



Childhood maltreatment profiles among incarcerated Chinese males and their associations with personality disorder symptoms and criminal behaviors

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ABSTRACT

Few studies have investigated how multiple childhood maltreatment experiences co-occur and influence personality disorder symptoms and criminal behaviors in Chinese population. Using a large sample of 1001 incarcerated Chinese males ($M_{\text{age}} = 30.86$ years), the current study identified profiles of self-reported childhood maltreatment experiences and examined their associations with Axis II personality disorder symptoms and criminal behaviors. Latent profile model was built on five types of maltreatment (emotional, physical, and sexual abuse; emotional and physical neglect). Results showed high prevalence and co-occurrence of maltreatment, and revealed four profiles: *Minimal Maltreatment* (61.5%), *Low Abuse and High Neglect* (26.6%), *High Sexual Abuse with Multiple Maltreatment* (4%), and *High Physical and Emotional Maltreatment* (7.8%). Profiles with high neglect level showed higher Cluster A personality disorder symptoms as well as borderline, avoidant, and dependent symptoms than those with minimal maltreatment. The two profiles with moderate to high abuse level showed elevated symptoms in all clusters of personality disorder and higher prevalence of juvenile offense than the other two profiles. *High Physical and Emotional Maltreatment* profile also had higher prevalence of violent offending and recidivism. These findings revealed the importance and utility of identifying profiles of co-occurring maltreatment to tailor treatment based on specific maltreatment experiences and their co-occurrence to address negative outcomes associated with each maltreatment profile.

1. Introduction

Adverse childhood experiences (ACE) (e.g., domestic violence, parental substance use and incarceration) are associated with a wide variety of negative outcomes, such as low educational attainment and employment performance (Bellis et al., 2014), poor physical health (Baglivio et al., 2016; Flaherty et al., 2013), and mental health problems (e.g., Aebi et al., 2015). Early ACE has lasting impact on individual long-term development into adolescence and adulthood (Baglivio et al., 2015; Craig et al., 2017; Danese and McEwen, 2012). As one frequently investigated specific type of ACE, experiences of childhood maltreatment (CM), such as abuse and neglect, have more robust associations with adverse outcomes than other ACE dimensions such as parental mental illness (e.g., Afifi et al., 2011). Both ACE and CM have higher prevalence among offenders than in the general population (Baglivio et al., 2015, 2016; Craig et al., 2017; Debowska and Boduszek, 2017), are associated with various kinds of offending (e.g., Craig et al.,

2017; DeLisi et al., 2017; Drury et al., 2017; Fox et al., 2015), and may induce “cycle of violence”—the strong link between victimization and later offending (Reckdenwald et al., 2013). Furthermore, CM has been found to be associated with personality disorder (PD; e.g., Cohen et al., 2014, 2016; Dargis et al., 2016; Jaffee, 2017), which mediates the “cycle of violence” (Christopher et al., 2007) and further increases risk for recidivism (O’Driscoll et al., 2012).

Previous studies have revealed differential associations of PD symptoms with different types of maltreatment (i.e., neglect vs. abuse; e.g., Cohen et al., 2017) or more specific types of abuse (physical, emotional and sexual) and neglect (physical and emotional; e.g., Cohen et al., 2014; Hernandez et al., 2012; Lobbetael et al., 2010). However, the specificity of these associations has not been consistent across studies (e.g., Afifi et al., 2011; Cohen et al., 2013; Lobbetael et al., 2010; Waxman et al., 2014). For instance, Lobbetael et al. (2010) found that sexual abuse was related with paranoid and schizoid PD in Cluster A, borderline PD in Cluster B, and avoidant PD in Cluster C, whereas

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Affifi et al. (2011) found that sexual abuse was associated with schizotypal PD in Cluster A and narcissistic, borderline, and antisocial PD in Cluster B.

One potential explanation to these inconsistent findings is that different types of maltreatment tend to co-occur (e.g., Baglivio et al., 2015; Cohen et al., 2017; Witt et al., 2016), and the association of maltreatment with negative outcomes could be nonlinear and depends on whether severity or level (how severe of certain experiences) or occurrence (having certain experiences or not) of maltreatment was assessed (Petrenko et al., 2012). However, most previous studies (e.g., Battle et al., 2004; Hernandez et al., 2012) only examined how severity of each CM type was linearly associated with PD symptoms. Therefore, it is imperative to accumulate more evidence of the influence of maltreatment on PD symptoms both at its severity and its patterns of co-occurrence (e.g., both physical and sexual abuse, Charak et al., 2015). Analytic methods with a person-centered approach (e.g., latent class analysis [LCA] and latent profile analysis [LPA]; Lanza and Rhoades, 2013) have proven to be especially promising to identify subgroups with distinct patterns of maltreatment and consider higher-order interactions among co-occurring maltreatment in their association with related outcomes, therefore better detecting outcomes specific to each subgroup (Berzenski and Yates, 2011; Charak and Koot, 2015; Debowska et al., 2017; Rivera et al., 2017).

Despite increasing LPA/LCA studies on maltreatment (see Debowska et al., 2017 and Rivera et al., 2017 for comprehensive review), to our knowledge, only three studies have examined the association between CM and PD symptoms (Indian adolescents in Charak and Koot, 2015; U.S. adults in Vaughn et al., 2015; incarcerated Polish males in Debowska and Boduszek, 2017). These studies demonstrated emerging evidence of PD symptoms specific to different profiles of co-occurring CM experiences. For instance, the subgroup primarily with neglect experiences had more severe callousness and conduct problems, while the subgroup with low to moderate–severe abuse scored higher than the neglected subgroup in most PD symptoms (Charak and Koot, 2015).

However, some issues should be further addressed. First, the classification of maltreatment was based on either occurrence (Debowska and Boduszek, 2017; Vaughn et al., 2015) or severity (Charak and Koot, 2015). LPA could be applied to provide classification based on both occurrence and severity. Second, not all PD types and clusters based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) have been compared between different co-occurrence profiles of maltreatment. Third, there is a dearth of studies on CM using samples from developing countries (Charak and Koot, 2015). For example, comparing to western countries, China shows cultural differences in parenting practices (Chung and Chen, 2016; Zhang et al., 2013), such that harsh discipline and corporal punishment are more commonly practiced (Ji and Finkelhor, 2015). Hence, there is heightened risk of maltreatment in Chinese children (All-China Women's Federation, 2013; Chen and Chan, 2016). However, there is only one LCA study on CM using Chinese sample (Lin et al., 2016). They identified three subgroups respectively with high, medium, and low level of maltreatment among children with oppositional defiant disorder, and found worse interpersonal functioning for the subgroup with more severe maltreatment.

To extend the current literature on CM, PDs, and later criminal behaviors, and to address the aforementioned issues, the current study aimed to investigate the prevalence and different profiles of multiple self-reported CM experiences in a large sample of incarcerated Chinese males, and to examine their associations with multiple types of PD symptoms and clusters, and criminal behaviors. Based on the literature, we hypothesized that: (1) CM experiences often co-occur, and there may be subgroups that demonstrate different maltreatment patterns depending on types and severity. Besides the subgroup with minimum maltreatment, there is possibly a subgroup with primarily sexual abuse experiences and also a subgroup with both elevated abuse and neglect

experiences (Aebi et al., 2015; Debowska and Boduszek, 2017); (2) Subgroups with certain types and severity of CM experiences could have more severe PD symptoms and more involvement in criminal activities than other subgroups. However, due to the paucity of the literature and inconsistent findings (e.g., Charak and Koot, 2015; Debowska and Boduszek, 2017), we kept this hypothesis exploratory.

2. Method

2.1. Participants and procedure

Participants in the current study were 1001 male offenders who were convicted in various cities or towns of a southern Chinese province and incarcerated in a centralized prison of this province ($M_{\text{age}} = 30.86$, $SD = 8.45$, ranging 18–58 years). Among the participants, 27.9% had education below middle school, 59.5% had finished middle school, and 12.6% had education above middle school level (including vacation school, high school, and college). Data were collected by two prison officers with master degree in psychology, as well as two trained graduate students in psychology acquainted with the aim and measures of the study. Participants were contacted and provided with invitation letter and information of the study. Written informed consent was obtained from all participants, and each participant received a notebook as a gift after the survey. This study was approved by the Ethics Committee of the College of Psychology and Sociology, Shenzhen University. A total of 1001 questionnaires were collected, with 0–1.8% missing on the investigated variables.

2.2. Measures

2.2.1. Childhood maltreatment

The Childhood Trauma Questionnaire (CTQ-SF, Bernstein et al., 2003; Zhang, 2011) with 25 items was used to assess five types of maltreatment. Three additional denial items were not considered in the present study. Each type of maltreatment was assessed by five items: emotional abuse (e.g., “I feel that my parents would rather hope not having born me”), physical abuse (e.g., “I have been abused physically”), sexual abuse (e.g., “being touched in a sexual way”), emotional neglect (e.g., “I was valued by my family member” [reversed item]), and physical neglect (e.g., “Nobody in my family cared whether I had enough to eat”). Participants were asked to respond to items with the precursor statement of “When I was growing up” on a 5-point Likert scale (0 = “never”, 4 = “always”). Reversed worded items were recoded such that high level indicated high level of maltreatment. Average score of items for the above subscales were created. Cronbach's α for subscales ranged between 0.66 and 0.82, except for physical neglect scale ($\alpha = 0.49$), which has also been found in some previous studies (e.g., Charak and Koot, 2015). We decided to include it in the analysis, since it still provided some information for the underlying profile of maltreatment.

2.2.2. Personality disorder symptoms

The Chinese version of Personality Diagnostic Questionnaire-4 (PDQ-4+; Hyler, 1994; Yang et al., 2002) was applied to assess participants' 10 types of PD symptoms classified by three clusters: Paranoid, schizoid, and schizotypal for Cluster A (problematic close relationship, eccentric thinking and behavior); histrionic, narcissistic, borderline, and antisocial for Cluster B (novelty-seeking and low control of impulsivity and emotion); avoidant, dependent, and obsessive-compulsive for Cluster C (high harm avoidance, anxiety, pessimism, and tendency toward social isolation). PDQ-4+ is a self-administrated questionnaire base on DSM-IV for the Axis II disorders, with true/false response on questions, such as “I often reckon whether the people I know are really trustworthy or not” for paranoid disorder. Similar to previous studies (e.g., Cohen et al., 2014), item average scores for each of the three clusters and 10 types of PD were created. The higher the score, the

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