



# Neuroticism in child sex offenders and its association with sexual dysfunctions, cognitive distortions, and psychological complaints



Coralie Boillat, Gunnar Deuring, Marlon O. Pflueger, Marc Graf, Timm Rosburg\*

University of Basel, University Psychiatric Clinics, Department of Forensic Psychiatry, Wilhelm Klein-Strasse 27, 4002 Basel, Switzerland

## ARTICLE INFO

### Article history:

Received 24 January 2017  
Received in revised form 4 April 2017  
Accepted 17 May 2017  
Available online 5 June 2017

### Keywords:

Child sexual assault  
Neuroticism  
Pedosexual preference  
Sexual dysfunctions  
Cognitive distortions  
Psychological complaints

## ABSTRACT

Studies in child sex offenders (CSO) often report deviant personality characteristics. In our study, we investigated neuroticism in CSO and tested the hypothesis that CSO with high neuroticism show more serious abuse behavior and are more likely to exhibit sexual dysfunction and cognitive distortions, as compared to CSO with low neuroticism. A sample of 40 CSO (both child sexual abusers and child sexual material users) was split into two subsamples based on their neuroticism scores, obtained by the NEO-Personality Inventory-Revised (NEO-PI-R) questionnaire. Subsequently, we compared their scores in the Multiphasic Sex Inventory (MSI) questionnaire and Symptom Checklist-90-Revised (SCL-90-R). Our results show that CSO exhibited higher levels of neuroticism than controls, but were still in the normal range. In CSO, neuroticism was associated with sexual dysfunction and cognitive distortions, rather than with more severe abuse behavior. Moreover, neuroticism in this group was linked to a broad range of psychological problems and psychopathological symptoms, such as somatization or anxiety. Our findings suggest that neuroticism even below the level of personality disorder is associated with a broader range of psychological problems in CSO, which should be addressed in therapy.

© 2017 Elsevier Ltd. All rights reserved.

## 1. Introduction

Sex offenses against children are crimes with severe, traumatic consequences for the victims (“World Health Organization: Child and Adolescent Health. Europe.” 2016). In Switzerland, in 2015, 18.2% of all convictions based on sexually related offenses, involved sexual acts against children (“BFS - Polizeiliche Kriminalstatistik (PKS) 2015”, 2016). Although only 25–50% of sexual crimes against children are committed by pedosexual perpetrators (Schaefer et al., 2010), a pedophilic preference is considered as an important risk factor for repeated child abuse (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005).

Literature suggests that personality abnormalities represent an important comorbidity in persons who sexually offend against children (child sex offenders, CSO). Using the Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II), Cohen, Grebchenko, Steinfeld, Frenda, and Galynker (2008) showed that adult sex offenders with a conviction for sexual offenses against prepubescent children had higher scores for paranoid, schizoid, and dependent personality disorder than controls. The majority of child molesters did, however, not meet the criteria for a diagnosis of personality disorder. In line with this finding, CSO were reported to be less likely diagnosed with a personality

disorder, as compared to adult sex offenders (Långström, Sjöstedt, & Grann, 2004). For pedophilic CSO, there is one study that reported an extremely high prevalence of personality disorders (60%) (Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999). Other studies on pedophiles reported more subclinical personality characteristics, such as high levels of shyness, introversion, and emotional immaturity, similarly to the studies on CSO (Cohen et al., 2002; Murray, 2000). In their review, Hall and Hall (2007) proposed that pedophilic sex offenders would be more socially alienated and less emotionally stable than most other people.

Emotional stability is one dimension of the personality model developed by Eysenck, in which he described personality as a combination of traits in the three dimensions neuroticism, extraversion, and psychoticism (Eysenck, 1950). In this model, neuroticism is characterized by social anxiety, low self-esteem, and hypersensitivity, as well as nervousness and restlessness. Eysenck (1996a) associated an elevation of neuroticism with crime, arguing that the respective individuals have emotional drive properties most likely to increase current action tendencies. Moreover, he stated that high levels of neuroticism would predict criminal offending (Eysenck, 1996b cited in Cale, 2006). More recent studies supported this notion and revealed associations between high levels of neuroticism (or of negative emotionality which is used interchangeably with neuroticism) and delinquency (Agnew, Brezina, Wright, & Cullen, 2002; Caspi, Moffitt, Silva, & Stouthamer-Loeber, 1994; Krueger et al., 1994; Listwan, Voorhis, & Ritchey, 2007). Dennison, Stough, and Birgden (2001) found that CSO marked

\* Corresponding author.

E-mail addresses: Coralie.Boillat@upkbs.ch (C. Boillat), Gunnar.Deuring@upkbs.ch (G. Deuring), Marlon.Pflueger@upkbs.ch (M.O. Pflueger), Marc.Graf@upkbs.ch (M. Graf), timm.rosburg@upkbs.ch (T. Rosburg).

significantly higher on neuroticism than a non-offending control sample. Studies in pedophiles showed higher neuroticism levels, as compared to a control group with adult sexual preference (Wilson & Cox, 1983), and demonstrated a positive correlation of increased neuroticism with the presence of thoughts approving sexual acts involving children in child abusers (Egan, Kavanagh, & Blair, 2005).

Neuroticism as a multifaceted personality trait is assumed to affect various areas of behavior and cognition. Research has found evidence that individuals with high neuroticism values exhibit, for example, poor behavioral inhibition, maladaptive coping strategies, or little agreeable, dominant behavior (Clark, Watson, & Mineka, 1994; Côté & Moskowitz, 1998; Gunther, Cohen, & Armeli, 1999). Other studies reported an impact of neuroticism on thinking, for instance a negative correlation of neuroticism with divergent thinking (Chamorro-Premuzic & Reichenbacher, 2008).

Moreover, neuroticism might affect various aspects of well-being: High neuroticism scores have been related to sexual dysfunction, such as impotence or premature ejaculation (Eysenck, 1971; Fagan et al., 1991; Raymond et al., 1999). Neuroticism has also been associated with a range of subjectively reported psychological and physical symptoms, such as anxiety or chest pain (Costa & McCrae, 1987; Feldman, Cohen, Doyle, Skoner, & Gwaltney, 1999; Ormel & Wohlfarth, 1991; Watson & Pennebaker, 1989). Ormel and Wohlfarth (1991) reported that neuroticism has a strong direct effect on psychological distress. It has been proposed that the scales of the Symptom Checklist-90-R (SCL-90-R, Franke and Derogatis (2002)), which assesses subjectively perceived psychological problems and psychopathological symptoms, might even record facets of neuroticism (Vassend & Skrandal, 1999), see also Desmet et al. (2008).

In summary, previous research suggests elevated neuroticism scores in sex offenders against children and in pedophiles. Moreover, it has been shown that high neuroticism might be associated with more severe delinquent behavior, sexual pathology, and globally increased psychological and somatic complaints. To the best of our knowledge, in CSO, the association of high neuroticism with these behavioral dimensions has not been investigated so far. The same applies for the association of cognitive distortions with neuroticism, even though cognitive distortions are core features in several theories on sexual offenses against children (Abel et al., 1989; Hall & Hirschman, 1991; Ward & Siegert, 2002).

In our current study, we addressed these issues and sought evidence for the following hypotheses: 1. CSO with pedophilic interests are characterized by higher levels of neuroticism than a non-offending adult sexual control group. 2. CSO with high neuroticism values show graver abuse behavior and sexual dysfunction, as well as more cognitive distortions than CSO with low neuroticism levels. 3. CSO with high neuroticism levels report more psychological and somatic complaints on all SCL-90-R scales, as compared to CSO with low neuroticism levels.

The data reported here were collected in the framework of the MIPS study (Measurable Indicators of Pedosexual Offenders). The aim of the MIPS study was to discriminate pedosexual child abusers (Child Sexual Assaulters, CSA) and child pornography consumers without child contact (Child Sexual Exploitation Material, CSEM, users) from a non-offending adult heterosexual control group (Controls, CTL), with regard to psychological, neuropsychological, and electrophysiological characteristics.

## 2. Method

### 2.1. Study participants

A sample of 43 male Child Sex Offenders (CSO), consisting of 22 CSA and 21 CSEM users, and a sample of 23 adult-sexual males (CTL) without criminal record were recruited. Due to detected organic brain deficits, missing data and later on conducted median-split of the samples, the analysis reported here is based on 40 CSO consisting of 20 CSA and

20 CSEM users, and 21 CTL. The CSO group was recruited in the Department of Forensic Psychiatry of the University Psychiatry Clinics of Basel (Switzerland) and in other Swiss forensic psychiatric institutions; the CTL group was recruited via newspaper advertisement. The CSA group consisted of individuals with a confirmed pedophilic disorder ( $n = 18$ ) or with a suspected, but yet not fully attested pedophilic disorder ( $n = 2$ ), all convicted for child sexual abuse (Art. 187 Swiss Penal Code) or admitting such an offense. The presence or suspect of relevant pedophilic disorder had been attested by the attending psychiatrist/therapist and was verified by a senior forensic psychiatrist of our research group. Due to the fact that some of the conducted tests required a laboratory environment, the data collection had to take place in our research facilities. For practical and safety reasons, all included CSA had to be in an ambulant therapeutic setting, on day parole, or needed to have the legal authorization to leave the hospital treatment. Hence, all included CSA were considered to be at a low risk for recidivism based on their legal status (rather than on the basis of systematic and extensive clinical evaluations). The CSEM group consisted of individuals with a conviction for child pornography (Art. 197 Swiss Penal Code) or admitting such a wrongdoing. All participants were between 18 and 55 years of age. Exclusion criteria were relevant neurological and psychiatric deficits and any medication that could have an impact on the cognitive performance. CSO and CTL were comparable in years of training, as well as in verbal and non-verbal intelligence. The CSO group was, however, significantly older than the CTL group (Table 1).

### 2.2. Measuring instruments

During two-day examinations, each participant performed 35 different tests and questionnaires. The current findings are based on the three questionnaires that were relevant for testing our hypotheses about the role of neuroticism in pedosexuality and child sex offenses. The other, here not described tests encompassed neuropsychological tests, implicit sexual preference tests, and neurophysiological tests/recordings.

The *NEO-Personality Inventory-Revised* (NEO-PI-R, Ostendorf and Angleitner (2004)) is a self-assessment questionnaire with 241 items. The five personality dimensions *neuroticism*, *conscientiousness*, *agreeableness*, *extraversion*, and *openness to experience* are assessed by means of a 5-levels Likert scale (“strongly agree” to “strongly disagree”).

The *Multiphasic Sex Inventory* (MSI, Deegener (1996)) is a self-assessment questionnaire with 300 questions. It measures psychosexual characteristics and behavioral abnormalities in the scales *Paraphilia* (*Sexual Deviation*), *Paraphilia* (*Atypical Sexual Outlet*), and *Sexual Dysfunction*, as well as *Validity* scales. Answers are indicated on a dichotomous scale (“true” or “false”).

The *Symptom Checklist-90-R* (SCL-90-R, Franke and Derogatis (2002)) is a self-assessment questionnaire with 90 items. It measures the subjectively perceived impairments by physical and mental symptoms during the last seven days on the following scales: *somatization*, *obsessive-compulsive*, *interpersonal sensitivity*, *depression*, *anxiety*,

**Table 1**

Demographic data: median values with the relevant minimum and maximum values per group and differences between the groups.

Demographics	CSO (N = 40)		CTL (N = 21)		Group comparison <sup>a</sup> CSO vs. CTL
	Md	(Range)	Md	(Range)	
Age	36.5	(18–55)	26.0	(18–49)	561.0*
Years of training	13.0	(10–23)	13.0	(10–21)	371.5
Verbal IQ	107.0	(64–136)	104.0	(89–130)	478.5
Non-verbal IQ	116.0	(94–138)	114.0	(102–131)	462.0

<sup>a</sup>Wilcoxon Test: W-values.

\*  $p < 0.05$ .

Download English Version:

<https://daneshyari.com/en/article/6462966>

Download Persian Version:

<https://daneshyari.com/article/6462966>

[Daneshyari.com](https://daneshyari.com)