CHILDREN WHO SEXUALLY ABUSE AND THE EMERGENCE OF SEVERE PERSONALITY DISORDER TRAITS IN CHILDHOOD: RESULTS OF A THREE YEAR HOME OFFICE STUDY

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NSPCC National Clinical Assessment & Treatment Service (NCATS)
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Presentation

• Context for looking at high risk children
• Delinquency & Trajectories
• Childhood Origins of Personality Disorder
• Personality Disorder & Psychopathy
• Home Office study
• Cost benefits of early intervention
• Research implications
Why think about high risk children now?
Context for looking at high risk children

• Recent government concern re socially excluded families including ‘high risk/high harm’ children at risk of developing PD’s  
  Cabinet Office 2006; Utting 2007

• Social Exclusion Task Force Action Plan aims to prevent mental health problems (including the development of PD) in childhood  
  Action 20, Cabinet Office 2006

• These initiatives build on: ‘Every Child Matters’ DfES 2004 & ‘Care Matters’ DfES 2007 with emphasis on prevention/keeping families together

• Government funding for evidence based MST pilots for older children ‘on the edge of care’  
  ‘Care Matters’ DfES 2007
What is known about Delinquency & Trajectories?
Delinquency & Trajectories

• A small number of people are responsible for much crime in adolescence & adult life

• 6% responsible for half the convictions up to age 32 years  
  *Farrington & West 1993*

• < 5% of male population responsible for 50 – 70% of all violent crime  
  *Moffit 1993; Hodgins 1994*

• Males first convicted at an earlier age (10 – 13 yrs) became the most persistent offenders with careers spanning 9.9 yrs & averaging 8.8 offences  
  *Farrington 1998*
Delinquency & Trajectories

• Robust evidence on delinquency trajectories
  

• Several types of trajectories described:
  Life course persistent, Adolescent limited, Discontinuous, Persisters/Desisters, Adult starters

• Other groups need trajectory descriptions:
  Girls and women offenders
  Learning disabled offenders
  Autistic Spectrum offenders
  Internet & Technology Offenders
So what are the origins of ASPD?
Childhood Origins of Anti Social Personality Disorder

Developmental Trajectories

- ‘Life-Course Persistent’ trajectory - early neuro-psychological and environmental risk
- Early differences in cognitive, behavioural and personality functioning.
- Similar presentation with ‘Adolescence Limited’ individuals during adolescent period

Moffitt, 1993
Childhood Origins of ASPD

• Most PDs do begin to present in childhood

• Temperament & childhood personality are different and linked

• Children have observable temperamental styles  
  *Thomas & Chess 1963*

• There is a genetic basis & link to personality traits in childhood (the big 5 – extraversion; neuroticism; conscientiousness; agreeableness; openness)

• These have a pervasive impact on a range of behaviours  
  *Salekin & Frick 2005*
Childhood Origins of ASPD

• Co-Morbidity for PDs common in adult offenders so we should test for juvenile PD traits

• Most offending juveniles will be ‘sub-threshold’ for PDs early on - full picture emerges later

• Consider new measures for full range of emerging PDs in childhood - BPD etc

• Categorical classifications of DSM-IV/ICD 10 are inappropriate for younger children

• Dimensional/spectrum model better for developmental disorders
How are ASPD & Psychopathy linked?
Definitions of Psychopathy

• Not a Personality Disorder in DSM-IV or ICD10
• ‘Psychopathy traits’
• Hare PCL-R & PCL-YV 20 item checklist covers 3 domains:
  1. Interpersonal (e.g. impression management)
  2. Affective (e.g. callous/unemotional – ’CU’trait)
  3. Behavioural (e.g. impulsivity)
• Considerable controversy re concept of Psychopathy & the interpretation of results from inventories measuring different aspects of Psychopathy
  
  Patrick et al 2009
Definitions of Psychopathy

- Patrick’s ‘Triarchic’ model of psychopathy is rooted in empirical research looking at developmental origins of psychopathy. This may be more appropriate for understanding juvenile psychopathy.

Patrick et al. 2009

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CONFERENCE 22911
Personality Disorder & Psychopathy

- Psychopathy describes a narrower group of Offenders (15-30%) than ASPD (50-80%)
  
  *Hare 1991; Robins 1991*

- Links between delinquency, CD & ASPD
  
  *Rutter 1998; Farrington 1995; Moffit 1993; Moffitt 2008*

- However, proposals for DSM-V include:
  
  i. Remove the CD criterion for ASPD
  ii. Add CU ‘sub-type’ to CD

  *Kendall et al 2009; Duggan et al 2011*
Personality Disorder & Psychopathy

• Links between delinquency, CD & ASPD
  Rutter 1998; Farrington 1995; Moffit 1993; Moffitt 2008

• Boys with both CD & CU traits share many features with adult psychopathy, e.g.:

  ‘less ability to recognise sadness, impaired moral reasoning & empathy, higher IQ scores, do not understand the negative consequences of aggressive behaviour and less responsive to punishment’
  Hodgins 2007
Personality Disorder & Psychopathy

• Not all badly behaved young children go on to develop CD/ASPD:

  Of the 15% of 5 year olds with ODD, < half of these will become 17 yr olds with CD

  Scott/Home Office 2002; Every Child Matters 2003

• But.......... 50% children with CD will develop ASPD

  Kendall et al 2009 (NICE guidance summary)

• And......... Increasingly strong evidence of developmental continuity in CU traits from adolescence into adulthood

  Lynam 2007; Frick & White 2008
Personality Disorder & Psychopathy

• Adult psychopaths & children with CU traits poorer than other antisocial individuals at recognising fear & sadness in facial expressions  
  \[\text{Dadds et al 2006}\]

• They also show reduced physiological reaction to other’s distress & insensitivity to punishment  
  \[\text{Blair et al 2006}\]

• Substantial genetic risk (twin study) for psychopathy (CU traits) in children with ASB & CU traits:  
  TEDS study : N = 3687: 7 year old twins:  
  \[\text{Viding et al 2005}\]
How does this link to brain structure & function
Structural & Functional MRI Scans
Lifespan Development

• Lifespan process of change  
  *Rutter & Rutter 1993*

• Much development occurs in early childhood and adolescence  
  *Steinberg & Schwartz 2000; RCPsychs 2006*

• Brain development continues in young adult life  
  *Blakemore & Choudhury 2006*
• ‘The maturation of grey matter is best described as a constant “push and pull”. New pathways grow, while others are pruned back

• Pruning is greatly influenced by experience, so it really is a case of “use it or lose it”!

• This makes the brain extremely versatile, and able to make changes depending on the demands of the environment.’
Studies show adverse effects on the developing brain from abuse and neglect on:

- Brain structure
- Brain function

But............there is also evidence of ‘catch up’ with brain development when ‘nurture’ improves

And............child resilience moderates between nature and nurture
Figure 3. Medial Prefrontal Activation Decreases during Adolescence

A section of the dorsal MPFC that is activated in studies of mentalizing is shown between red lines: Montreal Neurological Institute (MNI) y coordinates range from 30 to 60, and z coordinates range from 0 to 40. Colored dots indicate voxels of decreased activity during six mentalizing tasks between late childhood and adulthood (see Blakemore, 2008, for references)
Personality Disorder & Psychopathy
Possible amygdala & orbitofrontal cortex dysfunction

Viding et al 2006
CD/CU traits/Psychopathy

• **Structural Brain Imaging Study at IOP:**
  
  *De Brito, Mechelli, Wilke, Laurens, Jones, Barker, Hodgins, Viding 2009*

**Method**

• Boys 10-13 years old with high CP/CU traits c/w normal controls
• Controlled for cognitive ability & HIA symptoms

**Results**

• Boys with high CP/CU traits had increased grey matter concentration in: medial Orbito Frontal Cortex, rostral & dorsal Anterior Cingulate Cortex
• Boys with high CP/CU traits also had increased grey matter volumes and concentration in the temporal lobes bilaterally

**Conclusions**

• Increased grey matter concentration & volume in areas associated with emotion regulation, empathy and morality – suggests possible delay in cortical maturation in children with high CP/CU traits
Figure 1. Foci of significant increases in gray matter concentration in children with CP/CU+ traits (n=23) relative to healthy controls (n=25) in *a priori* regions of interest are highlighted in yellow (p < 0.001, uncorrected for multiple comparisons for the whole brain). Significant clusters of concentration abnormalities are shown on the (a) medial orbitofrontal cortex; (b) right dorsal anterior cingulate cortex; (c) left rostral anterior cingulate cortex; and (d) left dorsal anterior cingulate. The coordinates of voxels of maximal statistical significance in each of these clusters, as well as their size and peak Z-scores, are provided in Table 1.
Juvenile Sexually Abusive Behaviour & Recidivism
### Sexually Abusive Behaviour

Adult recidivism of convicted JSA’s

<table>
<thead>
<tr>
<th>Study</th>
<th>N</th>
<th>Follow-up period</th>
<th>% Sexual recidivism</th>
<th>% Non-Sexual recidivism</th>
<th>Outcome Ratio of Recidivism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubinstein et al (1993)</td>
<td>19</td>
<td>8yrs total</td>
<td>37%</td>
<td>89%</td>
<td>Convictions (x2)</td>
</tr>
<tr>
<td>Sipe et al (1998)</td>
<td>124</td>
<td>1 – 14 yrs</td>
<td>10%</td>
<td>37%</td>
<td>Convictions (x3)</td>
</tr>
<tr>
<td>Worling &amp; Curwen (2000)</td>
<td>148</td>
<td>2 – 10yrs</td>
<td>13%</td>
<td>66%</td>
<td>Convictions &amp; charges (x5)</td>
</tr>
<tr>
<td>Langstrom (2002)</td>
<td>117</td>
<td>Avg 10yrs</td>
<td>30%</td>
<td>67%</td>
<td>Convictions (x2)</td>
</tr>
<tr>
<td>Nisbet et al (2004)</td>
<td>303</td>
<td>4 – 13yrs</td>
<td>9%</td>
<td>61%</td>
<td>Convictions &amp; charges (x6)</td>
</tr>
<tr>
<td>Gretton et al (2001 / 2005)</td>
<td>253</td>
<td>5 – 14yrs</td>
<td>17%</td>
<td>51%</td>
<td>Convictions (x3)</td>
</tr>
</tbody>
</table>
Treatment approaches for CU children and families

• Moderating role of psychopathy needs to be taken into account:

  High CU + High Verbal Ability = Higher rates of violent delinquency
  *Munoz, Frick et al 2008*

• In a parent training intervention, children with CU traits c/w children with CD only predicted poor antisocial outcomes, were less responsive to discipline & showed less affect when disciplined
  *Hawes & Dadds 2005*

• Child specific interventions include looking at interviewer to ‘retrain’ frontal lobes in recognising facial cues such as fearfulness
  *Dadds et al 2006*
Treatment approaches for CU children and families

• Insensitivity to punishment (e.g. ‘time out’) is a key feature of psychopathy - i.e. These children couldn’t care less about the ‘naughty step’ or others’ feelings

• Clinical experience suggests that CU juvenile sex offenders are also remorseless, narcissistic, have little victim empathy and no interest in acquiring it

• Treatment should focus on ‘what’s in it for me?’ – use aspects of the ‘Good Lives’ & ‘Change for Good’ models to promote positive choices not offending

Ward & Seigert 2002; McCrory et al 2010
“Links between juvenile sexually abusive behaviour and emerging severe personality disorder traits in childhood”

Results of a 3 year Home Office funded study

November 2006

**Home Office Study**

- n=280 cases seen at NCATS (YAP) (1992 – 2003), a 4th tier specialist assessment and treatment service
- Young people with sexually harmful behaviour
- Case file review: detailed developmental coding schedule
- File based scoring of the PCL-YV
- Offender’s Index data

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (Male)</td>
<td>91%</td>
</tr>
<tr>
<td>Ethnicity (Caucasian)</td>
<td>83%</td>
</tr>
<tr>
<td>Average age at YAP assessment</td>
<td>13.9yrs (Range: 5.5 – 21.1yrs)</td>
</tr>
<tr>
<td>Average age at onset of SAB</td>
<td>9.5yrs (Range: 3 – 19yrs)</td>
</tr>
</tbody>
</table>
Aims of Study

• To describe the characteristics of a UK cohort of clinically high risk children and young people presenting with sexually abusive behaviour

• To explore whether ‘age of onset’ could identify distinct subgroups of juvenile sexual abuser whose developmental trajectories differed in relation to their psychosocial characteristics, antisocial behaviour and conviction profiles

• To explore whether high levels of ESPD traits could identify a subgroup of juvenile sexual abusers (JSA’s) with a distinct developmental trajectory in relation to psychosocial characteristics, antisocial behaviour and conviction profile

• To provide practical guidance for clinicians, policy makers and researchers in relation to the implications of the findings
**Group Comparisons**

1. Age of onset trajectories
   - Early onset (EO) vs Late onset (LO)
   - n=93
   - n=120

2. Emerging severe personality disorder (ESPD) traits
   - ESPD vs Non-ESPD
   - n=54
   - n=149
Early Onset: SAB had begun before the 11\textsuperscript{th} birthday

Late Onset: SAB had begun after the 11\textsuperscript{th} birthday
### Early vs. Late Onset trajectories: Psychosocial characteristics

*Red type = Psychosocial predictors of Early Onset of SAB*

<table>
<thead>
<tr>
<th></th>
<th>Early onset % (n=93)</th>
<th>Late onset % (n=120)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parental &amp; family factors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental mental health problems</td>
<td>50</td>
<td>33 *</td>
</tr>
<tr>
<td>Parental time in care</td>
<td>27</td>
<td>15 *</td>
</tr>
<tr>
<td>Inconsistent parenting</td>
<td>77</td>
<td>53 **</td>
</tr>
<tr>
<td>Lack of parental supervision</td>
<td>65</td>
<td>30 **</td>
</tr>
<tr>
<td>Inadequate family sexual boundaries</td>
<td>59</td>
<td>25 **</td>
</tr>
<tr>
<td><strong>Attachment related factors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early difficult temperament</td>
<td>38</td>
<td>22 *</td>
</tr>
<tr>
<td>6+ changes in home placement</td>
<td>50</td>
<td>30 **</td>
</tr>
<tr>
<td>Insecure attachment</td>
<td>68</td>
<td>33 **</td>
</tr>
</tbody>
</table>
**Early vs. Late onset trajectories:**
*Psychosocial characteristics*

<table>
<thead>
<tr>
<th></th>
<th>Early onset % (n=93)</th>
<th>Late onset % (n=120)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child factors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperactive/impulsive</td>
<td>75</td>
<td>61 *</td>
</tr>
<tr>
<td>Disruptive behaviour in primary school</td>
<td>61</td>
<td>36 *</td>
</tr>
<tr>
<td>Any sexual cruelty to animals</td>
<td>15</td>
<td>3 **</td>
</tr>
<tr>
<td>Sexual &amp; physical cruelty to animals</td>
<td>10</td>
<td>0 **</td>
</tr>
<tr>
<td>Any substance misuse</td>
<td>15</td>
<td>27 *</td>
</tr>
<tr>
<td><strong>Trauma factors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Most EO abuse started &lt;6yrs old</em></td>
<td>83</td>
<td>58 **</td>
</tr>
<tr>
<td>Childhood sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>77</td>
<td>55 **</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>84</td>
<td>63 **</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>72</td>
<td>41 **</td>
</tr>
</tbody>
</table>

(*p=.05, ** p=.01)
### Early vs. Late onset trajectories:
**SHB victims during adolescence (11-17yrs)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Early onset % (n=93)</th>
<th>Late onset % (n=120)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abused female victims</td>
<td>80</td>
<td>82</td>
</tr>
<tr>
<td>Abused male victims</td>
<td>71</td>
<td>48 **</td>
</tr>
<tr>
<td>Abused male &amp; female victims</td>
<td>55</td>
<td>33 **</td>
</tr>
<tr>
<td>Abused child &amp; adult victims</td>
<td>31</td>
<td>19 *</td>
</tr>
<tr>
<td>Abused only females</td>
<td>25</td>
<td>49 **</td>
</tr>
<tr>
<td>Abused only males</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Abused strangers</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Raped adult women</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Only abused victims ≥5yrs younger</td>
<td>12</td>
<td>29 **</td>
</tr>
</tbody>
</table>

(*p=.05, **p=.01)
## Early vs. Late onset trajectories

Developmental patterns of non-sexual anti-social behaviour

<table>
<thead>
<tr>
<th></th>
<th>0-3yrs</th>
<th>4-6yrs</th>
<th>7-10yrs</th>
<th>11-17yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EO (n=93)</td>
<td>LO (n=120)</td>
<td>EO (n=93)</td>
<td>LO (n=120)</td>
</tr>
<tr>
<td>Insecure attachment</td>
<td>13%</td>
<td>3%**</td>
<td>36%</td>
<td>4%**</td>
</tr>
<tr>
<td>Physically aggressive</td>
<td>24%</td>
<td>11%*</td>
<td>41%</td>
<td>18%**</td>
</tr>
<tr>
<td>Cruelty to animals</td>
<td>-</td>
<td>-</td>
<td>5%</td>
<td>0%*</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>-</td>
<td>-</td>
<td>19%</td>
<td>9%*</td>
</tr>
<tr>
<td>Socially isolated</td>
<td>-</td>
<td>-</td>
<td>9%</td>
<td>5%</td>
</tr>
</tbody>
</table>

(*p=.05, **p=.01)
**Emerging Severe Personality Disorder (ESPD) Traits**

Severe Conduct Disorder traits (CD)

12 behavioural criteria (e.g. aggression, stealing, running away),

n=128 (46%) scored above the sample mean of 5.3

Severe Personality Disorder traits

20 item PCL-YV (interpersonal, affective, behavioural),

n=73 (36%) scored above the sample mean of 8.8.
Defining ESPD traits

NCATS sample
N = 203

ESPD
Above sample mean on conduct disorder and PCL:YV

n=54

vs

Non-ESPD
Below sample mean on conduct disorder or PCL:YV

n=149
### ESPD vs. non-ESPD: Psychosocial characteristics

*Red type* = Psychosocial predictors of Early Onset of SAB

<table>
<thead>
<tr>
<th></th>
<th>ESPD % (n=54)</th>
<th>Non-ESPD % (n=149)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parental &amp; family factors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental childhood abuse</td>
<td>54</td>
<td>34 **</td>
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<tr>
<td>Parental mental health problems</td>
<td>69</td>
<td>32 **</td>
</tr>
<tr>
<td>Inconsistent parenting</td>
<td>76</td>
<td>58 *</td>
</tr>
<tr>
<td><strong>Attachment related factors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early difficult temperament</td>
<td>46</td>
<td>21 **</td>
</tr>
<tr>
<td>Removal to Local Authority Care</td>
<td>93</td>
<td>74 **</td>
</tr>
<tr>
<td>6+ changes in home placement</td>
<td>62</td>
<td>30 **</td>
</tr>
<tr>
<td>Insecure attachment</td>
<td>72</td>
<td>44 **</td>
</tr>
</tbody>
</table>

(*p=.05, **p=.01* )
### ESPD vs. non-ESPD: Psychosocial characteristics

<table>
<thead>
<tr>
<th>Child factors</th>
<th>ESPD % (n=54)</th>
<th>Non-ESPD % (n=149)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperactive/impulsive</td>
<td>87</td>
<td>62 **</td>
</tr>
<tr>
<td>Disruptive behaviour in primary school</td>
<td>63</td>
<td>40 **</td>
</tr>
<tr>
<td>Sexual &amp; physical cruelty to animals</td>
<td>15</td>
<td>1 **</td>
</tr>
<tr>
<td>Childhood sexual abuse</td>
<td>69</td>
<td>72</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>72</td>
<td>66</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>83</td>
<td>71</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>54</td>
<td>58</td>
</tr>
</tbody>
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(*p=.05, ** p=.01)
**ESPĐ vs. non-ESPĐ:**  
SHB victims pre & post adolescence

<table>
<thead>
<tr>
<th>Category</th>
<th>ESPĐ % (n=54)</th>
<th>Non-ESPĐ % (n=149)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abused male &amp; female victims</td>
<td>61</td>
<td>44 **</td>
</tr>
<tr>
<td>Abused child &amp; adult victims</td>
<td>44</td>
<td>24 **</td>
</tr>
<tr>
<td>Abused strangers</td>
<td>20</td>
<td>9 *</td>
</tr>
<tr>
<td>Only abused victims ≥5yrs younger than abuser</td>
<td>6</td>
<td>22 **</td>
</tr>
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(*p=.05, ** p=.01)
**ESPD vs. non-ESPD:**

Sexually abusive behaviour pre & post adolescence

<table>
<thead>
<tr>
<th></th>
<th>ESPD % (n=54)</th>
<th>Non-ESPD % (n=149)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predatory Sexual behaviour ++</td>
<td>76</td>
<td>57 *</td>
</tr>
<tr>
<td>Excessive force</td>
<td>17</td>
<td>7 *</td>
</tr>
<tr>
<td>Verbal coercion</td>
<td>52</td>
<td>36 *</td>
</tr>
<tr>
<td>Prior grooming</td>
<td>56</td>
<td>34 **</td>
</tr>
</tbody>
</table>

++ abusing more strangers, abusing child and adult victims

(*p=.05, ** p=.01)
# ESPD vs. non-ESPD

## Developmental continuity of non-sexual anti-social behaviour

<table>
<thead>
<tr>
<th></th>
<th>0-3yrs</th>
<th>4-6yrs</th>
<th>7-10yrs</th>
<th>11-17yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ESPD</td>
<td>Non-ESPD</td>
<td>ESPD</td>
<td>Non-ESPD</td>
</tr>
<tr>
<td></td>
<td>(n=54)</td>
<td>(n=149)</td>
<td>(n=54)</td>
<td>(n=149)</td>
</tr>
<tr>
<td>Insecure attachment</td>
<td>15%</td>
<td>4%**</td>
<td>28%</td>
<td>17%</td>
</tr>
<tr>
<td>Physically aggressive</td>
<td>30%</td>
<td>11%**</td>
<td>46%</td>
<td>19%**</td>
</tr>
<tr>
<td>Cruelty to animals</td>
<td>-</td>
<td>-</td>
<td>7%</td>
<td>0%**</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>-</td>
<td>-</td>
<td>26%</td>
<td>9%**</td>
</tr>
<tr>
<td>Fighting &amp; stealing</td>
<td>-</td>
<td>-</td>
<td>9%</td>
<td>1%**</td>
</tr>
</tbody>
</table>

(*p=.05, **p=.01)
**ESPD vs. non-ESPD:**
Lifetime conviction profile (n=196)

<table>
<thead>
<tr>
<th></th>
<th>Whole Sample % n = 268</th>
<th>ESPD % n=54</th>
<th>Non-ESPD % n=142</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any convictions</td>
<td>40</td>
<td>63</td>
<td>37 **</td>
</tr>
<tr>
<td>Sexual convictions</td>
<td>15</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Violent convictions</td>
<td>23</td>
<td>44</td>
<td>19 **</td>
</tr>
<tr>
<td>Non-sexual/ Non-violent convictions</td>
<td>33</td>
<td>54</td>
<td>31 **</td>
</tr>
</tbody>
</table>

(*p=.05, **p=.01)
ESPD and Age of Onset
Sexually Abusive Behaviour

Early Onset
ESPD: 32  non-ESPD: 48

Late Onset
ESPD: 83  non-ESPD: 18
Conclusions

Study Aim 2. *Juveniles with an Early Onset of SAB before 11 years old* can be distinguished from those who start later (after 11 years old)

- Are more likely to experience dysfunctional family environments
- Are more likely to be abused
- Engage in more indiscriminate SAB

Study Aim 3. *A subgroup of JSA’s with ESPD traits can be distinguished from JSA’s without ESPD traits*

- Early difficult temperament
- Parental risk factors (mental health; own abuse)
- Early & *persistent* antisocial behaviour across developmental periods
- Have *significantly higher rates* of violent & non-sexual convictions
- Display characteristic forms of offending
Cost Benefits of Early Intervention

• Cost of youth crime £1 B p.a. *Audit Commission 1999*

• Children with CD at 10 yrs in UK would have cost public services £70,000.00 by 27 yrs *Scott 2001*

• Children with psychopathic/CU traits likely to cost public services much more:
  • Range of costs for CD = £5,411 - £40,896 p.a. *Knapp 1999*

• Cost effectiveness for some treatments vs ‘usual services’ e.g. MST *Utting 2007*
Clinical & Policy Implications

These children present multi-dimensional problems requiring:

• general primary prevention services
• community CAMHS intervention for less severe cases
• a national network of specialist teams
• dedicated services for juveniles with ESPD traits including secure accommodation

And particularly

• ‘joined up’ government policies to target juvenile ASB
Research Implications

Funding for retrospective studies of DSPD in adults to identify aetiological predictors

Systematic investigation of efficacy of new treatment strategies and modalities for ESPD/CU children & families

Treatment outcome studies with at least 5 year follow up for children with ESPD/CU

Testing of referred children for a range of personality features to detect and prevent Emerging Personality Disorders
CONTACT DETAILS

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References

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References


