



Psychopathic traits and maltreatment: Relations with aggression and mental health problems in detained boys



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ABSTRACT

Psychopathic traits and a history of maltreatment are well-known risk factors for mental health problems and aggression. A better insight in the impact of such risk factors on juvenile delinquents is likely to help tailoring treatment. Therefore, this study aimed to examine mental health problems and aggression in detained delinquent youths with various levels of psychopathic traits and maltreatment. Standardized questionnaires were used to assign 439 detained male adolescents ($N = 439$; from 13 to 18 years of age) to one of six mutually exclusive groups: adolescents with (1) low psychopathic traits without maltreatment; (2) low psychopathic traits and one type of maltreatment; (3) low psychopathic traits and multiple types of maltreatment; (4) high psychopathic traits without maltreatment; (5) high psychopathic traits and one type of maltreatment and finally (6) high psychopathic traits and multiple types of maltreatment. Next, groups were compared on mental health problems, mental disorders and reactive and proactive aggression. Findings indicated that compared to the low psychopathic traits groups, high psychopathic traits groups had markedly higher levels of externalizing mental health problems (such as attention deficit/hyperactivity, substance abuse, rule-breaking), proactive and reactive aggression, but not of internalizing mental health problems (anxiety and depression). Mental health problems in boys with a low level of psychopathic traits increased with the number of types of maltreatment in their history. In boys with a high level of psychopathic traits, group differences did not reach significance. Levels of proactive and reactive aggression increased with the number of types of maltreatment in boys with low levels of psychopathic traits, but not in those with high psychopathic traits. Thus, in detained adolescents both psychopathic traits and the number of maltreatment types are related to the severity of mental health problems and types of aggression. When used in routine screening procedures, these risk factors may thus improve identification and support targeted treatment-allocation of detained adolescents with serious clinical problems.

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1. Introduction

Detained adolescents constitute a complex group, characterized by serious conduct problems (Colins, Vermeiren, Schuyten, Broekaert, & Soyez, 2008), high rates of mental disorders (Abram, Teplin, McClelland, & Dulcan, 2003; Colins et al., 2010; Vermeiren, Jaspers, & Moffitt, 2006) and marked psychosocial adversity (Kroll et al., 2002). Because Juvenile Detention Centers (JDCs) often have a limited number of mental health professionals available, they are unable to offer each youth an elaborate mental health assessment (Colins, Grisso, Mulder, & Vermeiren, 2014). These professionals therefore have to focus on

individuals who present the largest threat for themselves (due to mental health problems) or the safety of others (due to aggression) (Grisso, Barnum, Fletcher, Cauffman, & Peuschold, 2001).

Recent studies have shown that detained youths with a history of maltreatment and those with high levels of psychopathic traits (e.g., manipulativeness, impulsivity, lack of remorse) are more likely to show mental health problems and aggression (Cima, Smeets, & Jelicic, 2008; Edens, Skopp, & Cahill, 2008; King et al., 2011; Lexcen, Vincent, & Grisso, 2004; Marsee, Silverthorn, & Frick, 2005; Muñoz & Frick, 2012; Salekin, Leistico, Neumann, DiCicco, & Duros, 2004). Although their problems may be similar, boys with consequences of maltreatment are likely to need a different treatment approach than those with problems related to their psychopathic traits (Caldwell, 2011; Caldwell, McCormick, Wolfe, & Umstead, 2012; Kerig & Alexander, 2012). Importantly, detained adolescents reporting a combination of maltreatment and psychopathic traits were shown to carry even higher

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rates of mental health problems and aggression (e.g. Kerig, Bennett, Thompson, & Becker, 2012; Kimonis, Skeem, Cauffman, & Dmitrieva, 2011; Vaughn, Edens, Howard, & Smith, 2009). An explanation for this phenomenon can be found with Karpman (1941), an early theorist who distinguished primary (hereditary) from secondary (acquired) psychopathy. Karpman theorized that secondary psychopathy was caused by early emotional rejection and maltreatment, which also explained the marked mental health problems he saw in some psychopaths. Primary psychopathy, in contrast, was characterized by a relative lack of mental health problems. Recent studies in detained adolescents provided support for the existence of a low-anxious and a high-anxious type of psychopathy, corresponding to respectively primary and secondary psychopathy. In these studies, high-anxious/secondary psychopathy was associated with depressive symptoms, attention problems, anger, posttraumatic stress, reactive aggression and also a history of maltreatment (Kimonis, Fanti, et al., 2013; Kimonis, Frick, Cauffman, Goldweber, & Skeem, 2012; Kimonis et al., 2011; Leist & Dadds, 2009; Tatar, Cauffman, Kimonis, & Skeem, 2012; Vaughn et al., 2009). Consequently, strong theoretical and empirical reasons exist to study the co-occurrence of maltreatment-victimization and psychopathic traits in relation to mental health problems and types of aggression in detained adolescents.

As detained boys with high psychopathic traits are a group with high levels of clinical problems (Salekin et al., 2004), it is of interest to examine whether having experienced multiple types of maltreatment confers an extra risk. Detained adolescents report high levels of different types of maltreatment, such as physical and emotional abuse and neglect, and sexual abuse (Colins et al., 2009; King et al., 2011). Having experienced multiple types of maltreatment was described as having a cumulative negative effect on mental health, leading to increased posttraumatic stress, depression, anxiety, attention and hyperactivity problems, substance abuse, anger/hostility and psychotic symptoms and dissociation (Colins et al., 2009; Edwards, Holden, Felitti, & Anda, 2003; King et al., 2011; Teicher, Samson, Polcari, & McGreener, 2006). Concerning aggression, a dose-response relationship between the number of types of maltreatment experiences and the level of violence has been described as well (Duke, Pettingell, McMorris, & Borowsky, 2010). For these reasons, in the current study the number of types of maltreatment youths endured has been taken into account.

In adolescent samples, high levels of psychopathic traits have consistently been associated with externalizing problems such as rule-breaking behavior, attention problems and substance abuse (Colins, Noom, & Vanderplasschen, 2012; Lynam & Gudonis, 2005; Salekin et al., 2004; Sevecke, Lehmkuhl, & Krischer, 2009). As regards aggression, high levels of psychopathic traits have predominantly been related with proactive aggression – the instrumental use of violence to attain certain goals (Kolla et al., 2013; Reidy, Shelley-Tremblay, & Lilienfeld, 2011). In contrast, offenders with low psychopathic traits are considered to be more likely to use reactive aggression – impulsive aggression in response to perceived provocation or threat (Cornell et al., 1996; Muñoz & Frick, 2012). As maltreatment is also known to be associated with reactive aggression (Steiner et al., 2011), the current study will specifically focus on subtypes of aggression. Particularly detainees with a combination of high psychopathic traits and maltreatment experiences may have high levels of both reactive (Kimonis et al., 2011), and proactive aggression (Kimonis, Fanti, Isoma, & Donoghue, 2013; Kolla et al., 2013).

The current study was designed to gain more knowledge on the “profile of problems” of juvenile delinquents with different levels of psychopathic traits and maltreatment. When clinicians learn about these profiles and related risk factors at the start of detention, they will be able to better tailor treatment. In order to maximize clinical relevance, we used data derived from routine JDC screening procedures. To inform clinical practice, we employed a person-centered approach as recommended by some researchers (Magnusson & Bergman, 1997), by explicitly dividing adolescents into subgroups based on theoretically

meaningful characteristics (i.e. psychopathic traits and maltreatment). Thus, the current study compared mental health problems and proactive and reactive aggression in six groups of detained adolescents with different, mutually exclusive combinations of risk factors: those with (1) a low level of psychopathic traits who did not report any maltreatment; (2) a low level of psychopathic traits reporting one type of maltreatment; (3) a low level of psychopathic traits reporting multiple types of maltreatment; (4) a high level of psychopathic traits who did not report any maltreatment; (5) a high level of psychopathic traits reporting one type of maltreatment and finally (6) a high level of psychopathic traits reporting multiple types of maltreatment. We studied mental health problems both dimensionally (level of problems) and categorically (disorders). We hypothesized that:

- (a) juveniles with a high level of psychopathic traits would have more externalizing mental health problems and higher proactive aggression levels than their counterparts with low levels of psychopathic traits;
- (b) juveniles with multiple types of maltreatment in their histories would have more mental health problems and higher reactive aggression levels than their counterparts with no maltreatment;
- (c) juveniles with both a high level of psychopathic traits and multiple maltreatment would have the worst levels of mental health problems, reactive and proactive aggression.

2. Methods

2.1. Participants

Between July 2008 and June 2011, 448 male adolescents (13.3–18.8 years, *M*: 16.5 years, *SD*: 1.0) completed a standardized mental health intake procedure in two Juvenile Detention Centers in the Netherlands. For the current study, nine boys were excluded due to missing data on psychopathic traits or maltreatment, resulting in a final sample size of 439. The majority (95%) of these youths were in pre-trial detention. The participants had been accused of offenses ranging from attempted homicide to drug offenses, shoplifting, fraud, etc. Three quarters of the sample had a migration background, meaning that they, or one of their parents, were born in a country or region outside of the Netherlands: this concerned Morocco in 25%, Surinam in 10%, Dutch Antilles in 10% and Turkey in 4%. A quarter of the population had other backgrounds, including various North-African, Middle-eastern and European countries.

2.2. Measures

2.2.1. Psychopathic traits

In order to examine psychopathic traits the Youth Psychopathic traits Inventory (YPI) was used (Andershed, Hodgins, & Tengstrom, 2007; Andershed, Kerr, Stattin, & Levander, 2002). This self-report instrument contains 50 items and ten scales: Dishonest charm, Grandiosity, Lying, Manipulation, Remorselessness, Callousness, Unemotionality, Impulsiveness, Irresponsibility and Thrill seeking. These scales load on three factors: the Grandiose-Manipulative dimension ($\alpha = .89$, all reported Cronbach's alphas based on current data), the Callous-Unemotional dimension ($\alpha = .75$) and the Impulsive-Irresponsible dimension ($\alpha = .85$). Each item in the YPI is scored on a 4-point Likert scale ranging from (1) “Does not apply at all” to (4) “Applies very well.” Total score and factor scores are calculated by taking the mean score of the appropriate items. The YPI was found to be reliable and valid in previous studies in community as well as in detained samples (Andershed et al., 2002; Andershed et al., 2007; Colins, Bijttebier, Broekaert, & Andershed, 2014; Hillege, Das, & De Ruiter, 2010; Veen et al., 2011). There are no established cut-off scores for the YPI, although one study reported a score with an

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