



A review of the relationship between sociocultural factors and juvenile psychopathy



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ABSTRACT

Juvenile psychopathy is becoming an increasingly important construct for clinicians and those in the judicial system alike. The importance of understanding not only the concept of juvenile psychopathy, but also the sociocultural determinants and risk factors is important for treatment and predictive purposes. A literature review of several social, demographic, and cultural factors that may contribute to the development of juvenile psychopathy was conducted. These factors are race, culture and ethnicity, gender, trauma, family, community influence, and peer influence. Limitations and directions for future research are discussed.

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1. Introduction

Psychopathy is currently viewed as a cluster of behavioral, affective, and interpersonal traits that define an individual's pattern of interactions (Forth, Kosson, & Hare, 2003). These interactions are characterized

by antisocial behaviors, decreased emotionality, and interpersonal relations that are superficial and predatory in nature.

Hare originally conceptualized psychopathy as manifesting in two distinct clusters of symptoms or factors, which he used to develop his measure the Psychopathy Checklist – Revised (PCL-R). The first factor is the interpersonal and affective cluster and the second factor is the socially deviant lifestyle or behavioral cluster (Harpur, Hare, & Hakstian, 1989). Cooke, Kosson, and Michie (2001) have since developed a three-factor model of psychopathy which has had mixed support (Strand & Belfrage, 2005). The factors in this model are: the arrogant deceptive interpersonal dimension; the deficient affective experience dimension, and; the impulsive irresponsible behavior dimension. Hare (2003) more recently postulated a four-factor model that splits each

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of the original two factors to produce four dimensions: interpersonal, affective, lifestyle, and antisocial (Jones, Cauffman, Miller, & Mulvey, 2006; Sevecke, Pukrop, Kosson, & Krischer, 2009). A five-factor model was also developed from the Five Factor theory of personality.

In 2003, Forth, Kosson, and Hare published the Psychopathy Checklist: Youth Version (PCL:YV), a downward extension of the PCL-R for those between the ages of 12 and 18 years. As the PCL:YV was developed from the PCL-R, it is rooted in the two-factor model of psychopathy. Several factor analyses with varied adolescent populations have shown that the three- and four-factor models are a better fit with the PCL:YV (Jones et al., 2006; Kosson et al., 2013; Salekin, Brannen, Zalot, Leistico, & Neumann, 2006). Few studies have looked at the five-factor model in juveniles, but a recent study by Salekin, Debus, and Barker (2010) found some evidence for its applicability.

Researchers have long described two distinct subtypes of psychopathy, most commonly referred to as primary and secondary psychopathy. Primary psychopathy is viewed as an innate inability to processing emotions, such as fear and empathy, while secondary psychopathy is thought to develop due to social and environmental conditions, such as severe childhood abuse (Lee, Salekin, & Iselin, 2010). Research with adults has generally found support for two distinct subtypes, with one (secondary) group exhibiting higher levels of anxiety, psychological distress, and lower PCL-R scores and the other (primary) group exhibiting lesser levels of anxiety and higher PCL-R scores (Vaughn, Edens, Howard, & Smith, 2009). Studies with adolescents have found mixed support. Some studies described similar patterns, with the primary group typically presenting as more dangerous, having more antisocial behaviors, and being less impulsive and more psychosocially mature than the secondary group (Andershed, Kohler, Louden, & Hinrichs, 2008; Kimonis, Skeem, Cauffman, & Dmitrieva, 2010; Vaughn et al., 2009). One significant difference with adolescents, identified by Vaughn et al. (2009), was a high level of anxiety across all groups. They suggested that this might be due to higher anxiety levels in adolescents as a whole or possibly due to an environmental factor, such as being incarcerated for the first time.

Juvenile psychopathy has emerged as a highly studied and controversial topic, as clinicians and researchers have begun to extend the concept of psychopathy to children and adolescents. Vitacco and Vincent (2006) noted a 400% increase in articles published on juvenile psychopathy between 1994 and 2004. Researchers credit this to an interest in understanding the development of these traits and predecessor of adult psychopathy, as well as a desire to stem the roots of child and adolescent violence and lifelong recidivism (Verona, Sadeh, & Javdani, 2010; Vitacco & Vincent, 2006).

Adolescence is a time of rapid and enormous developmental change. While the construct of psychopathy in adults has been well established in the literature, its extension to juveniles is still tenuous and there are many questions still to be answered. Behaviors central to evaluations of psychopathy in children and adolescents, such as irresponsibility and impulsivity, are also viewed as part of the normal developmental process (Salekin & Frick, 2005). Despite cautions enumerated in the PCL:YV manual itself, mental health professionals may run the risk of misinterpreting normative and transit adolescent traits as antisocial or psychopathic (Forth et al., 2003; Salekin & Frick, 2005). This risk may be exacerbated for adolescents of particular cultural and social backgrounds, as will be addressed later in this paper. Viljoen, McLachlan, and Vincent (2010) found that 79% of forensic clinicians surveyed had used a juvenile psychopathy measure at least once when assessing juvenile risk. Given the transient nature of traits during adolescence, applying a label of psychopathy would suggest a persistent and stable pattern of personality impairment that would be inappropriate. Although there have not been many studies on the stability of psychopathic traits across the lifespan, researchers argue that developmental stages must be considered and biological measures employed when investigating juvenile psychopathy (Rutter, 2005; Salekin & Frick, 2005).

A recent review of adolescent brain development studies found that executive processing ability (e.g., adolescents' impulse control and

decision-making skills) and the skills needed for social cognition (i.e., self-awareness and being able to "attribute[e] mental states ... and intentions to other people") are still developing during this period (Blakemore & Choudhury, 2006, p.302). Although measures of juvenile psychopathy are not meant to diagnose youth, but rather to direct treatment and research, there is the potential for misuse and great harm when used improperly (Forth et al., 2003). Identifying and exploiting protective factors in certain youth could potentially decrease psychopathic traits benefitting not only the individual but also the community at large (Salekin & Lochman, 2008).

Until more is known about juvenile psychopathy, clinicians are at a disadvantage when developing treatment plans for these youth. Researchers have suggested that grouping adolescents into subtypes would be beneficial in this regard (Lee et al., 2010; Vitacco & Vincent, 2006). Other researchers have suggested that psychopathic traits are best viewed as existing on a continuum and have proposed a dimensional model instead of a discrete category. There is some evidence that dimensional models are both applicable to adolescent populations and predictive of future delinquent behaviors (Edens, Marcus, & Vaughn, 2011). The PCL:YV provides a dimensional representation as there is no cut-off score for diagnostic purposes (Forth et al., 2003). Viewing juvenile psychopathic traits on a continuum would allow for specific interventions to be designed while hopefully ameliorating the dangers of applying a diagnostic label.

This literature review examines the emerging studies that attempt to extend the construct of juvenile psychopathy by considering racial and sociocultural factors. Externalizing symptoms, such as antisocial behavior, are not intended to be used interchangeably with psychopathy. However, some of the literature in this review discusses such behaviors in order to examine the associations between sociocultural factors and psychopathy. Also, it tends to be these same behaviors that bring many of these children and adolescents to the attention of mental health providers and the criminal justice system.

2. Race, culture and ethnicity

Concerns have been raised about the potential for racial bias in psychopathy assessments, as the original assessments were standardized on Caucasian male offenders (Brandt, Kennedy, Patrick, & Curtin, 1997). In the adult literature, studies have not found evidence of significant racial bias for total PCL-R scores when comparing African American with Caucasian populations (Cooke, Kosson, & Michie, 2001; Skeem, Edens, Camp, & Colwell, 2004). One exception is by Lynn (2002) who concluded that psychopathic traits do have racial underpinnings. He proposed that psychopathic traits are most common in African and Native American individuals, followed by Hispanic and Caucasian individuals, and are least present in East Asian individuals. Multiple studies have since critiqued both the design and conclusions of this work (e.g., McCoy & Edens, 2006; Skeem, Edens, Sanford, & Colwell, 2003). However, there is some evidence that the relationship between external factors (e.g., impulsivity) and psychopathy is different between African American and Caucasian populations (Jackson, Neumann, & Vitacco, 2007), which suggests the influence of sociocultural factors.

Studies with adolescents have also found little difference in overall rates when comparing African American and Caucasian adolescents (Brandt et al., 1997). McCoy and Edens (2006) performed a meta-analysis on 16 studies that measured juvenile psychopathy with the PCL-R and PCL:YV and found that while composite scores were higher for African Americans than for Caucasians, the actual difference (magnitude) was small. The authors noted significant differences in the effect sizes for the studies analyzed, so it is unclear if the populations were truly comparable and the inability to address environmental factors may have contributed to the heterogeneity of the results. Overall, the difference found was statistically insignificant so the measures appear to be equally valid with both groups.

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