



Review

The relationship between exposure to adverse life events in childhood and adolescent years and subsequent adult psychopathology in 49,163 adult prisoners: A systematic review



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ARTICLE INFO

Keywords:

Prison
Childhood adverse life events
Personality disorder
Psychopathy
Mental illness
Gender differences
Systematic review

ABSTRACT

There is empirical support for an association between childhood adverse life events and psychopathology in adult offenders. This systematic review aims to summarise the literature that measures the predictive value of childhood adverse life events on mental illness and personality disorders in prisoners in custody. Forty-seven studies were identified. The studies examined a total of 49,163 participants (36,055 males, 13,108 females). The number of offenders in each study ranged from 43 to 16,043. Childhood abuse and neglect were primarily examined. There was support that these subtypes of childhood adverse life events are associated with several psychiatric disorders, in particular substance abuse and psychopathy. Additionally, there were differences across male and female prisoners both in terms of the numbers of studies that looked at specific psychopathologies, and the associations between specific childhood adverse life event subtypes and future psychiatric difficulties. Methodological considerations, future research, and clinical implications are discussed.

1. Introduction

Childhood adverse life events that occur before the age of eighteen can damage neurobiological and neuroendocrine systems and have been shown to influence behavioural, emotional, social, physical, and cognitive development (Bremner & Vermetten, 2001; Carr, Martins, Stingel, Lemgruber, & Jurueña, 2013; Middlebrooks & Audage, 2008; Norman et al., 2012). A growing body of research from animal and human studies suggests that the neurobiological and neuroendocrine damage can be long term, affecting a multitude of brain pathways (Anda et al., 2006; Kim et al., 2017; Nemeroff, 2016; Shonkoff, et al., 2012). In line with these findings, community and general population studies have established a strong link between the role of childhood adverse life events and subsequent mental health difficulties in adulthood (Bagley & Ramsay, 1986; Briere & Runtz, 1988, 1990; Conaway & Hansen, 1989; Fergusson, Boden, & Horwood, 2008; Kilcommons & Morrison, 2005; Malinosky-Rummell & Hansen, 1993; Walsh, Fortier, &

DiLillo, 2010). Recent meta-analyses and systematic reviews have evidenced associations between childhood sexual abuse, physical abuse, emotional abuse, and neglect with symptoms of mood, anxiety, psychosis, and personality disorders (Carr et al., 2013; Lindert et al., 2014; Maniglio, 2010; Nanni, Uher, & Danese, 2012; Norman et al., 2012; Read, Os, Morrison, & Ross, 2005; Varese et al., 2012); however, some meta-analyses have emphasised the complex association of childhood adverse life events and adult psychiatric difficulties, noting it is ultimately underpinned by both environmental and genetic risk factors (Carr et al., 2013). Other review articles have also highlighted methodological issues with the empirical studies examined (Bendall, Jackson, Hulbert, & McGorry, 2008). Thus, this paper will systematically review the relationship between childhood adverse life events that occur before the age of 18 and subsequent adult psychiatric disorders in prisoners.

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<https://doi.org/10.1016/j.paid.2018.04.023>

Received 31 October 2017; Received in revised form 13 April 2018; Accepted 16 April 2018
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1.1. Prisoners: an at-risk sample

One population of individuals at risk of being exposed to childhood adverse life events is that of prisoners (Abram et al., 2004; Baglivio et al., 2014; Dierkhising et al., 2013). Compared to their non-offending peers, juveniles and adults with histories of offending behaviour are more likely to come from low-income families (Barnes, 2013; Miller & Barnes, 2013), and have a low IQ (Barnes, 2013; Brewer-Smyth, 2004; Miller & Barnes, 2013; Rappaport & Thomas, 2004). Additionally, poor parent-child relationships - i.e. one characterised by harsh discipline and coercive interactions - is related to childhood delinquency (Fonagy, 2004; Keijsers, Loeber, Branje, & Meeus, 2011; Rappaport & Thomas, 2004; Scarpa, 2003). In the UK, a report by the Ministry of Justice (2012) indicated that in a sample of approximately 1400 prisoners, 29% reported having experienced childhood sexual, physical or emotional abuse, 41% had witnessed violence as a child, 37% had a family member found guilty of a crime, 27% had a family member with a drug or alcohol problem and 24% had spent time in care at some point during their childhood. Prevalence rates of childhood adverse life events are consistently higher in prison populations than in community samples; a recent study indicated that the prevalence of childhood adverse life events (including witnessing domestic violence, and/or experiencing abuse and neglect) in a population of over 64,000 American juvenile offenders was higher than comparatively examined populations, with 50% of the offender population having experienced four or more childhood adverse life events compared with only 13% of college-educated adults (Baglivio et al., 2014). Community population rates of childhood adverse life events across high, middle and low-income countries are consistently lower, with physical abuse rates ranging from 5.3–10.8%, sexual abuse rates ranging from 0.6–2.4%, and neglect ranging from 3.6–5.2% (Kessler et al., 2010).

Prison populations are not only more likely to have experienced childhood adverse life events, but also to have high rates of neurobiological problems that are associated with the development of psychopathology, such as reduced functioning in the prefrontal cortex, amygdala, hippocampus, and anterior cingulate. Deficits in these areas have been linked to problems in social behaviour, emotion processing and emotion regulation (Blair, 2005; Hoptman, 2003; Mitchell & Beech, 2011; Raine, 2002; Wilson & Scarpa, 2012) and have been implicated in the presentation of a range of mental illnesses and personality disorders (Davidson, Pizzagalli, Nitschke, & Putnam, 2002; Garety, Bebbington, Fowler, Freeman, & Kuipers, 2007; Goodman, New, & Siever, 2004; Keshavan, Berger, Zipursky, Wood, & Pantelis, 2005; Marcini & Nemeroff, 2003). Unsurprisingly, there is consistent evidence that prisoners have high rates of psychiatric disorders and substance abuse, with estimates of approximately one in seven prisoners diagnosed with psychosis or clinical depression and up to 60% of prisoners abusing substances (Fazel, Bains, & Doll, 2006; Fazel, Hayes, Bartellas, Clerici, & Treisman, 2016).

There has been increasing interest in examining outcomes in this at-risk population of prisoners. An expanding evidence base has highlighted an association between exposure to childhood and adolescence adverse life events and subsequent offending behaviours (Dallaire, 2007; Farrington, 2000; Malvaso, Delfabbro, & Day, 2016; Teague, Mazerolle, Legosz, & Sanderson, 2008; Wilson, Stover, & Berkowitz, 2009). Several studies have observed the impact of childhood adverse life events on psychopathology in prisoners examining a range of adverse events, such as childhood sexual abuse and childhood physical abuse, as well as a variety of clinical difficulties, for example anxiety, depression and psychopathy (Borja & Ostrosky, 2013; Fondacaro, Holt, & Powell, 1999; Poythress, Skeem, & Lilienfeld, 2006; Wolff & Shi, 2012). Research addressing the long term psychopathological sequelae of childhood adverse life events in prisoners has many advantages. Firstly, the higher prevalence of childhood adverse life events amongst prisoners, and its association with a wider range of other features than in community samples, suggests that prisoners provide a unique sample

with the potential for improving understanding through research. Secondly, because the results of such research can result in improvements in the range of available options for societal prevention, and the subsequent management and treatment of any arising disorders. There is also the potential to impact more broadly upon reoffending behaviour. Thirdly, research with prisoners can provide data to generate hypotheses about the mechanisms behind the relationship between childhood adverse life events and psychopathology; for example, through social learning, whereby dysfunctional family relationships model to children that anger and aggression are appropriate ways to deal with stressors (Bandura, 1978; Delsol & Margolin, 2004; Wareham, Boots, & Chavez, 2009). Neurobiological findings have extended this idea, suggesting that childhood adverse life events can foster the development of psychopathology in vulnerable individuals through the way it acts on specific regions of the brain (Fallon, 2013; Young & Widom, 2014). Lastly, gaining a better understanding of these relationships can direct future research in this relatively under-researched area.

1.2. Aims

To date several studies have been conducted that have examined the relationship between childhood adverse life events and subsequent psychiatric impact in adult prisoners. To our knowledge, no systematic review has been conducted that examines this topic. Thus, the aim of this review is to examine the relationship between childhood adverse life events that occur before the age of eighteen and subsequent adult psychiatric disorders in prisoners. The study also seeks to identify what aspects of childhood adverse life events have been examined as well as what areas of subsequent adult psychiatric disorders have been explored.

2. Methodology

2.1. Search strategy and selection criteria

A search strategy was registered with the International Prospective Register of systematic reviews (Prospero: CRD42016054266). Database searches were conducted using PsychInfo, PsychArticles, Web of Science, Google Scholar, and Social Policy and Practice for English-language, peer-reviewed journal articles presenting original data on mental illness and/or personality disorder in adult prisoners who had experienced childhood adverse life events before the age of eighteen. There were no limitations regarding publishing date.

Search terms were customised to each database. The search criteria were: “Child* abuse” OR “physical abuse” OR “sexual abuse” OR “psychological abuse” OR “emotional abuse”, “neglect*” OR “trauma*” OR “child* advers*” OR “adolescen* advers*” OR “child* maltreat*” OR “adolescen* maltreat*” OR “bully*” OR “bullied” OR “peer problem*” OR “child* victim*” OR “adolescen* victim*” OR “expressed emotion” OR “communication deviance” OR “parental loss” OR “separat*” OR “discriminat*” AND “mental illness” OR “psychosis” OR “psychotic” OR “PTSD” OR “post-traumatic stress disorder” OR “axis I” OR “depression” OR “mood disorder” OR “anxiety” OR “substance*” OR “psychopath*” OR “personality disorder” OR “axis II” AND “Adult offend*” NOT (“juvenile offend*” OR “adolescent offend*”). The childhood adverse life events search terms were based upon those used by Varese et al. (2012). Psychopathology search terms were based on pre-existing reviews of community samples that used diagnostic criteria (e.g. Carr et al., 2013; Trotta, Murray, & Fisher, 2015).

2.2. Inclusion and exclusion criteria

Studies were included in the review if:

- (i) the study examined the relationship between childhood adverse

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