

Mental health and psychosexual disorders among federal sex offenders

In 1989, the Correctional Service of Canada conducted a mental health survey to estimate the prevalence, nature and severity of mental health disorders in the federal offender population. Approximately one quarter of offenders were diagnosed as having had some form of mental health disorder during their lifetimes.⁽²⁾

So far, most studies of mental health disorders among sex offenders have focused on personality characteristics and sexual behaviour. For example, sex offenders have been shown to have a high incidence of sexual abuse in their childhood,⁽³⁾ disturbed parental sexual attitudes⁽⁴⁾ and histories of maternal seduction.⁽⁵⁾ However, there is not sufficient research comparing sex offenders with non-sex offenders using mental health diagnoses.

Given the limited availability of research data on this topic, we decided to conduct our own study. This article sets out the results of this study, which used psychiatric and psychological assessments from offender files to estimate whether sex offenders and non-sex offenders differ significantly in prevalence of mental disorder diagnoses.⁽⁶⁾ Methodology A total of 80 male offenders were studied in the course of this research. All were incarcerated at a medium- security Correctional Service of Canada institution in Quebec - 40 for a sex offence(s) and 40 for a non-sex offence(s).

A structured questionnaire was developed to obtain information on a variety of historical variables from offender files. These variables included demographic information (such as age, marital status and length of incarceration), criminal history (past and current offences) and psychiatric history (previous psychiatric or psychological assessments).

The Hare Psychopathy Checklist was scored for each subject. In all cases, particular care was taken to obtain information related to five key questions:

- What was the distribution of psychiatric diagnoses between sex offenders and non-sex offenders?
- What was the distribution of dual diagnoses directly related to sexual disorders?
- What was the distribution of diagnoses directly related to sexual disorders?
- How did the Hare Psychopathy Checklist scores of the two groups differ?
- How did the previous convictions of the two groups compare?

Results Within the sex offender group, 18 offenders had victimized an adult woman, nine had victimized a girl, seven had victimized a boy, three had victimized both a boy and a girl, two had victimized both an adult woman and a girl, and one had victimized his own child.

Most of the offenders in both groups were serving their second sentence in a federal institution. Approximately 93% of the sex offenders had served a previous federal sentence (83% of these offenders for a sex offence), while 97.5% of the non-sex offenders had served a previous federal sentence (none had a history of sex offences).

The two groups were initially compared in terms of psychiatric diagnoses. Approximately 65% of the sex offenders had some mention of a psychiatric diagnosis in their file, compared with just 30% of the non-sex offenders. This difference was statistically significant ($p < .05$).

However, a substantial number of the various diagnoses appeared to be labels (such as "primitive personality" or "immature personality") applied without consideration of the Diagnostic and Statistical Manual of Mental Disorders. These doubtful diagnoses were more frequent in the sex offender group - 38.5% of this group's diagnoses did not correspond to any category in the manual, compared with 25% of the diagnoses from the non-sex offender group. When these invalid diagnoses were eliminated from the analysis, the mental disorder diagnoses of the two groups did not differ significantly.

A handful of offenders in each group had a dual diagnosis. Again, these diagnoses did not necessarily correspond to established categories. Two sex offenders and one non-sex offender had doubtful dual diagnoses.

Interestingly, just 12.5% of the diagnosed sex offenders had a diagnosis directly related to the nature of their sex offence.

The two groups' scores on the Hare Psychopathy Checklist were also compared. The average score for the sex offender group was 16.4 (with a range from 3 to 30), compared with an average non-sex offender score of 16.6 (with a range from 3 to 26). This difference was not significant. Discussion Sex offenders are diagnosed with mental disorders more than twice as often as non-sex offenders (65% versus 30%). This difference is statistically significant. However, only 62% of the sex offender diagnoses and 75% of the non-sex offender diagnoses were consistent with the Diagnostic and Statistical Manual of Mental Disorders.

This nonconformity to manual categorizations could perhaps be partially explained by professional attitudes about the use of the manual. It is also possible that the the manual's diagnostic criteria are somewhat misunderstood.

Doubtful diagnoses could, however, have negative implications for information sharing. By identifying psychopathology in a way that other clinicians may not understand clearly, we may well limit the determination of appropriate treatment for offenders. Correctional organizations should, therefore, strongly discourage the use of diagnoses that do not comply with the Diagnostic and Statistical Manual of Mental Disorders.

As for psychosexual disorders, the results indicate that sex offenders do not report more psychosexual disorders than non-sex offenders. Based on the results of the Service mental health survey, this indicates that the approximately 25% incidence of psychosexual disorders applies to the overall offender population.

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(2)L. L. Motiuk and F. J. Porporino, *The Prevalence, Nature and Severity of Mental Health Problems*

among *Federal Male Inmates in Canadian Penitentiaries* (Ottawa: Correctional Service of Canada, 1991).

(3)D. Finklehor, *Child Sexual Abuse: New Theory and Research* (New York: Free Press, 1984). See also M. Goldstein et al., "Experience with pornography: Rapists, pedophiles, homosexuals, transsexuals and controls," *Archives of Sexual Behaviour*, 1 (1971): 1-15. And see A. N. Groth, *Men Who Rape: The Psychology of the Offender* (New York: Plenum, 1979).

(4)B. Karpman, *The Sexual Offender and his Offenses: Etiology, Pathology and Treatment* (New York: Julian Press, 1954).

(5)G. Fischer and E. Rivlin, "Psychological needs of rapists," *British Journal of Criminology*, 11 (1971): 182-185.

(6)Psychosexual disorders were diagnosed using the DSM- III-R, see American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition [revised] (Washington, American Psychiatric Association, 1987). The Hare Psychopathy Checklist Questionnaire was also used.