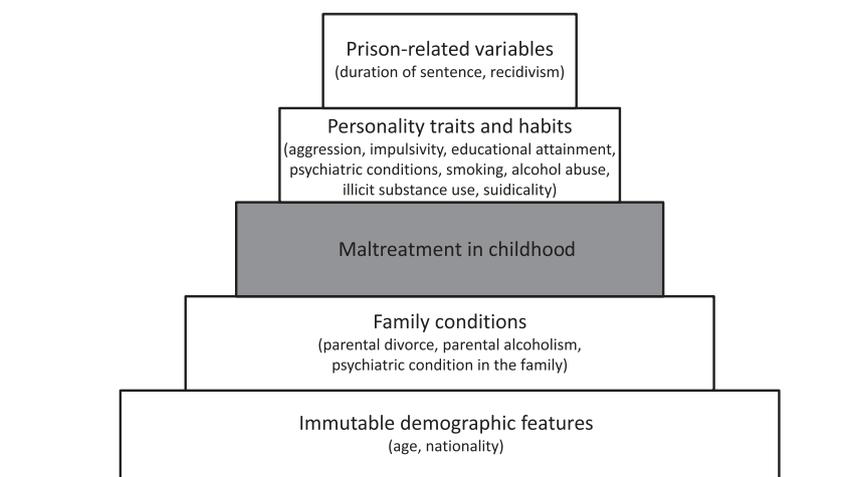


Fig. 1. The conceptual hierarchical framework of the study.

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