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Original article

Psychopathy and length of stay in forensic institutions

Psychopathie et durée de séjour dans une institution médico-légale

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ABSTRACT

This study investigates the relationship between psychopathic traits and length of stay in a forensic psychiatric hospital in French-speaking Belgium. Long-term stays are a growing concern in forensic settings, with Belgium reporting particularly long average durations of internment (around 10 years). The focus is on Psychopathic Personality Disorder (PPD), a major public health issue often considered primarily from a legal perspective. The present study examines this relationship using a sample of 567 male forensic patients. All participants had been declared not criminally responsible. The mean age at admission was 36.25 years, and the average length of stay was 9.06 years. Data analyses included descriptive statistics and Pearson correlations between PCL-R scores and length of stay. Results indicate that borderline personality disorder is negatively associated with length of stay, possibly due to more manageable symptoms in terms of community reintegration. In contrast, the only significant positive correlation with length of stay concerns the Affective facet of psychopathy, which includes deficits such as lack of empathy, remorse, and guilt. These findings suggest that emotional deficits may play a key role in prolonged institutionalization. One explanation is that clinical and judicial decision-makers emphasize these traits when assessing risk and eligibility for release. Since affective traits are less responsive to treatment than antisocial behaviors, they may hinder progress toward discharge. In conclusion, the study highlights the importance of affective deficits in psychopathy as a factor associated with longer stays and calls for further research using more advanced statistical methods.

RÉSUMÉ

Cet article examine la relation entre le trouble de la personnalité psychopathique (TPP) et la durée de séjour au sein d'un hôpital psychiatrique médico-légal en Belgique francophone. Les séjours de longue durée constituent un enjeu croissant dans les institutions de psychiatrie légale à l'échelle internationale, en raison de leurs origines multifactorielles et de leur impact sur diverses catégories diagnostiques. L'objectif de cette étude est d'évaluer la relation entre les scores à la *Psychopathy Checklist-Revised* (PCL-R) et la durée de séjour dans un hôpital psychiatrique sécurisé. L'échantillon comprend 567 participants médico-légaux masculins. Des analyses descriptives ont permis de caractériser la prévalence des troubles psychiatriques et de personnalité au sein de l'échantillon. Des corrélations de Pearson ont été calculées afin d'examiner les relations entre les différentes dimensions de la PCL-R et la durée de séjour, ainsi qu'entre les troubles de personnalité et cette durée. Les résultats indiquent qu'un trouble de personnalité borderline est négativement associé à la durée de séjour, suggérant que les symptômes associés (tels que l'instabilité émotionnelle ou la dépressivité) seraient plus facilement pris en charge dans une perspective de réinsertion. En revanche, les seules corrélations positives observées concernent les scores de psychopathie. Plus précisément, seule la dimension affective de la PCL-R, qui renvoie aux déficits émotionnels tels que l'absence d'empathie, de remords ou de culpabilité, est significativement associée à une durée de séjour plus longue. Ces résultats sont partiellement cohérents avec certaines études antérieures. Ils suggèrent que les déficits émotionnels constituent un facteur central dans le maintien prolongé en institution. Une première hypothèse avancée est que les équipes cliniques et les instances judiciaires accordent une importance particulière aux caractéristiques interpersonnelles et émotionnelles des patients lors de l'évaluation du risque et des décisions de libération. En Belgique, la législation relative à l'internement conditionne la libération à une amélioration de l'é-

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tat mental et à une réduction du risque de récidive. Or, dans le cas du trouble de personnalité psychopathique, les changements thérapeutiques sont souvent limités, notamment en ce qui concerne les traits interpersonnels et affectifs. De plus, les caractéristiques interpersonnelles de la psychopathie, en particulier les déficits affectifs, semblent moins sensibles aux interventions thérapeutiques que les comportements antisociaux liés à l'impulsivité. Cette observation s'inscrit dans le cadre du modèle RNR (risque, besoin, réceptivité), selon lequel les besoins criminogènes liés aux comportements sont généralement plus accessibles au traitement que les traits de personnalité profonds. Les résultats soutiennent également l'idée que les déficits émotionnels occupent une place centrale dans la conceptualisation de la psychopathie. En conclusion, cette étude contribue à combler un manque dans la littérature concernant le lien entre psychopathie et durée de séjour en psychiatrie médico-légale. Les résultats obtenus s'inscrivent globalement dans la variabilité des données internationales. Il est nécessaire de poursuivre les recherches, notamment en recourant à des analyses statistiques plus avancées, telles que les corrélations partielles et les régressions linéaires. L'examen du nombre de libérations conditionnelles en fonction des scores de psychopathie apparaît également comme une piste pertinente pour approfondir la compréhension de ces dynamiques.

1. Introduction

Long-term stays represent a growing issue in forensic psychiatric institutions. International studies show that this is a phenomenon with multifactorial origins and that concerns several diagnostic categories of patients [1]. In comparison with other European forensic psychiatric institutions, Belgium has one of the longest lengths of stay, with approximately 10 years of internment [2]. In this article, we will focus on the particular cases of Psychopathic Personality Disorder (PPD). Indeed, this disorder constitutes a major public health issue [3], while it is only considered from a legal-criminal perspective.

For individuals presenting these personality traits, the literature suggests implementing intensive long-term therapies [4]. Despite this, research including this type of program is developing and rather shows a "moderate" therapeutic optimism [5,6].

Regarding the association between PPD and long lengths of stay, international literature is scarce and presents contrasting results. In their systematic review, Huband and collaborators [1] highlighted that international research displays both negative and positive correlations, or even no correlation at all, between psychopathy and length of stay. However, one specific study including inmates showed that individuals with a high score (> 30) on the Psychopathy Checklist – Revised (PCL-R) are 2.5 times more likely to obtain conditional release from prison than individuals who do not reach this cutoff score [7]. These findings may be enlightened by research observing the ease with which individuals with PPD may obtain a release. According to Serin and collaborators [8], participants classified as psychopathic by the original PCL were found to reoffend more quickly than non-psychopaths. They were also reincarcerated at a rate four times higher than that of non-psychopaths. On the other side, several studies on forensic patients describe positive association between length of stay and psychopathy. In Dutch-speaking Belgium, forensic patients with long-term stays present a higher score on the PCL-R [9]. Among a Dutch forensic psychiatric hospital, discharged patients have a lower total score on the PCL-R than long-stay patients [10]. Within this same patient group, those considered "long-stay" patients present a higher score on the Affective facet compared to other patients.

2. Method

The objective of this research is to assess the relationship between PCL-R scores [11] and length of stay within a forensic hospital in French-speaking Belgium.

2.1. Participants

The participants ($n = 567$) are drawn from the collaborative database between the Regional Psychiatric Center "Les Marronniers" and the Social Defense Research Center. This selection was carried out using the following inclusion criteria: presence of a PCL-R assessment and an updated discharge date. The participants are all male. They are all interned within the Secure Psychiatric Hospital (SPH) of Tournai after being declared not criminally responsible for their acts. The mean age at admission is 36.25 years (SD = 10.90 years; Min–Max = 17.63–73.66). The mean length of stay is 9.06 years (SD = 8.12 years; Min–Max = 0.01–47.54). The reasons for discharge are multiple (conditional release, transfer, death, etc.). Descriptive data for the PCL-R are presented in Table 1. The prevalence of psychiatric disorders is presented in Figs. 1 and 2. All participants were recruited on a voluntary basis and consented to take part in the research in accordance with the ethical principles of the Helsinki declaration and the right to the protection of privacy as stipulated under the Belgian law of July 30, 2018, concerning the processing of personal data.

2.2. Data analyses

Data analyses were performed using SPSS-22 software [12]. The distribution of the data followed a normal distribution according to the Kolmogorov-Smirnov test. We therefore opted for parametric analyses. Descriptive analyses were conducted to determine the prevalence of mental and personality disorders within the patient population (Fig. 3). Zero order correlations (Pearson's r) were conducted to measure the relationship between scores on the different components of the PCL-R and length of stay. They were also conducted between personality disorders and length of stay. Correlations were interpreted according to Cohen's standards [13].

3. Results

Borderline personality disorder is negatively associated with length of stay. One possible hypothesis is that the psychiatric and security management of disorder symptoms (e.g., emotional instability, depressivity) is more manageable for reintegration into the community [1, 14].

We observe that the only positive correlations (Fig. 1) concern psychopathy scores on the PCL-R. Indeed, the only significant correlation relates to the "Affective" facet, measuring emotional deficits, including empathy and lack of remorse/guilt.

Table 1
PCL-R descriptives statistic.

$n = 567$	Mean	σ	Min–Max
Total score PCL-R	17.89	7.39	2.00–36.80
Interpersonal Factor	7.03	3.75	0.00–16.00
Social Deviance Factor	9.89	4.46	0.50–19.00
Interpersonal Facet	2.52	2.28	0.00–8.00
Affective Facet	4.49	2.05	0.00–8.00
Life Style Facet	5.11	2.32	0.00–9.00
Antisocial Facet	4.75	2.81	0.00–10.00

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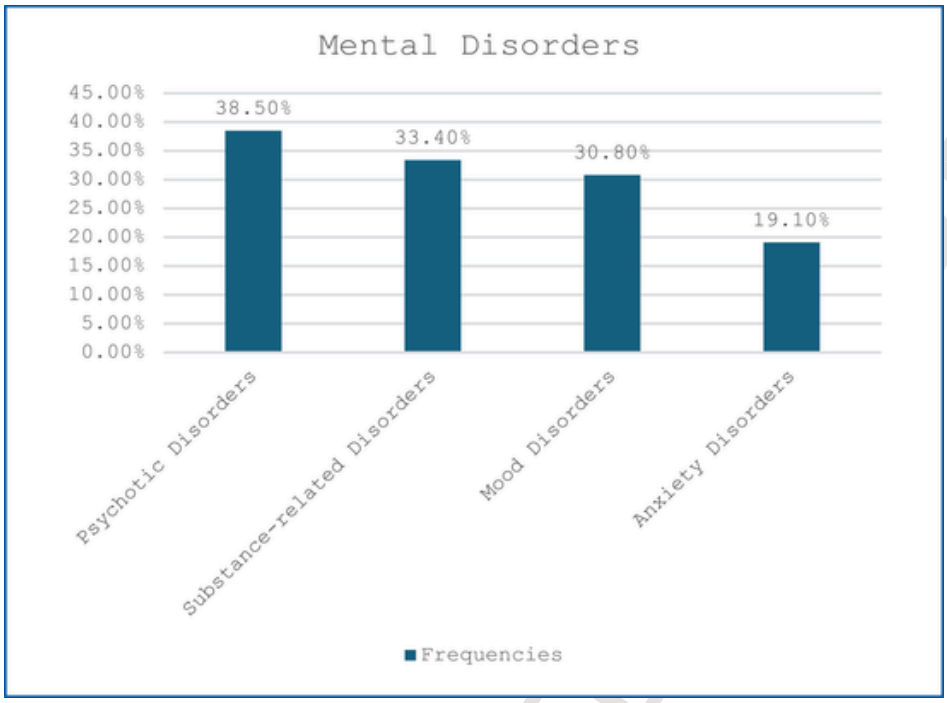

Fig. 1. Mental Disorders frequencies.

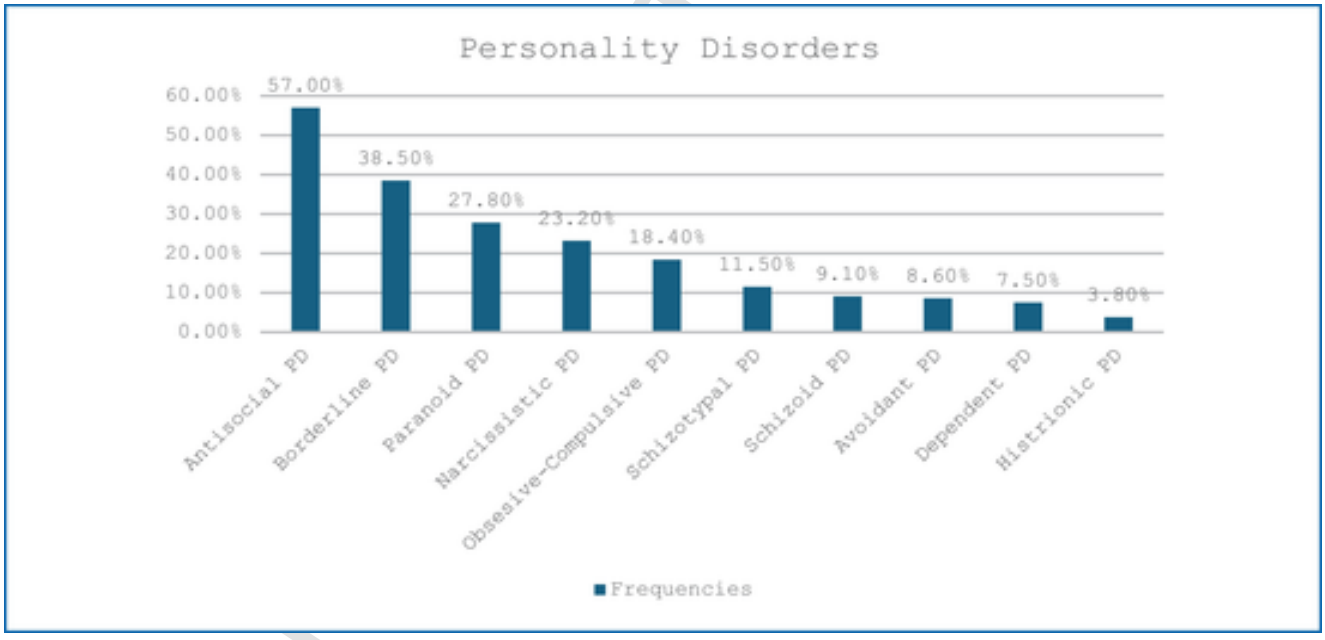

Fig. 2. Personality Disorders frequencies.

4. Discussion

There is little research examining the association between PPD and length of stay in forensic institutions. International literature mainly focuses on general psychiatric disorders [1].

Our results are partially consistent with the very limited literature [9]. Thus, the higher the emotional deficit of psychopathy – including remorse, guilt, and lack of empathy – the longer the length of stay.

One hypothesis could be that clinical teams, as well as judicial decision-makers, pay attention to the interpersonal and impulsive characteristics of their patients when giving an opinion regarding release into society. In Belgium, the law on internment only allows release if there is an "improvement" in the mental state of the interned individual as well as a reduction in risk [15]. In the case of PPD, therapeutic change is often relative and limited. Interpersonal traits, and especially the Affective Facet, correlate more negatively with therapeutic change than Factor 2 describing antisociality [16]. These clinical data are consistent

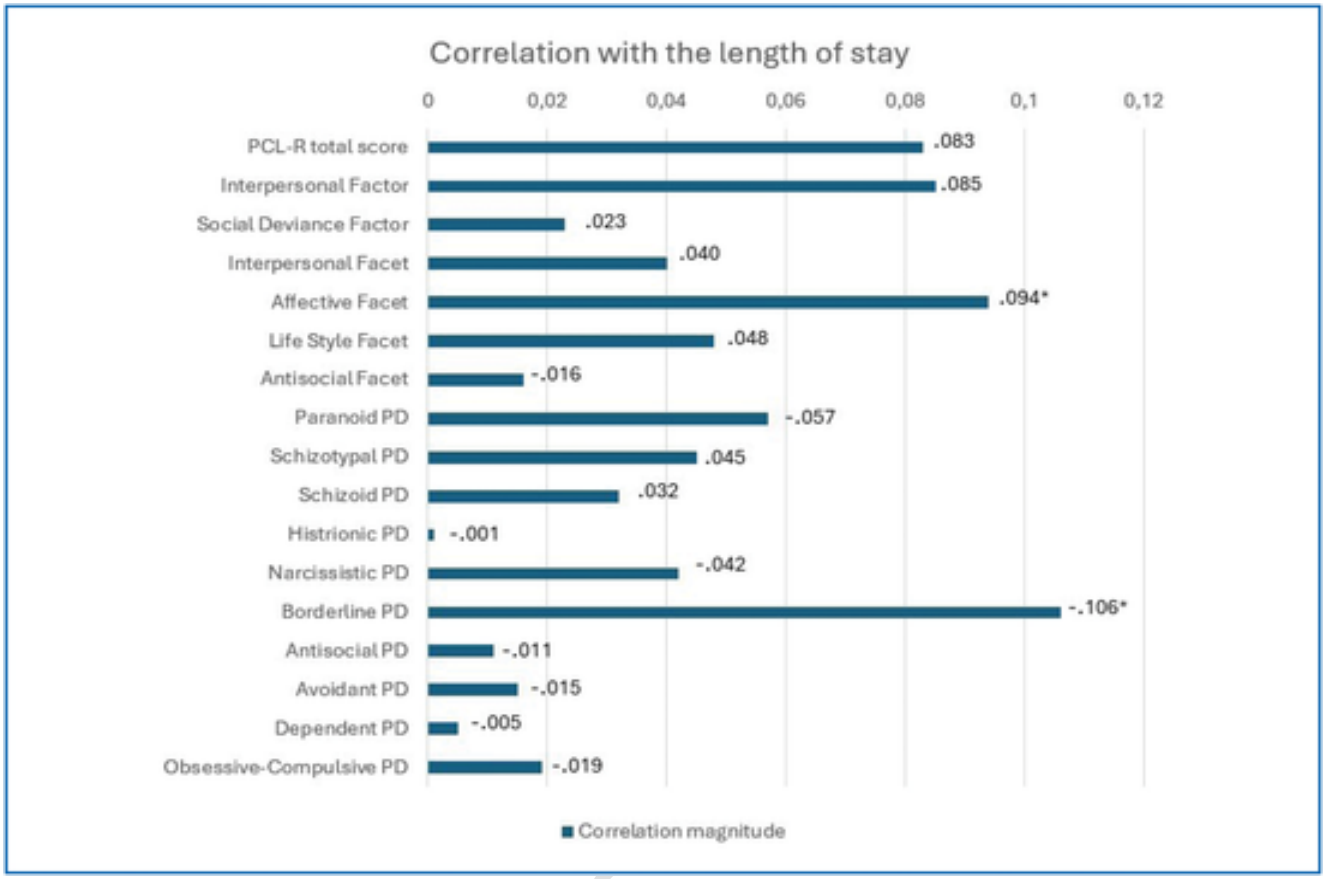

Fig. 3. Zero order correlations with length of stay.

with the notion of the centrality of emotional deficit in the diagnosis of psychopathy [17].

In accordance with the principles of risk, need, and responsivity (RNR) [4], there is generally a greater need and possibility for therapeutic intervention of antisocial behaviors related to impulsivity/irresponsibility (criminogenic needs) than interpersonal traits of psychopathy (responsivity).

5. Conclusion

The limited literature available allows us to suggest that our results are neither better nor worse than international findings. Further research should deepen the examination of the link between PPD and length of stay using partial correlation analyses and linear regressions. An analysis of the number of conditional releases as a function of PCL-R scores would be important to investigate [18].

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Disclosure of interest

The authors declare that they have no competing interest.

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