

Differential Suicide Rates in Typologies of Child Sex Offenders in a 6-year Consecutive Cohort of Male Suicides

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Earlier research identified 3 typologies of Child Sex Offenders [CSO] with high rates of suicide. To test this finding suicide rates of 3 types of CSO were compared in a 6-year cohort of regional suicides. All male suicides were identified from Coroners' inquest files and CSO data drawn from police records to calculate CSO suicide rates. The results show that suicide in "Multi-criminal" CSO is 12 times higher than the general population but not statistically significantly. Two significant results were "Sex Only" CSO suicides were 183 times the general population and 15 times the Multi-criminal CSO rates, with no suicides amongst the Violent CSO's. Implications for suicide prevention and child protection are presented.

Keywords suicide, child sex offenders, multi-criminal, sex-only

There has been growing psychiatric interest in the association between being a victim of child sexual abuse and subsequent suicidal behavior (Anderson, Tiro, Webb-Price, 2002; Bagley, & Ramsay, 1997; Lipman, MacMillan, & Boyle, 2001; McHolm, MacMillan, & Jamieson, 2003). Conversely, there has been little research on the subsequent suicide of the perpetrators of child sexual abuse, with the exception of what are essentially case studies (Walford, Kennedy, Manwell et al., 1990; Wild, 1988). This is in contrast to the known association of suicide following the major intrafamily crime of murder, mainly against spouses, noted in most Western world countries (Barraclough & Harris, 2002; Campanelli & Gilson, 2002; Chan, Beh, & Broadhurst, 2003;

Cooper & Eaves, 1996; Malphurs & Cohen, 2002; Marzuk, Tardiff, & Hirsch, 1992; Palermo, Smith, & Jenzten et al., 1997). When the victim was a child however, then the dynamics are very different. The assailants are more or less 50–50 male and female, with a high level of obvious psychiatric disturbance, but almost without exception subsequent suicidal assailants were a blood relative, predominately a parent (Byard, Knight, & James et al., 1999; Pritchard & Bagley, 2001).

In a recent British study, however, amongst a cohort of 374 male convicted Child Sex Offenders [CSO], a surprisingly high rate of suicide was found as a sequel to the sexual offence. This was differentially linked to three behavioral typologies of child sex offences. These types were "Sex Only"

CSO men, that is offenders who had no other type of criminal offence [51%]; “Multiple Criminal” CSOs, that is who, in addition to their offence against children, also had other nonsexual crimes, and in all cases, exceeding the number of sex offences [27%]. The third typology were men who in addition to their child sexual offence and other crimes had at least one offence for violence against the person, designated the “Violent & Multiple Criminal” CSO’s [22%] (Pritchard & Bagley, 2000). Clearly the Sex Only offenders were markedly different in their criminal behavior. Whilst there is no suggestion to condone any sexual offence against a child, in terms of physical risk, it was evident that the Sex Only offenders were the least physically dangerous to their victims. In this study the unexpectedly high number of suicides found in the 2 year study period, represented 3% of all the 374 male child sex offenders, but had occurred only among the 184 nonviolent Sex-Only offenders (Pritchard & Bagley, 2000; 2001). This finding has led to the present investigation, which takes advantage of data collected for Wessex Suicide Audit (WSA) 1988–93 (King, 2001). The WSA database was compiled from data extracted from the inquest files of every resident of Hampshire, Dorset and Isle of Wight (population of 2.4 million), on whose death in the years 1988–1993 a suicide verdict, or an open verdict on a death from a similar cause, was returned. This allows us to calculate suicide rates over a longer period, and to compare the suicide rates for Child Sex Offenders with the general population rate, to determine whether or not the earlier finding of increased risk for Sex-Only CSO’s is reliable. Two null hypotheses were tested:

1. Multi-Criminal Child Sex Offender [CSO] suicide rates will not differ from the General Population Rate.
2. Suicide rates will not differ between the CSO typologies of Sex Only, Multi-Criminal and Violent & Multi-Criminal CSOs.

METHOD

An Epidemiological Approach to Calculation of CSO Suicide Rates

To test the hypotheses, an epidemiological approach was used which has successfully dealt with the problems of relatively small numbers of “special events,” for example; sudden infant death syndrome, child abuse deaths and diabetic youth deaths (Pritchard, 2002; Pritchard & Hayes, 1993; Pritchard & Peveler, 2003). In essence we measured rates based on potential population sizes of special groups, rather than on the total population, as Grubin (1994) has shown, small numbers can be made to yield valuable information. Emerging from earlier probation based research on Child Sex Offences (Pritchard & Bagley, 2000; Pritchard & Cox, 1997) we were able to maximize the opportunities to examine two data sets. Using data from the Wessex Suicide Audit 1988–1993 [WSA], we identified all suicides over the period and cross-checked the names against National and Regional Police records for whether or not they were known to the police for a sexual offence against a children. It should be stressed that no individual could be identified from this research and personal confidentiality was maintained at all times as initial identification information was destroyed after the extracting the data for analysis.

Death rates were calculated using the standard epidemiological approach, by dividing the number of events (numerator) by the number of actual or potential risk population (the denominator). The following formula was then used to determine suicide rates per 100,000 per annum for each particular cohort:

Suicide rates/hundred thousand population (pht) per annum (pa)

$$= \frac{s}{y} \times 100,000$$

s is the total number of suicides occurring in y years, p is the estimated population for child sex abuse offender suicides.

Population Data Sources

The data were drawn from two main sources based on the same general population in two Southern English counties.

Suicides

The suicide data were drawn from the Wessex Suicide Audit 1988–93 database (King, 2001) and included all suicides and deaths from similar causes on which undetermined (open) verdicts were returned (coded E950–950 or E980–989 excluding E98888) under the International Classification of Diseases 9th edition (WHO, 2001) among residents of Hampshire and Dorset. Names of all suicides were obtained from ONS Mortality Files for England and Wales, the Coroner identified, and all inquest files were inspected. A Coroner only returns suicide verdicts, if evidence proved that the fatal act was both self-inflicted, and intended to be fatal. To err on the side of caution, only deaths coded E950–E959 have been included in the following calculations.

The WSA database included data on all suicides that were residents of the Hampshire and Dorset region, irrespective of whether the death was registered England or Wales. The data collected included very detailed information collected during pre-inquest inquiries, not necessarily disclosed by the Coroner in order to protect bereaved families (King, 2001). While there may have been false negatives in respect of any child sex offender suicides who may have relocated outside the two counties between the time of police contact and death, there were unlikely to be false positives. All cases of suicide amongst the child sexual abuse perpetrators who were still resident in the

two counties at the time of their death could be verified from the two data sets.

Sex Offenders

Data were extracted from National and Regional Police Records of people found guilty of a sexual offence against a child. This provided information of all contacts with the police, in particular, details of any previous convictions, as well as details for their most recent child sex offence charge. Crucially we could check across from the six-year WSA data, whether or not they were known to the police as a child-sex-offender.

Identification of Population Denominators

The number of suicides was based upon the official Mortality files and was relatively straightforward, as they report upon all confirmed deaths within these two Southern English counties.

Child Sex Offenders

To enable meaningful comparisons to be made between the child sex offenders, it was necessary to establish, for each cohort, reasonably reliable estimates of the size of the potential denominator populations in the two counties. They were based upon consecutive cohorts of 2 year child sex offence cases from Police records, and were treated as representative samples of child abuse in the general population of the two counties. This yielded the three identifiable behavioral typologies:

First, Sex Only CSO: The only known criminal offence being a sexual crime against a child.

Second, Multi-Criminal CSO: A man with other but nonsexual crimes in addition to his sex offence against a child.

Finally, the Violent & Multi-Criminal CSOs: Who like the Multi-Criminal CSO also had at least one conviction for violence.

These types were then used to analyze any subsequent suicides (Pritchard & Bagley, 2000, 2001; Pritchard & Cox, 1997). As yet, this typology defined strictly by behavior, has only been used by the two Police forces involved, but not as yet in any other research project.

The estimates of potential risk populations came from authoritative sources with reasonably firm parameters. Namely extracting names of suicides from the Regional Suicide database, we matched them with national and regional police records to determine whether they were known to the police, and in this case extrapolated any with a conviction for a sexual offense against a child. Based upon the juxtaposition of being a suicide with a conviction we could determine the type of offense. Thus the CSO suicides were categorized from the Police record of offences on the basis of the behavioral typologies of either being a Sex Only; Multi-Criminal or Violent & Multi-Criminal child sex offender (Pritchard & Bagley, 2000, 2001; Pritchard & Cox, 1997), and differential rates of suicide were calculated.

However, it was recognized that there were a smaller number of such offenders who were convicted, as opposed to those who go undetected or more often reported (Leventhal, 1998). This appears to be largely due to the reluctance of families to proceed to prosecution (Fisher & McDonald, 1998; Pritchard, 2004; Waterhouse, Dobash, & Carnie, 1994). This means that any cohort of known CSOs will contain more extrafamily offenders than intrafamily offenders, which runs about 70–30 extra to intrafamily abusers, whereas studies based upon the survivors of child sex abuse suggest major converse ratio of 20–80 intrafamily versus extrafamily ratio (Fromouth, 1988; Leventhal, 1998; Wyatt, Loeb, Solis et al., 1999). Furthermore, any subsequently identified CSO suicides may be an underestimate, as some of the child offender suicides behavior will be unknown to the authorities.

Statistical Analysis

Suicide rates between the groups of suicide victims were compared by a series of chi-square tests. Only probability levels of $p < 0.05$ were noted as statistically significant.

RESULTS

Number of Suicides

There were 762 male suicides aged 15 and over in the six years 1988–93, giving an annual suicide rate for Hampshire and Dorset of 14.8 per 100,000, a slightly higher rate than the average annual England and Wales general population suicide rate of 12.7 over the same period.

Population Estimates of Child Sex Offender Suicides

The average annual number of men convicted of a sex offence against a child was 187 pa, and produced 95 Sex Only CSOs (51%); the remaining 92 men belonged to the Multi-Criminal (27%) and Violent & Multi-Criminal CSO group (22%).

The estimated populations were used to determine the suicide rates for the categories of Child Sex Offenders. Sixteen of the male suicides had a police record for child sex offences. However, examination of the police records showed that only one of these offenders was a Multiple-Criminal CSO, none belonged to the Violent & Multi-Criminal CSO group, the remaining 15 were Sex Only offenders. The Multi-Criminal suicide gave an annual suicide rate of 175 pht. Although 12 times higher than the male general population suicide rates, the difference was not statistically significant.

In contrast, the suicide rate for the 15 suicides amongst the Sex Only offenders, 2720 pht, was 15 times higher than the suicide rate for Multi-Criminal CSO offenders

TABLE 1. Average Annual Suicide Rates for General Population Suicide Rate [GPSR] and “Special” Population

Population group	Average annual population	N of suicides	N of years	Average annual suicide rate pht	Rate X
1991 Census—Males age 15 +	858,866	762	6	14.8	GPSR
Convicted “Sex Only” CSOs (Hants & Dorset)	94	15	6	2720	GPSR × 183
Convicted “Multi-criminal” CSOs (Hants & Dorset)	93	1	6	179	GPSR × 12

Average annual suicide rate for “Sex Only” CSOs significantly higher than general population suicide rate (× 183) [$\chi^2 = 358.69$ 1 *d/f* $p = 0.00001$ Yates correction applied].

Average annual suicide rate for “Sex Only” CSOs significantly higher than “Multi-criminal” CSO suicide rate (× 15) [$\chi^2 = 13.2333$ 1 *d/f* $p = 0.0001$].

($p = 0.0001$) and 183 times the male general population rate ($p = 0.00001$) See Table 1. It was noted that all the child sexual offender suicides occurred around the time of the trial or the disclosure of their offences.

What conclusions can be drawn from these findings?

Hypothesis 1, that Multi-Criminal CSO’s suicide rates will not differ from general population rates, cannot be rejected.

Hypothesis 2, that there would be no differences in suicide rates between the CSO typologies, can be rejected, as Sex Only CSO rate was 15 times higher than the Multi-criminal CSO rate, whilst there were no suicides amongst the Violent Multiple Criminal CSO.

DISCUSSION

Limits to the Study

This study provides one of the few data based explorations of Child Sex Offender Suicide. We know of no other study that sought to differentiate between types of child sex offender and suicide, nonetheless there are a number of limits to the study. Despite the substantial numbers of suicides within the six-year cohort, the numbers of suicides as sequel to child sexual offender were small, even though this represented

nearly three percent of the original cohort of 374 child sex offenders who had committed suicide (Pritchard & Bagley, 2000).

The first difficulty is that the study was essentially retrospective, but in two such sensitive areas, we would need the active co-operation of the appropriate authorities, and to create some form of confidential register to get the benefits of a prospective study. This would be enormously expensive and was beyond our resources.

The main problem has been in determining the potential risk denominator populations of the child sex abusers. All the estimated denominator population figures were based upon the most authoritative data available, Coroners and Police records, so we can be particularly confident about levels and types of convicted male child sex offenders in the general population of the two counties. However, the source of determining whether a person was a child sex offender came from being convicted of a sexual crime against a child. It is known that there is a bias against bringing a prosecution of an intra-family abuse (Leventhal, 1998; Roque & Ferriani, 2002; Waterhouse, Dobash & Carnie, 1994), therefore, it is possible that some within-family child sex offenders would not have been convicted and so do not appear in the Police records. Nor would the absence of such information in the inquest

file records necessarily exclude a history of a child sex offense. Thus the key issue was, how valid were the categories used? Whilst the total suicide figures are indisputable, the number of identified child sex offender suicides can only represent a minimum prevalence. Therefore it may be possible that there were some suicides wrongly categorized, that is not included amongst the child sex offenders group. Hence whilst, it is highly unlikely there are any false positives, there may be false negatives where the person committing suicide was also an offender and the rates of child sex offender suicides determined here perhaps could be an underestimate?

Furthermore, this epidemiological approach can say little about an individual and can only yield results that are indicative, rather than definitive, of general trends. Nonetheless we can be sure of their general direction, because in an area of inevitable concealment, the data has defacto been independently confirmed by legal procedures in the Criminal and Coroners courts, and is probably as reliable as is feasible in this problematic area.

What can be said with confidence is that the numbers of child sex offender suicides are as accurate as can be reasonably expected. It appears that analyzing the Wessex Suicide Audit data has confirmed that the earlier finding of excess suicides amongst child sex offenders was not an artifact.

Therefore, being a child sex offender carries a higher a risk of suicide than found in the General Population, however, only if no other criminality is involved.

The most important finding is that 15 of the 16 child sex offender suicides were Sex Only offenders. This confirms the previous study that the Sex Only offender is at risk of committing suicide (Pritchard & Bagley, 2001), whereas the Multi and Violent Criminal sex offenders are either no more, or are at even less risk of committing suicide than men in the general population.

Furthermore, whilst the suicide rate in an earlier regional study associated with psychiatric disorder was found to be more than 12 times that of the general population (King, 2001), the suicide rate found for the Sex Only child sex offender, exceeded that of the psychiatric linked suicide more than 15 times. This raises the question of whether there was a degree of depressive overlap with this type of offender?

Tentative Interpretation

The fact that only one Multi-Criminal, compared with 15 Sex-only child sex offenders killed themselves adds further weight to the suggestion that there are very different types of child sex offenders. There are those who sexually abuse their victims, but who have no other history of crime or violence, and are at high risk of killing themselves if the abuse is disclosed. There is also, at the other extreme, a group of sex offenders with a history of crime and possibly physical violence, who may go on to kill their victims, but not themselves.

The finding that the Sex Only child sex offender suicide rate was so high has major practice implications for the psychiatric-child protection interface. These deaths in the majority were precipitated by the disclosure of the abuse or surrounded the legal proceedings, which has also been reported in earlier studies (Walford, Kennedy, Manwell et al., 1990; Wild, 1988). But why should the Sex Only offender be at greater risk of suicide? It may be that the threat and pressure of the court experience or the concern of the consequences of a prison sentence, and the media hyperbole that can surround such situations, may have contributed to their deaths? Perhaps some felt depressed or had a degree of remorse/shame, albeit at the time of disclosure, about unacceptable, immoral and illegal behavior. This is an important and potentially positive factor for in any treatment intervention with child sex offenders they

need to feel remorse at their misuse of children and wish to end it, for without the offender wanting to change, there can be little change (Grossman, Martis, & Fichtner, 1999; Hanson & Bussiere, 1998; Launay, 2001). Hence, if their suicide rate is indicative of a sense of remorse about their behavior, this could be worked with earlier to help make them less likely to reoffend. Clinical experience has shown that some of these Sex Only offenders have tried to get help, but the anathema that surrounds child abusers is such that they are often deterred, sometimes by even professionals, and therefore sink back into their proclivity. However, there is recent evidence, that if we were better able to accept their acknowledgement of the need and desire for treatment to change, then they might come forward and consequently sexual offences against children could be reduced (Paradise, 2001).

Moreover, we must not forget that a proportion of child abusers have themselves also been a victim of abuse as children (Simon, Sales, Kazniak et al., 1992; Coxe & Holmes, 2001). This highlights but one of the many moral and practical complexities in the field of child protection, which is compounded when it crosses over into the mental health field. It may be, in view of the public outrage about sex abusers, they were too afraid to seek help, as in the hierarchy of public sympathy the male child sex abuser probably attracts less public sympathy than any other deviant category. This undermines any opportunity to reach and treat them effectively and therefore improve our child protection, which might well help to break the cycle of victim to perpetrator. Thus if we were willing to be more treatment orientated to these potentially treatable men, we could improve both child protection and suicide prevention.

Current knowledge suggests that some child abusers are treatable, though Grossman, Martis, & Fichtner (1999) have

asked the question, are some other types of child sex offenders beyond effective treatment? It may be that these Sex Only offenders are more likely to feel remorse and be depressed about their activities, who have a less chaotic life style than the multi-criminal groups, are men who could benefit from treatment and their risk to children reduced. In a recent U.S. study it was found that when appeals were made for men to seek help for their unacceptable proclivities, more than expected came forward and there were improved outcomes, with reduced reoffending (Paradise, 2001).

Our findings of the increased association with suicidal behavior of the Sex Only offenders adds weight for the need for appropriate treatment and management programs for child sex offenders that have implications for improving child protection and suicide prevention.

However, we must not forget the Multi-Criminal CSOs or Violent CSOs, especially the latter, whose lives are particularly disturbed and disturbing, made more dangerous by their violence (Pritchard & Bagley, 2000). For these at the extreme end of the continuum of child sex offences, it was concluded that only a custodial disposal was safe enough for our children, and have reviewable sentences until they can demonstrate that they are safe enough to live amongst us, which is an admitted moral dilemma (Pritchard, 2004). Yet, if we are seen by an over-anxious public to be differentiating between child sex abusers to determine the least physical risk to children on the one hand, and the suicide risk of the offender on the other, we can move towards improving both child protection and suicide prevention.

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Suicide Typologies of Child Sex Offenders

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