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Youth and Psychopathy

Primary and Secondary Psychopathy in Adolescents who Sexually Offend

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Several studies have investigated the existence of primary and secondary subtypes of psychopathy (Blackburn, 1975; Henderson, 1982; Wales, 1995; Vassileva, Kosson, Abramowitz, & Conrod, 2005; Skeem, Johnansson, Andershed, Kerr, & Louden, 2007; Swogger & Kosson, 2007; Falkenbach, Stern, & Creevy, 2014). Primary psychopathy is typically characterized by elevated personality and interpersonal features of psychopathy, such as narcissism and hostility, and relatively stable emotional functioning with a low rate of comorbid mental disorders. Secondary psychopathy is typically characterized by high levels of emotional instability and anxiety, and a more frequent rate of co-occurring disorders, such as drug/substance use disorders and post-traumatic stress disorder. Developmentally, primary psychopathy is theorized to be more innate and unchangeable while secondary psychopathy is theorized to develop as an adaptive reaction to significant environmental and social stressors (Karpman, 1941).

This study used a latent profile analysis (LPA) approach to analyze scores on the Psychopathy Checklist-Youth Version (PCL-YV) from 103 juvenile convicted of sexual offenses who were assigned a PCL-YV total score at or above 25. Results were consistent with a growing body of literature suggesting there are *primary* and *secondary* subtypes of psychopathy. While prior studies have focused primarily on general offender adult samples, the present study is the first to examine the existence of primary and secondary psychopathy in a sample of adolescents who sexually offend. Implications for treatment and risk will be discussed.

Method: We used a Latent Profile Analysis (LPA) approach to investigate the presence of psychopathy subtypes within a population of adolescents who sexually offend who received high (≥25) ratings on the PCL-YV, using PCL-YV facet scores in model analyses. The procedure began with a one-class model, with each successive model including one additional class. The optimal number of classes was decided based on the convergence of model-fit criteria, such as the Bayesian Information Criterion (BIC; Schwartz, 1978),

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entropy, the Lo-Mendell-Rubin Likelihood Ratio Test (L-M-R LRT), and the bootstrap LRT. A model with lower BIC, higher entropy, and significant L-M-R LRT and bootstrap LRT tests indicates better fit.

Results: The results displayed indicate a two-class model best fit the data. The two-class model had a lower BIC compared to the one-class model, and significant L-M-R LRT and Bootstrap LRT values, suggesting an additional class strengthened the model. Although the BIC value was lowest for the three-class model, changes in BIC value of less than three are considered negligible. Further, the L-M-R LRT for the three-class model was not significant. Taken together, these fit indices indicate a two-class model is the best fit for this sample. Class 1 (primary) was characterized by higher average item scores on the interpersonal and affective facets of the PCL-YV (1.39 and 1.66 respectively) and lower average item scores on the antisocial facet (1.43) compared to Class 2. Class 2 (secondary) was characterized by lower average item score in the interpersonal and affective facets of the PCL-YV (0.78 and 1.05 respectively) and higher average item scores on the antisocial facet (1.74) compared to Class 1. Both Class 1 and Class 2 exhibited similar average item scores on the lifestyle facet of the PCL-YV (1.45 and 1.50 respectively).

Discussion: Findings expand the present literature on the constructs of primary and secondary psychopathy to adolescents who sexually offend. Further implications for treatment considerations and comprehensive assessment will be discussed.

Learning Goals:

- Describe the theoretical developmental trajectories of primary and secondary psychopathy and how this applies to adolescents who sexually offend.
- Describe psychopathy typology and how this typology applies to adolescents who sexually offend.
- Understand how this typology can best inform clinical practice of both assessment and treatment of adolescents who sexually offend.

Kate McCallum, PhD is the current post-doctoral fellow in forensic psychology at the Denver Forensic Institute for Research, Service, and Training (Denver FIRST), where she primarily completes forensic evaluations, supervises, and teaches. Her research has focused on bias and evaluator practices in forensic psychological evaluations, psychopathy, and issues specific to sex offender risk evaluations.

Apryl A. Alexander, PsyD is a Clinical Assistant Professor in the Graduate School of Professional Psychology at the University of Denver (DU). Dr. Alexander primarily teaches in the master's in forensic psychology program and serves as Director of the Forensic Institute of Research, Service, and Training (Denver FIRST) Outpatient Competency Restoration Program. Her research broadly focuses on violence and victimization, forensic assessment, sex offending, and trauma- and culturally-informed practice.

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Kelli Thompson, PhD is currently an Assistant Research Professor and Director of the Juvenile Delinquency Lab in the Department of Psychology at Auburn University. Her current project is funded by a multimillion-dollar public-public partnership between the Alabama Department of Youth Services and the Department of Psychology at Auburn University. This research project serves as the foundation for a comprehensive evaluation of the residential treatment program, the Accountability Based Sex Offense Prevention (ABSOP) Program. The ABSOP Program has provided comprehensive, empirically informed, evidenced-based clinical services to youth adjudicated for serious illegal behavior, primarily illegal sexual behavior, for nearly 20 years in southeast Alabama. Her broad research interests pertain to developmental pathways of delinquent behavior including the assessment, treatment-related outcomes, and public policy issues facing justice-involved youth.

Factors of Early Adversity Related to Psychopathology in High-Risk Youth

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Adverse Childhood Experiences (ACEs) are instances of trauma, abuse, and household dysfunction that occur within the first 18 years of life. Prior research has linked ACEs to a plethora of detrimental outcomes in later life, including health problems, psychopathology, aggression, and involvement with the justice system (Anda, Butchart, Felitti, & Brown, 2010; Duke, Pettingell, McMorris, & Borowsky, 2010; Widom & Maxfield, 2001). The relationship between ACEs and these outcomes illustrate a cumulative effect, such that risk increases with successive ACEs. Further, ACEs are highly interrelated and often co-occur (Dong et al., 2004).

Youth who have engaged in sexually abusive behaviors represent a unique population with regard to ACEs. ACEs are far more prevalent among these youth compared to community samples (Baglivio & Epps, 2016; Wolff, Cuevas, Intravia, Baglivio, & Epps, 2018), leaving them homogenously categorized as high-risk. Thus, other relevant predictors that may be present in these samples exposed to high rates of early adversity are worth investigating. One such predictor is that of out-of-home placements, which has been linked to an earlier age of onset of sexually abusive and aggressive behaviors in recent research (Hall, Stinson, & Moser, 2017). However, other factors such as those relating to polyvictimization may be important to consider.

The current study considers the impact of three additional factors (i.e., persistence of maltreatment, the presence of multiple perpetrators, and victim's relationship to perpetrator) on three outcomes of interest in a sample of adolescents who have engaged in

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sexually abusive behavior: diagnosis of a trauma-related disorder, suicidal ideation, and suicide attempts.

Data for this study were extracted from archival records of male adolescents at a private nonprofit facility who have engaged in sexually abusive behavior. The sample included 316 male adolescents who had engaged in sexually abusive behavior between the ages of 10 and 17 years of age (M = 14.83, SD = 1.54). A two-step hierarchical logistic regression was conducted for each outcome as the dependent variable. ACE score, total number of out-of-home placements, and total length of out-of-home placements were entered into the first block of each regression. Persistence of maltreatment, the presence of multiple perpetrators, and relationship to perpetrator were entered into the second block of each regression.

For a diagnosis of trauma-related disorder, both step 1 (-2LL(3)=246.69, p<.01) and step 2 (-2LL(7)=213.40, p<.01) of the regression were significant. Extrafamilial sexual abuse multiple perpetrators (OR = 1.83, p<.05), neglect multiple perpetrators (OR = .43, p<.05), and number of intrafamilial perpetrators (OR = 3.40, p<.01) were statistically significant predictors. For suicidal ideation, both step 1 (-2LL(3)=315.20, p<.01) and step 2 (-2LL(7)=290.27, p<.01) of the regression were significant. Number of placements (OR = 1.09, p<.05), maltreatment persistence (OR = .76, p<.01), and emotional abuse multiple perpetrators (OR = 2.34, p<.01) the statistically significant predictors. For suicide attempts, step 1 of the regression was not statistically significant. However, step 2 of the regression was significant, -2LL(7)=242.75, p<.01. Emotional abuse multiple perpetrators was the only statistically significant predictor in the final model, OR = 3.18, p<.01.

These results indicate that additional factors beyond those explained by ACE score and placement instability may be important to consider in populations at high risk for early adversity. Further implications of this research will be discussed.

Learning Goals:

- Investigate the prevalence of ACEs in this high-risk sample of male adolescents who have engaged in sexually abusive behaviors.
- Investigate the relationship of ACEs and three psychopathological outcomes: diagnosis of a trauma-related disorder, suicidal ideation, and suicide attempts.
- Investigate whether additional aspects not included in the original ACE
 questionnaire (i.e., persistence of maltreatment, the presence of multiple
 perpetrators, and victim's relationship to perpetrator) provide further information
 for these outcomes.

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Jill D. Stinson, PhD, is a licensed psychologist and an Associate Professor and Director of Clinical Training at East Tennessee State University. She received her dual doctorate in Clinical Psychology and Psychology, Policy, and Law from the University of Arizona prior to serving as the Director of Sex Offender Treatment at Fulton State Hospital with the Missouri Department of Mental Health. Her research focuses on sex offenders with serious mental illness, personality disorders, self-regulatory problems, and histories of early childhood maltreatment, as well as issues related to sex offender community re-entry, stigma, and suicidality. Dr. Stinson has authored three books related to sex offender etiology, treatment, and motivation to engage in therapy. She serves as an Associate Editor for ATSA's official journal, *Sexual Abuse*, and has been on the Professional Issues Committee, Public Policy Committee, Membership Committee, and several Conference Planning Committees for ATSA, with an appointment of Co-Chair for the 2020 ATSA Conference in San Antonio, Texas.