

Universidade do Algarve
Faculdade de Ciências Humanas e Sociais

*Traços psicopáticos em delinquentes juvenis:
Investigações sobre início na atividade criminal, etnicidade e
género*

Pedro Fernandes dos Santos Pechorro

Doutoramento em Psicologia

Trabalho efetuado sobre a orientação de:
Professor Doutor Saul Neves Jesus
Professora Doutora Cristina Nunes

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Aos meus pais, Pechorro e Maria Clara

Aos meus tios, Gomes e Maria

Ao meu amigo Pedro Brito

“[...] the central personality ‘lesions’ of the psychopath are not covered over by peripheral or surface functioning suggestive of some eccentricity or peculiarity of personality but by *a perfect mask of genuine sanity*, a flawless surface indicative in every respect of robust mental health.”

(Cleckley, 1976, p. 253)

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Espreitemos, então, um pouco por detrás da máscara...

Resumo

Na última década tem-se assistido a um enorme interesse a nível internacional pela psicopatia enquanto constructo aplicado a adolescentes e a crianças, que se tem vindo a revelar no notório aumento de artigos científicos publicados sobre o tema. A presente investigação teve por objetivos analisar a inter-relação existente entre traços psicopáticos e idade de início na atividade criminal, etnicidade e género em jovens portugueses. Os participantes foram rapazes e raparigas provenientes de amostras forenses (Centros Educativos do Ministério da Justiça) e de amostras escolares (escolas públicas da região da grande Lisboa), aos quais foram aplicados instrumentos psicométricos de medição de traços psicopáticos e de constructos relacionados. Os resultados confirmaram predominantemente as hipóteses inicialmente colocadas. Os rapazes e raparigas que se iniciaram precocemente na atividade criminal demonstraram níveis mais elevados de traços psicopáticos e de constructos relacionados (e.g., perturbação do comportamento). Os rapazes e raparigas pertencentes a etnias diversas não demonstraram diferenças significativas entre si relativamente aos traços psicopáticos. O constructo da psicopatia é aplicável às raparigas portuguesas em contexto forense e em contexto escolar. Independentemente da etnia ou do género, os traços psicopáticos tendem a estar significativamente associados a perturbação do comportamento, problemas comportamentais, comportamentos delituosos, gravidade dos crimes cometidos, idade de início da atividade criminal, idade do primeiro problema com a lei e idade da primeira detenção em Centro Educativo. A presente investigação fornece apoio adicional à literatura científica internacional que considera o constructo da psicopatia como universal e interculturalmente consistente.

Palavras-chave: traços psicopáticos, início criminal, etnia, género, delinquência juvenil

Abstract

The last decade has witnessed a tremendous interest internationally for the psychopathy construct as applied to adolescents and children, which has been revealed in the remarkable increase of scientific articles published on the topic. The present investigation had as its aims the analysis of the relation between psychopathic traits and age of crime onset, ethnicity and gender in Portuguese youths. The participants were boys and girls from forensic samples (Juvenile Detention Centers of the Portuguese Ministry of Justice) and school samples (public schools from the Lisbon region) who were assessed with measures of psychopathic traits and related constructs. The results mainly confirmed our initial hypotheses. The boys and girls who had an earlier age of crime onset also showed higher levels of psychopathic traits and related constructs (e.g., conduct disorder). The boys and girls from different ethnic backgrounds showed no significant differences regarding psychopathic traits. The psychopathy construct seems to be useful regarding girls from forensic contexts and school contexts. Independently of gender and ethnicity, psychopathic traits seem to be significantly correlated with conduct disorder, behavioral problems, self-reported delinquency, crime seriousness, age of criminal onset, age of first problem with the law and age of first detention into a juvenile detention center. The present investigation adds support to the literature regarding the psychopathy construct as universally and inter-culturally consistent.

Keywords: psychopathic traits, crime onset, ethnicity, gender, juvenile delinquency

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1. Introdução

O constructo da psicopatia apenas recentemente tem vindo a ser aplicado a adolescentes e a crianças, apesar da sua longa história nas ciências biomédicas e psicológicas (Vaughn & Howard, 2005). Acumulam-se evidências de que a psicopatia está associada a uma maior estabilidade dos comportamentos antissociais, a comportamentos delituosos mais diversificados, graves e violentos, a um início precoce nas atividades criminais, a detenções precoces pela polícia e a condenações precoces pelos tribunais (e.g., Forth & Book, 2010; Van Baardewijk, Vermeiren, Stegge & Doreleijers, 2011; Pechorro, Gonçalves, Marôco, Gama, Neves & Nunes, no prelo).

Na última década tem-se assistido a um enorme interesse pela psicopatia enquanto constructo aplicado a crianças e a adolescentes, que se tem vindo a revelar no notório aumento de instrumentos psicométricos e de artigos de investigação empírica publicados sobre o tema. Numa pesquisa efetuada na *PsycINFO*, por exemplo, foram identificados 542 artigos científicos sobre psicopatia no período entre os anos de 2003 a 2009 (Salekin & Lynam, 2010). Noutra pesquisa efetuada na *Web of Science* foram encontrados 2709 artigos publicados desde 1945, sendo que a partir de 2008 se publicaram uma média de 250 artigos científicos sobre psicopatia por ano (Häkkinen-Nyholm & Nyholm, 2012).

Publicações científicas como *Behavioral Sciences and the Law*, *Journal of Abnormal Child Psychology*, *Law and Human Behavior* e *Journal of Clinical Child and Adolescent Psychology* têm vindo a dedicar edições especiais inteiras ao tema da psicopatia em adolescentes e crianças. A perspetiva de alteração do diagnóstico de Perturbação do Comportamento na nova próxima versão do *Diagnostic and Statistical Manual for Mental Disorders* (DSM) de forma a incluir um especificador de traços de insensibilidade emocional característicos da psicopatia é uma evidência da sua crescente

importância enquanto constructo científico (Frick & Moffitt, 2010).

O tema da psicopatia juvenil e da sua relação com a delinquência juvenil tem sido pouquíssimo estudado em Portugal, o que torna particularmente importantes as investigações científicas efetuadas sobre este constructo na realidade nacional. A parte inicial da presente dissertação é dedicada ao enquadramento teórico do tema da psicopatia juvenil, focando-se especificamente a sua relação com a idade de início na atividade criminal, a etnicidade e o género. A parte seguinte da dissertação consiste nos estudos empíricos que realizámos, publicados em revistas internacionais da especialidade. A parte final da dissertação consiste na discussão dos resultados obtidos e respetivas conclusões.

Breve resenha histórica da psicopatia

Os psicopatas fizeram parte da história humana desde que há registos, tal como se pode constatar nos mitos e na literatura de variadas civilizações (e.g., hebraica, chinesa, grega, romana, persa, nórdica), em que se descrevem personagens “vazias de alma”, caracterizadas por imoralidade, malvadez, vaidade, sedução, manipulação, perversidade, sadismo, insensibilidade emocional, impulsividade e violência extrema, entre outras características (Kiehl & Hoffman, 2011).

A psicopatia enquanto constructo científico tem cerca de 200 anos e está intrinsecamente ligada à história de psiquiatria (Arrigo & Shipley, 2001; Millon, Simonsen, & Birket-Smith, 1998). Apesar de etimologicamente a palavra “psicopatia” significar simplesmente doença psíquica, o termo tem vindo a ser utilizado na cultura e na ciência ocidentais para designar um grupo de pessoas que se caracterizam por demonstrarem tipicamente comportamentos impulsivos, irresponsáveis, antissociais ou desviantes no contexto da sociedade em que se (des)inserem (Hare, 1985).

A descrição da psicopatia surgiu na literatura científica pela primeira vez com o trabalho pioneiro do médico psiquiatra francês Pinel (cit. Arrigo & Shipley, 2001) em 1801, sob o termo “mania sem delírio”, que este autor utilizava para designar os atos agressivos e de violência extrema cometidos por certos indivíduos que mantinham aparentemente intactos o teste da realidade e a capacidade de raciocínio. Rush (cit. Millon et al., 1998), psiquiatra americano, documentou em 1812, casos também caracterizados por uma “devassidão moral do comportamento”, que atribuiu principalmente a causas congénitas.

Pritchard (Cantero, cit. Soeiro & Gonçalves, 2010), psiquiatra inglês, introduziu em 1835, o termo de “insanidade moral” para se referir aos sujeitos cuja moral ou princípios de conduta eram fortemente pervertidos e indicadores de comportamento antissocial, cuja etiologia atribuiu à influência do ambiente em que se inseriam. Koch (Gonçalves, cit. Soeiro & Gonçalves, 2010), psiquiatra alemão, apresentou em 1888 a designação “inferioridade psicopática” para definir uma anomalia de carácter em grande parte atribuída a aspetos congénitos ou resultantes de enfermidade psíquica. Maudsley (cit. Arrigo & Shipley, 2001) psiquiatra inglês, em 1895 avançou com o termo “imbecilidade moral” para se referir à extrema deficiência ou completa ausência de um sentido moral encontrada frequentemente, segundo ele, em delinquentes crónicos provenientes da classe social baixa sem capacidade de autocontrolo.

Krafft-Ebing (cit. Millon et al., 1998), psiquiatra alemão, em 1904 desenvolveu os aspetos do sadismo e da agressão extrema presentes em certos indivíduos que considerou “selvagens” sem perspectivas de reabilitação, recomendando que deveriam ser mantidos em asilos até ao fim das suas vidas para bem da sociedade e seu próprio bem. Bimbaum (cit. Millon et al., 1998), psiquiatra alemão, em 1909 propôs o termo “sociopatia”, que viria a ser utilizado nas versões iniciais do *Diagnostic and Statistical*

Manual of Mental Disorders como sinónimo da psicopatia enquanto perturbação da personalidade, para enfatizar o papel das forças sociais na génese da inadaptação e do crime.

Kraepelin (cit. Arrigo & Shipley, 2001; Lykken, cit. Soeiro & Gonçalves, 2010), psiquiatra alemão, em 1915 introduziu a designação “personalidade psicopática”, utilizada até à atualidade, incluindo-a numa tipologia mais vasta por si elaborada, com o intuito de descrever indivíduos com indicadores de comportamento criminal anormal ou imoral. Posteriormente, Schneider (Cantero cit. Soeiro & Gonçalves, 2010; Gonçalves, cit. Soeiro & Gonçalves, 2010), psiquiatra alemão, a partir de 1923 redefiniu o conceito de personalidade psicopática como uma entidade integradora de certas patologias, propondo uma clara distinção entre os conceitos de doença mental e de psicopatia. Este autor considerou ser errado definir como doença mental uma perturbação que tem por base traços psíquicos, dado que na sua perspetiva a psicopatia estaria relacionada com desvios quantitativos das características normais da personalidade.

Cleckley (1976), psiquiatra americano, fez em 1941 a contribuição mais importante na definição atual da psicopatia, proporcionando uma descrição lúcida, coerente e detalhada da psicopatia e das suas manifestações. No livro *The Mask of Sanity* este autor retratou os psicopatas como indivíduos camuflados sob uma máscara de aparente sanidade, mas profundamente perturbados nas suas relações com as outras pessoas e com a sociedade. A importância fundamental de Cleckley deveu-se a chamar a atenção para o forte valor preditivo do constructo da psicopatia no comportamento antissocial em geral, (Harpur, Hare, & Hakstian, 1989) e particularmente para as suas relações com os comportamentos violentos, impulsivos e agressivos (Hare, Clark, Grann, & Thornton, 2000).

Cleckley (1976; cit. Soeiro & Gonçalves, 2010) enumerou critérios clínicos base que considerou os traços mais significativos da psicopatia: (1) Encanto superficial e boa inteligência; (2) Inexistência de alucinações ou de outras manifestações de pensamento irracional; (3) Ausência de nervosismo ou de manifestações neuróticas; (4) Ser indigno de confiança; (5) Ser mentiroso e insincero; (6) Egocentrismo patológico e incapacidade para amar; (7) Pobreza geral nas principais relações afetivas; (8) Vida sexual impessoal, trivial e pouco integrada; (9) Ausência de sentimentos de culpa ou de vergonha; (10) Perda específica da intuição; (11) Incapacidade para seguir qualquer plano de vida; (12) Ameaças de suicídio raramente cumpridas; (13) Raciocínio pobre e incapacidade para aprender com a experiência; (14) Comportamento fantasioso e pouco recomendável com ou sem ingestão de bebidas alcoólicas; (15) Incapacidade para responder na generalidade das relações interpessoais; (16) Exibição de comportamentos antissociais sem escrúpulos aparentes.

A teorização desenvolvida por Cleckley constituiu a matriz sobre a qual Hare, psicólogo canadiano, desenvolveu a *Psychopathy Checklist* (PCL e PCL-R; Hare, 1991, 2003), que é atualmente o instrumento psicométrico mais utilizado a nível internacional na avaliação da psicopatia em adultos, e as suas variantes *Psychopathy Checklist: Screening Version* (PCL:SV; Hart, Cox, & Hare, 1995) e *Psychopathy Checklist: Youth Version* (PCL:YV; Forth, Kosson, & Hare, 2003). A família de instrumentos PCL criada por Hare e colegas também inspirou a criação de instrumentos especialmente concebido para adolescentes e crianças, como o *Antisocial Process Screening Device* (APSD; Frick & Hare, 2001), a *Child Psychopathy Scale* (CPS; Lynam, 1997) e o *Youth Psychopathic Traits Inventory* (YPI; Andershed, Kerr, Stattin & Levander, 2002), entre outros.

Os traços psicopáticos e o constructo da psicopatia

É essencial distinguir entre os termos psicopatia e traços psicopáticos (Andershed, 2010; Cooke & Michie, 2001; Hare, 2003). A psicopatia é descrita como uma síndrome que se mantém ao longo da vida e que engloba uma constelação de traços extremos a nível interpessoal, afetivo-comportamental e de estilo de vida. Os sujeitos psicopáticos tendem a demonstrar comportamentos violentos proativos com mais frequência, motivados por razões instrumentais como ganhos materiais e vingança (e.g., Serin, 1991). Os traços psicopáticos podem ser definidos como os traços/sintomas e comportamentos individuais que se manifestam de forma mais ou menos intensa e estável, e que constituem a síndrome da psicopatia. Revelam-se através de um padrão de insensibilidade emocional, manipulação e ausência de culpabilidade importante para compreender os comportamentos antissociais. Estes traços têm vindo a ser associados a delinquência grave violenta, de início precoce e persistente (e.g., Andershed, Gustafson, Kerr & Stattin, 2002; Frick, Kimonis, Dandreaux & Farrel., 2003; Vitacco et al., 2002).

É importante salientar que a importância desta distinção se encontra no facto de ser possível a um dado individuo possuir traços psicopáticos mais ou menos intensos e estáveis consoante estejam ou não integrados com outros traços da síndrome de psicopatia. Por exemplo, podem existir demonstrações comportamentais significativas de impulsividade sem que o indivíduo demonstre ser emocionalmente insensível. Há portanto que ter em conta qual a abordagem que os autores de diferentes estudos adotaram, sendo que a grande maioria dos estudos com crianças e adolescentes e que utiliza metodologia de autorresposta se foca nos traços psicopáticos e não na psicopatia propriamente dita.

Até há alguns anos atrás o estudo do constructo da psicopatia em mulheres, adolescentes e crianças foi praticamente ignorado por psicólogos forenses e psicopatologistas (Verona & Vitale, 2006; Verona, Sadeh & Javdani, 2010). Aproveitando a concetualização inicialmente feita com homens adultos detidos em prisões, os investigadores têm vindo a modificar a rede nomológica da psicopatia de forma a adaptar os instrumentos de investigação e avaliação a adolescentes e crianças. Este tópico de investigação, todavia, não tem estado isento de polémica.

A utilidade e correção da aplicação do constructo da psicopatia às crianças e aos jovens tem vindo a ser fortemente questionada por alguns autores (Grisso, 1998; Hart, Watt & Vincent, 2002; Seagrave & Grisso, 2002), que argumentam que estes traços podem não representar características estáveis que persistirão na idade adulta sendo antes transitórios. Na perspetiva destes autores, colocar este tipo de diagnóstico nos jovens leva a que sejam erradamente rotulados como perigosos e irrecuperáveis para a sociedade, prejudicando-os gravemente no seu percurso de vida sem que haja ainda evidências empíricas suficientemente fortes e consistentes.

Tais objeções, todavia, têm sido refutadas por outros estudos empíricos. Obradovic, Pardini, Long e Loeber (2007) recorreram aos dados do Pittsburgh Youth Study para analisar a estabilidade dos traços psicopáticos na coorte mais jovem desse estudo, tendo concluído que a estabilidade variava de moderada a alta tendo em conta o tempo decorrido entre as avaliações. Lynam, Caspi, Moffitt, Loeber e Stouthamer-Loeber (2007) optaram por estudar o tema com recurso a metodologia longitudinal e métodos múltiplos de avaliação e informantes. Estes autores analisaram a estabilidade dos traços psicopáticos nos participantes quando estes tinham 13 anos e depois novamente aos 24 anos, tendo concluído que os traços tinham uma estabilidade moderada ($r = .31$).

Barry, Barry, Deming e Lochman (2008) estudaram a estabilidade temporal dos traços psicopáticos em pré-adolescentes considerados agressivos ao longo de três anos, tendo observado a existência de uma estabilidade de moderada a muito alta consoante os tipos de traços psicopáticos analisados. Pardini e Loeber (2008), por exemplo, demonstraram que uma maior estabilidade de traços psicopáticos em jovens predizia níveis mais altos de características antissociais de personalidade na idade adulta. Também Salekin, Rosenbaum e Lee (2008) observaram que existem amplas evidências de que os indicadores de psicopatia em crianças, adolescentes e adultos partilham muitas semelhanças a nível de prevalência em centros de detenção de adolescentes e prisões de adultos, a nível da ligação de problemas de comportamento a comportamentos antissociais e violentos e a nível de estrutura fatorial.

Lynam et al. (2009) efetuaram um estudo com rapazes dos 7 aos 17 anos de idade ($N = 1500$), tendo evidenciado que os traços psicopáticos podiam ser avaliados com precisão e eram estáveis ao longo do tempo, conseguindo além disso prever a reincidência criminal. Forsman, Lichtenstein, Andershed e Larsson (2010) estudaram de forma longitudinal prospetiva a relação entre psicopatia e comportamentos antissociais numa amostra de gémeos suecos ($N = 2255$) da adolescência até à idade adulta, tendo concluído que os traços psicopáticos conseguiam prever os comportamentos antissociais.

Os resultados acima descritos não são surpreendentes se considerarmos que os traços de personalidade em geral são estáveis ao longo da vida, e que nestes se incluem, obviamente, os traços psicopáticos. A literatura publicada até ao momento presente, apesar de relativamente escassa, leva-nos a concluir, com uma margem de segurança bastante razoável, que existem evidências empíricas suficientes para que se possa afirmar que os traços psicopáticos demonstram ter uma estabilidade de moderada a alta na transição da infância e da adolescência para a idade adulta.

Em termos da estrutura fatorial subjacente ao constructo, recentemente tem-se vindo a defender que os traços psicopáticos se combinam e manifestam nas mesmas três dimensões que caracterizam a psicopatia em adultos, nomeadamente traços de insensibilidade emocional ou calosos/não-emocionais, impulsividade e narcisismo, mesmo em contextos culturais/étnicos diferentes (e.g., Bijttebier & DeCoene, 2009; Frick, Bodin & Barry, 2000; Fung, Gao & Raine, 2010; Van Baardewijk et al., 2008; Van Baardewijk, Vermeiren, Stegge & Doreleijers, 2011).

Outras estruturas fatoriais também têm sido descritas, tal como aconteceu no caso dos adultos (Hare, 2003). Frick, O'Brien, Wootton e McBurnett (1994) evidenciaram a existência de um modelo com dois fatores: Impulsividade-Problemas de comportamento (I-CP) e traços calosos/não-emocionais (CU). O fator I-CP seria consistente com o Factor 2 do PCL-R dado que parece indexar tendências de desinibição (externalizantes) gerais, enquanto o fator CU seria associado com baixa ansiedade, reatividade emocional negativa, desinibição, busca de sensações e agressão proactiva (Patrick, 2010). A estrutura de três fatores é a que tem vindo a ser mais trabalhada na literatura, como veremos seguidamente em mais detalhe, focando-nos principalmente no APSD dado que este é o instrumento mais utilizado a nível internacional com adolescentes e crianças (Johnstone & Cooke, 2004; Patrick, 2010; Sharp & Kine, 2008).

Os traços de insensibilidade emocional ou traços calosos/não-emocionais referem-se a um estilo afetivo (e.g., ausência de culpabilidade/remorsos, restrição da emoção) e interpessoal (e.g., falta de empatia com as outras pessoas) que surge como uma dimensão distinta do constructo da psicopatia. Este tipo de traços têm vindo a ser referenciados como tendo a capacidade de diferenciar um tipo de adolescentes delinquentes mais graves e agressivos (Caputo, Frick & Brosky, 1999; Kruh, Frick & Clements, 2005) de uma forma que outras dimensões do constructo não conseguem. Têm

vindo a ser feitos estudos para desenvolver e aperfeiçoar medidas psicométricas de traços calosos/não-emocionais em crianças e adolescentes (e.g., Essau, Sasagawa & Frick, 2006; Kimonis et al., 2008; Roose, Bijttebier, Decoene, Claes & Frick, 2010).

A impulsividade é considerada uma das peças centrais de várias teorias criminais, além de ser um eixo fundamental em qualquer teoria da personalidade (Lynam & Miller, 2004). Em adolescentes, os comportamentos impulsivos têm sido consistentemente associados a uma maior diversidade e quantidade de crimes (e.g., Lynam, 1996, 1998). A impulsividade é possivelmente um dos critérios diagnósticos mais frequentemente utilizados no *Diagnostic and Statistical Manual for Mental Disorders* (DSM-IV-TR) da American Psychiatric Association (2000). De salientar que têm vindo a ser feitos estudos para desenvolver e aperfeiçoar medidas psicométricas de impulsividade (e.g., Chahin, Cosi, Lorenzo-Seva & Vigil-Colet, 2010; Diemen, Szobot, Kessler & Pechansky, 2007; Fossati, Barratt & Acquarini, 2002).

O narcisismo é outra das dimensões do constructo da psicopatia. Classicamente concebido como uma defesa contra sentimentos de inadequação e inferioridade, mais recentemente tem sido conceptualizado como a necessidade do indivíduo em ter um apreço elevado por si próprio e de levar as pessoas em seu redor a demonstrar esse mesmo apreço elevado. O narcisismo em adolescentes tem sido associado a problemas de comportamento, a agressão proactiva e a baixa autoestima (e.g., Washburn, McMahon, King, Reinecke, & Silver, 2004). Recentemente têm sido feitos estudos para desenvolver e aperfeiçoar medidas psicométricas de narcisismo na população juvenil forense (e.g., Calhoun, Glaser, Stefurak, & Bradshaw, 2000; Washburn et al., 2004).

Comportamentos antissociais e trajetórias delinquentiais

Segundo Negreiros (2001), variadas definições têm sido propostas para definir os atos que entram em conflito com as normas/regras sociais e a lei, sendo que o termo comportamento antissocial será provavelmente o mais abrangente. O comportamento antissocial refere-se a um largo espectro de atividades como fugas, agressão, furto, roubo, vandalismo, e outros atos que violam as normas específicas da sociedade considerada. O termo comportamento delituoso, por sua vez, é mais restrito e frequentemente associado ao enquadramento jurídico-penal, focando-se nos atos que podem ser alvo de sanção penal caso o indivíduo tenha atingido a idade de responsabilização criminal.

Diversas disciplinas científicas têm estudado os comportamentos antissociais, sendo que nem sempre tentam ou conseguem integrar entre si os conhecimentos obtidos. A criminologia foca-se nos confrontos entre os sistemas legais e os jovens que cometem os atos antissociais. A psicologia e a psiquiatria forenses estudam o fenómeno desde a perspectiva desenvolvimentista, focando o desvio da “normalidade” psíquica. A sociologia tenta entender as dinâmicas socioculturais que provocam o surgimento e manutenção dos comportamentos antissociais nas diversas sociedades. A epidemiologia, por sua vez, fornece dados sobre a sua prevalência e incidência dos comportamentos antissociais.

Os comportamentos antissociais estão intrinsecamente relacionados com a incapacidade ou falta de vontade dos indivíduos se conformarem às normas de determinada sociedade e ao respeito pela autoridade ou direitos de outras pessoas (Frick, 1998). A violação das normas sociais e/ou dos direitos dos outros pode assumir um carácter mais ligeiro (e.g., faltas à escola) ou pelo contrário ter aspetos marcadamente graves (e.g., homicídio, violação). É relativamente frequente que estes comportamentos

surjam agregados uns aos outros (i.e., associados), daí falar-se em comportamentos antissociais no plural ou em perturbações do comportamento no plural. Os comportamentos antissociais têm uma associação forte com as perturbações disruptivas do comportamento e uma grande estabilidade durante a vida adulta quando se manifestaram precocemente, especialmente nos sujeitos do género masculino (Forth & Book, 2010; Moffitt, Caspi, Rutter, & Silva, 2006).

Segundo Keenan e Shaw (1994) existem algumas evidências empíricas que sugerem que as primeiras manifestações do comportamento antissocial podem ser detetadas precocemente quando a criança atinge o ano e meio de vida, observando-se comportamentos de agressão aos pais e a objetos. Loeber e Farrington (2001) afirmam haver evidências de que os comportamentos antissociais mais graves se iniciam geralmente no decurso dos primeiros anos de escolaridade e muito antes do pico típico da população juvenil delinvente. Estes autores referem que na realidade americana os crimes graves cometidos por menores de 12 anos chegam a atingir 10% de todos os crimes juvenis, e que a probabilidade destes continuarem a reincidir é significativamente maior.

A maioria da literatura que investiga a área criminal refere que os comportamentos antissociais se iniciam de uma forma geral na puberdade, cresce exponencialmente durante a segunda década de vida com um pico no final da adolescência, e decresce acentuadamente a partir dos vinte e poucos anos. Uma parte importante da literatura acerca dos comportamentos antissociais e delinquentiais apoia-se em estudos longitudinais. Esta perspetiva, de carácter desenvolvimentista, concebe a delinquência em conexão com as diversas etapas vitais, especialmente na infância e adolescência, e propõe modelos complexos e dinâmicos sobre a génese do delito, vinculados à noção de fatores de risco e de proteção.

Deve ter-se em mente que a grande maioria dos jovens comete comportamentos antissociais de forma episódica e associada a uma fase de experimentação, estreitamente relacionada com o processo de construção identitária, de autonomização face aos pais e de desenvolvimento social (Huizinga, Loeber, Thornberry & Cothorn, 2000). Tal postura por parte dos jovens corresponde habitualmente a uma atitude de desafio e de diferenciação em relação ao mundo dos adultos, sendo delimitada ao período da adolescência. É atualmente fato estabelecido que a grande maioria dos jovens tende a infringir a lei pelo menos uma vez durante o período da adolescência, mas uma vez alcançada a idade adulta abandonam o comportamento delituoso (Steinberg, 1999).

Os investigadores têm feito tentativas sistemáticas de categorização das múltiplas formas de manifestação dos comportamentos antissociais desde que estes emergem na vida dos indivíduos, numa perspetiva de ciclo de vida e de trajetórias delinquentiais. Segundo Sampson e Laub (1993), uma trajetória é uma via ao longo do percurso de vida que envolve padrões de eventos de longo prazo, tais como os que ocorrem na escola ou na história familiar. Estes autores consideram que as experiências na infância afetam os eventos na adolescência e idade adulta, assim como eventos na adolescência ou na idade adulta podem modificar trajetórias futuras. De seguida descreveremos brevemente os contributos metodológicos e teóricos de alguns investigadores.

Blumstein et al. (1988, cit. Bouffard, 2009), ao estudarem as trajetórias das carreiras criminais referem-se a estas como “a sequência longitudinal de crimes cometidos por um delinquente que tenha uma taxa detetável de crimes cometidos durante um certo período”. Estes autores procuraram analisar a relação existente entre idade e crime a um nível individual, utilizando conceitos como início, persistência e desistência. O início (*onset*) refere-se à iniciação na atividade criminal, a persistência refere-se à duração ou continuação da carreira criminal, e a desistência ao término da carreira. Apesar

de estes autores argumentarem que não existem razões para se esperarem *a priori* tendências específicas dentro das carreiras criminais, sugeriram que a existência de certos padrões (e.g., especialização em certos tipos de crimes) está aberta à investigação empírica.

Farrington (1995) contribuiu para a teorização sobre os processos dinâmicos envolvidos no desenvolvimento do comportamento delituoso relevantes para a avaliação do risco de reincidência ampliando e criando conceitos como ativação, escalada, persistência e desistência. A ativação está relacionada com a maneira como o comportamento delituoso é iniciado e, eventualmente, mantido, sendo que tem por base três mecanismos inter-relacionados, nomeadamente: aceleração (os indivíduos que iniciam a atividade delituosa mais precocemente atingem frequências até quatro vezes maiores do que os que começam mais tarde), estabilização (quanto mais cedo esta se inicia, maior a tendência para nela se manter), e diversificação (relação positiva entre a variedade dos delitos cometidos e a precocidade do primeiro delito cometido). A escalada diz respeito à tendência no agravamento dos danos dos delitos praticados, nomeadamente ao processo em que a atividade delituosa se expande ao longo do tempo, de pequenas infrações para crimes mais graves contra as pessoas. A persistência tem a ver com a tendência a cometer cronicamente delinquência ao longo da adolescência, levando à definitiva consolidação do comportamento delituoso através de um prolongado e eficaz processo de aprendizagem. A desistência é tida como um processo relacionado com a variedade, gravidade e frequência da atividade delituosa, ao qual estariam subjacentes três mecanismos que precedem o abandono da dita atividade, nomeadamente: desaceleração (diminuição da frequência de atos delituosos), especialização (diminuição da variedade de delitos), e culminação (estabilização da gravidade dos atos delituosos seguida da cessação da atividade delituosa).

Loeber et al. (1993) desenvolveram o modelo das trajetórias múltiplas em que procuram demonstrar que existem três trajetórias, relacionadas mas independentes, que se caracterizam pelo tipo de delitos que se cometem em cada uma delas. A trajetória do conflito com a autoridade é a primeira e a mais precoce, aplicando-se às crianças com menos de 12 anos. Inicia-se com comportamentos teimosos e obstinados na infância, a que se sucedem comportamentos desafiantes, como recusas e desobediência, e pode ser seguida finalmente por desobediência à autoridade, como absentismo escolar e fugas de casa. A trajetória encoberta aplica-se a jovens com menos de 15 anos. Tende a começar com pequenas ações encobertas, como mentiras e pequenos furtos, que progridem para danos à propriedade, tais como vandalismo e piromania, e mais finalmente com delitos graves contra a propriedade, como roubos em habitações. A trajetória aberta supõe um progressivo aumento da agressividade. Começa com agressões leves, como *bullying*, contínua com agressões físicas, como lutas entre grupos e, finalmente, com comportamentos violentos tais como assaltos e violações.

Patterson et al. (1989, 1992) desenvolveram a teoria da coerção, em que diferenciam dois grupos distintos de transgressores: os que se iniciam precocemente (comportamento antissocial de início precoce) e que têm mais probabilidades de se tornarem delinquentes crónicos, e os que se iniciam na adolescência (comportamento antissocial de início tardio) e que têm mais probabilidade de se envolverem na delinquência durante um período curto de tempo. De acordo com estes autores, o comportamento antissocial tem como antecedentes eventos que ocorrem na interação familiar e com os pares, e que envolvem comportamentos como chorar, gritar, implicar, ameaçar e, ocasionalmente, bater. Quando a criança descobre que estes comportamentos são eficazes no decurso do seu desenvolvimento, a intensidade e a amplitude dos comportamentos coercivos aumentam. Um aspeto chave é a interação

entre a criança e os pais, sendo que se considera que são as práticas parentais inconsistentes que promovem os comportamentos antissociais da criança e o insucesso presente e futuro nas relações sociais e escolar. Não se nega a possibilidade de haver uma base biológica para os comportamentos antissociais, mas esta não é explorada.

Moffitt (1993) descreve duas grandes modalidades de percursos antissociais, que designa por comportamento antissocial limitado à adolescência e por comportamento antissocial persistente ao longo da vida. A delinquência limitada à adolescência, como o nome indica, estaria confinada à própria adolescência e terminaria com o início da idade adulta, podendo ser caracterizada como um fenómeno transgressivo normativo quase universal e delimitado no tempo fomentado pela vontade de acesso a recursos materiais e a estatuto social. Para Moffitt (1993), o comportamento antissocial persistente ao longo da vida englobaria um menor número de indivíduos cujas manifestações antissociais emergiriam precocemente e se manteriam ao longo de grande parte da vida. A autora atribui tal a vulnerabilidades neuro-psicológicas (lesões cerebrais perinatais e problemas neurológicos pós-natais) e a contextos educacionais desfavoráveis em que os próprios pais têm dificuldades de temperamento e de personalidade semelhantes, possivelmente devido a antecedentes genéticos.

Quinsey, Skilling, Lalumière e Craig (2004) defendem uma categorização em três grupos. O primeiro grupo seria composto por adolescentes com comportamentos antissociais limitados à adolescência, havendo uma associação destes comportamentos à toma de riscos que contribuiria para o seu sucesso reprodutivo nos ambientes ancestrais. O segundo grupo seria composto por delinquentes persistentes ao longo da vida com um historial de problemas de desenvolvimento neurológico, apoio parental e ambiente instável, e exposição a jovens com modelos desviantes. O terceiro grupo

também consistiria em delinquentes persistentes ao longo da vida, mas cujas causas do seu comportamento não seriam patológicas. Estes últimos indivíduos, frequentemente classificados como personalidades antissociais, utilizariam uma estratégia adaptativa de manipulação, dominação, coação e agressão, ocupando um nicho fora do ambiente da cooperação social.

Na literatura, de uma forma geral, um início precoce tem vindo a ser conceptualmente associado a um tipo de criminalidade mais persistente, grave e violenta, enquanto um início mais tardio tem sido associado a um tipo menos grave, menos violento e mais transitório de criminalidade (e.g., Andershed, Gustafson, Kerr & Stattin, 2002), permanecendo em aberto a questão de até que ponto estes tipos de delinquentes diferem realmente entre si qualitativamente e quantitativamente. Alguns autores (e.g., Moffitt, 1993) defendem que existem diferenças qualitativas fundamentais, enquanto outros (e.g., Gottfredson & Hirschi, 1990) defendem que se trata de diferenças na intensidade de certos défices psicossociais.

Segundo Sampson e Laub (2005), alguns estudos mais recentes indicam que os processos associados às trajetórias criminais são mais complexos e diversificados do que se pensava inicialmente. Atualmente é consensual a ideia de que o início do comportamento antissocial pode ocorrer praticamente em qualquer idade, podendo ser acionado pela interação de características individuais, o ambiente e o meio social. Relativamente aos delinquentes persistentes, é bastante menos provável que estes tenham beneficiado dos vínculos sociais que tradicionalmente se estabelecem e dos respetivos controlos sociais associados a uma transição mais bem-sucedida para a vida adulta. O comportamento antissocial persistente tende a impedir as oportunidades referidas e a causar a desvinculação do controlo institucional a que os cidadãos integrados se submetem (Thornberry, 2005).

Apesar de nas últimas duas décadas ter havido avanços teóricos notáveis no estudo da delinquência numa perspectiva de ciclo de vida e de trajetórias delinquentiais, grande parte dos pressupostos aguarda ainda comprovação empírica. Independentemente dos processos etiológicos teoricamente envolvidos, algo de comum à maioria das teorias é a importância que se atribui às variáveis individuais (e.g., traços psicopáticos) e familiares (e.g., famílias monoparentais), sendo que é nesse tipo de variáveis que a investigação atual se tem centrado.

Comportamentos antissociais, psicopatia e comorbilidade

Os comportamentos antissociais podem ser encarados quer desde uma perspectiva categorial (e.g., Harris, Rice & Quinsey, 1994) quer desde perspectiva dimensional (e.g., Hare, 2003). Ambas as conceptualizações no fundo estabelecem uma divisão entre o normal e o anormal, mas delimitam as fronteiras entre ambos de forma metodologicamente diferente. Enquanto a psiquiatria pode considerar patológico que o sujeito apresente três ou mais critérios especificados nos últimos doze meses, a psicologia pode considerar anormal que as pontuações dos sujeitos numa determinada escala se situem acima do percentil 95.

As estimativas de prevalência de problemas de saúde mental em jovens delinquentes variam muito consoante os estudos considerados, fruto de diferenças metodológicas e de amostragem. Elliott, Huizinga e Menard (1989) evidenciaram que 28% dos jovens delinquentes graves e violentos com idades compreendidas entre os 11 e os 17 anos tinham problemas de saúde mental, comparativamente com os 14% de jovens que tinham cometido infrações não violentas e 9% que não tinham cometido qualquer infração. Graves, Frabutt e Shelton (2007) demonstraram que 40% a 90% dos adolescentes com problemas judiciais tinham perturbações mentais, por comparação aos

18% a 22% dos adolescentes da população geral. Alguns estudos (e.g., Coccozza & Skowrya, 2000) estimam haver uma prevalência de perturbações mentais em jovens delinquentes pelo menos duas vezes superior à encontrada em populações de jovens não-delinquentes.

O Manual de Diagnóstico e Estatística das Perturbações Mentais (DSM) é atualmente o sistema de classificação psiquiátrica mais utilizado a nível mundial (American Psychiatric Association, 2000). Os critérios de diagnóstico da Perturbação do Comportamento do DSM enquadram-se num sistema estritamente psicopatológico em que a definição de perturbação de comportamento utilizada implica e situa o comportamento perturbado como estando para além do clinicamente normal, interferindo negativamente na vida do sujeito. Segundo Kazdin (1996), está-se assim no campo da disfunção clínica em que se tem especificamente em consideração a frequência, intensidade e persistência com que os ditos comportamentos se manifestam em conflito com as outras pessoas.

Desde o ponto de vista dimensional de classificação das perturbações de comportamento há que ter em conta a vertente “multivariada” ou “empírica” (Frick, 1998), que se diferencia da vertente categorial ao utilizar a comparação com uma amostra normativa e também pela identificação de covariações comportamentais relativas à perturbação. Esta vertente dimensional utiliza frequentemente métodos estatísticos multivariados (e.g., análise fatorial) para isolar as dimensões do comportamento altamente correlacionadas, todavia tem as fragilidades de estar muito ligada à utilização de comportamentos e de depender muito da especificidade das amostras utilizadas.

Independentemente de a abordagem ser categorial ou dimensional (Filho, Teixeira, & Dias, 2009), é claramente ilusório considerar-se que existem pontos de corte

infalíveis. Por exemplo: Então e se o jovem estiver no percentil 94 ou se apresentar três critérios mas apenas há onze meses? Apesar da utilização deste tipo de classificações ser inevitável há que ter em mente o seu carácter abstrato e reconhecer objetivamente que os seus fundamentos podem ser falíveis. Há também que ter em mente que a dificuldade em definir os limites operacionais da psicopatia traz à tona questões conceptuais acerca da legitimidade do constructo em si mesmo, nomeadamente a questão central de a psicopatia poder ou não poder ser considerada uma perturbação mental com características próprias que justifiquem a sua avaliação específica.

Ao utilizar-se a abordagem categorial é inevitável falar-se em comorbilidade. No caso da psicopatia, a comorbilidade com outras perturbações é alta (Frick, 1998), podendo até ser considerada a regra. Por tal, torna-se importante analisá-la. As crianças e adolescentes diagnosticadas com combinações comórbidas de Perturbação do Comportamento, Perturbação de Oposição e de Perturbação de Hiperatividade com Défice de Atenção, agregadas no DSM-IV-TR (American Psychiatric Association, 2000) sob o título de Perturbações Disruptivas do Comportamento e de Défice de Atenção, têm sido associadas a um tipo de comportamento antissocial particularmente grave e agressivo similar ao dos adultos com psicopatia (Barry, Frick et al., 2000; Leistico, Salekin, DeCoster & Rogers, 2008; Lynam, 1996). Algumas linhas de investigação têm focado especificamente a questão da ligação da psicopatia às perturbações disruptivas. Salekin, Leistico, Neumann, DiCicco e Duros (2004), por exemplo, analisaram a relação entre psicopatia juvenil e psicopatologia externalizante definida em termos de comportamentos disruptivos, tendo concluído pela existência de correlações moderadas altas ($r = .36 - .49$) entre as duas.

De entre as perturbações disruptivas do comportamento é especialmente importante salientar o caso da Perturbação do Comportamento (PC). A característica

essencial desta perturbação é um padrão de comportamento persistente e repetitivo em que são violados os direitos básicos dos outros ou importantes regras ou normas sociais próprias da idade do sujeito. Segundo a DSM-IV-TR (American Psychiatric Association, 2000) a prevalência deste diagnóstico na população geral comunitária situa-se entre menos de 1% e os 10%. Sevecke e Kosson (2010), ao analisarem estudos mais recentes, referem prevalências na população geral de 1.8% a 16% para rapazes e de 0.8% a 9.2% para raparigas; em amostras forenses de adolescentes delinquentes a prevalência situa-se nos 31% a 100%; estima-se que cerca de 40% das crianças e jovens com PC desenvolvam posteriormente perturbação antissocial da personalidade. Bardone, Moffitt e Caspi (1997) demonstraram que nas raparigas esta perturbação, apesar de ter prevalência significativamente inferior, é um fortíssimo preditor de problemas futuros como relações interpessoais pobres com os parceiros/cônjuges e colegas, atividade criminal, gravidez precoce, ausência de rede social e problemas laborais.

A Perturbação do Comportamento é frequentemente diagnosticada em crianças e jovens, particularmente nos rapazes (Frick, 1998). Diversos estudos retrospectivos (e.g., Sevecke & Kosson, 2010) relatam a existência de uma ligação retrospectiva entre psicopatia no adulto e perturbações do comportamento na infância, tais como início precoce de comportamentos antissociais, violência crónica, delitos diversificados e impulsividade. Myers, Burket e Harris (1995), que analisaram a relação entre psicopatia e certas formas de psicopatologia em adolescentes hospitalizados, encontraram correlações positivas significativas da psicopatia com perturbação do comportamento e com comportamentos antissociais, enquanto que Frick, Barry e Bodin (2000) encontraram correlações fortes significativas ($R = .52 - .65$; $p \leq .001$) entre a pontuação total do APSD e suas três dimensões com a perturbação do comportamento tal como é definido no DSM-IV-TR.

A Perturbação da Hiperatividade e de Défice de Atenção (PHDA) é outra das perturbações disruptivas que é importante salientar. A característica essencial desta perturbação é um padrão persistente de falta de atenção e/ou de impulsividade-hiperatividade com uma intensidade que é mais frequente e grave que o observado habitualmente nos sujeitos com um nível semelhante de desenvolvimento. A prevalência deste diagnóstico (DSM-IV-TR; American Psychiatric Association, 2000) está estimada entre 3% a 7% nas crianças em idade escolar de acordo com a natureza da amostra populacional e método de avaliação. Manuzza et al. (cit. Seveke & Kosson, 2010) sugerem que entre 10% a 60% dos casos persistem na vida adulta como uma síndrome incompleta ou total, enquanto Vermeiren (cit. Seveke & Kosson, 2010) relata que 4% dos adolescentes detidos, 14% a 19% dos adolescentes adjudicados e 20% a 72% dos adolescentes encarcerados cumprem os critérios diagnósticos.

Frick, Barry e Bodin (2000) encontraram correlações fortes significativas ($R = .50 - .72; p \leq .001$) entre a pontuação total no APSD e suas três dimensões e a Perturbação da Hiperatividade e de Défice da Atenção. É importante ser feita uma clara diferenciação do diagnóstico de Perturbação do Comportamento com o diagnóstico de Perturbação de Hiperatividade com Défice da Atenção dado que nesta última, ainda que o comportamento hiperativo e impulsivo possa ser disruptivo, não há propriamente violação das normas sociais adequadas à idade.

A Perturbação da Oposição (PO) é outra das perturbações disruptivas do comportamento, sendo caracterizada por um padrão recorrente de comportamento negativista, desafiante, desobediente e hostil relativamente às figuras de autoridade que dura pelo menos 6 meses. Segundo a DSM-IV-TR (American Psychiatric Association, 2000) a prevalência deste diagnóstico (ver critérios gerais deste diagnóstico na Tabela 3) situa-se entre os 2% e os 16% dependendo da natureza da amostra da população

estudada e dos métodos de avaliação.

A relação entre a Perturbação da Oposição e os traços psicopáticos tem sido consideravelmente menos estudada que as duas perturbações mencionadas anteriormente. Frick, Barry e Bodin (2000) encontraram correlações fortes ($R = .53 - .72$; $p \leq .001$) entre a pontuação total do APSD e suas três dimensões com a perturbação da oposição. Deve-se diferenciar claramente entre o diagnóstico de Perturbação do Comportamento e o diagnóstico de Perturbação de Oposição dado que no caso desta última, embora haja algumas características comuns (e.g., desobediência e oposição a figuras de autoridade), não há um padrão persistente de formas de comportamento mais graves que implicam a violação dos direitos básicos de outras pessoas ou das normas sociais adequadas à idade do sujeito. Abikoff e Klein (cit. por Frick, 1998) sugerem que a sobreposição destes dois diagnósticos pode atingir valores que vão até aos 90%.

Além das perturbações acima mencionadas existem outras perturbações comórbidas à psicopatia, embora consideravelmente menos investigadas, como a ansiedade e as perturbações afetivas. De uma forma geral, parece haver uma associação nula ou negativa entre traços psicopáticos e ansiedade e perturbações afetivas (Sevecke & Kosson, 2010). Frick et al. (1994), por exemplo, demonstraram a existência de correlações maioritariamente negativas entre os traços calosos/não-emocionais e as pontuações de ansiedade e depressão. Outra dessas perturbações é o abuso de substâncias (Crocker et al., 2005; Frick, 1998), sendo que, todavia, os resultados dos estudos efetuados nem sempre têm sido sólidos e consistentes. Harvey et al. (cit. Sevecke & Kosson, 2010) demonstraram que os adolescentes consumidores de múltiplas substâncias tinham pontuações mais altas em psicopatia que os consumidores de álcool, enquanto Roussy e Toupin (cit. Sevecke & Kosson, 2010) encontraram evidências de

que reclusos adultos que pontuavam alto em psicopatia tinham mais probabilidades de serem diagnosticados como abusadores de álcool ou droga.

A patologia da personalidade de tipo antissocial, tal como definida pelos sistemas de classificação psiquiátricos, e a sua relação com a psicopatia também tem sido investigada. Os critérios do DSM-IV-TR especificam que a Perturbação Antissocial da Personalidade (PAP) só deve ser diagnosticada em pessoas com pelo menos 18 anos de idade (Critério B), mas também referem que se deve ter em conta o padrão comportamental que a caracteriza pode surgir no início da infância ou adolescência e ter continuidade na idade adulta. Nos critérios da CID-10 (World Health Organization, 1993), em que a perturbação toma a designação de Perturbação Dissocial da Personalidade (PDP), verifica-se a mesma tendência dado que se constata que esta tende a aparecer no final da infância/início da adolescência e a manifestar-se de forma contínua ao longo da idade adulta, mas o diagnóstico pode ser feito antes dos 18 anos embora se considere improvável que este seja apropriado antes dos 16 ou 17 anos.

Ogloff (2006) efetuou uma revisão de literatura em que descreve a evolução histórica dos conceitos de psicopatia, perturbação antissocial da personalidade (DSM-IV-TR) e perturbação dissocial da personalidade (CID-10). Os critérios do DSM-IV-TR para a perturbação antissocial da personalidade são basicamente de tipo comportamental, e os critérios da CID-10 para a perturbação dissocial da personalidade, apesar de focarem mais os défices afetivos, não podem ser considerados representativos do constructo da psicopatia tal como operacionalizados pela PCL-R. De acordo com este autor, os diagnósticos da DSM-IV-TR e da CID-10, tal como estão atualmente concebidos, têm pouca ou nenhuma relevância relativamente ao constructo da psicopatia (e.g., a investigação mostra que entre 50% a 80% dos detidos preenchem os critérios de PAP, mas apenas 15% seriam psicopatas de acordo com a PCL-R).

Kosson, Lorenz e Newman (2006), por exemplo, estudaram a relação entre psicopatia e perturbação antissocial da personalidade em reclusos do sexo masculino, procurando clarificar três hipóteses: a) a PAP com psicopatia e a PAP sem psicopatia refletem uma pato-fisiologia comum subjacente; b) a PAP com psicopatia e a PAP sem psicopatia identificam duas síndromas distintas mas semelhantes nalguns aspetos; c) a maioria dos correlatos da PAP refletem a sua comorbilidade com a psicopatia. Os resultados obtidos levaram os autores à conclusão de que a PAP com psicopatia e a PAP sem psicopatia são síndromas distintas, sendo que a PAP com psicopatia estava claramente relacionada com comportamentos criminais mais graves e com facilitação emocional mais fraca.

Também Filho, Teixeira e Dias (2009) alertam para a importância de a psicopatia e da PAP serem estudadas enquanto constructos diferentes embora correlacionados, alertando que existem atualmente evidências conceptuais e empíricas que os separam a nível estrutural. Estes autores salientam o facto de os critérios psiquiátricos de diagnóstico focarem predominantemente os aspetos comportamentais, deixando lamentavelmente de fora aspetos importantes como a motivação comportamental ou as características afetivas e interpessoais essenciais na avaliação da psicopatia.

Idade de início na atividade criminal e traços psicopáticos

Hirschi e Gottfredson (1983, cit. Bouffard, 2009), com o seu artigo *Age and the Explanation of Crime*, iniciaram um debate teórico e metodológico aprofundado sobre a relação existente entre idade e crime. A curva idade-crime, que descreve a ligação existente entre estas duas variáveis, é semelhante a um U invertido em que a atividade delinvente não existe até aos 12 anos de idade, aumenta rapidamente até aos 18/19 anos de idade, ponto em que começa a declinar de forma relativamente rápida até que, por

volta dos 30 anos de idade, as taxas de envolvimento criminal baixam para quase zero e permanecem assim durante o resto do ciclo de vida. A existência de um tal padrão já foi amplamente confirmada em diferentes épocas históricas e em diferentes países através de técnicas metodológicas diferentes.

Devido à escassez de investigações sobre comportamentos antissociais em crianças pré-adolescentes, permanece em aberto a possibilidade de novas descobertas levarem à alteração da forma clássica da curva idade-crime. Segundo Bouffard (2009), uma importante falha metodológica a nível dos estudos de início na atividade criminal reside precisamente aí, nomeadamente no facto de a grande maioria dos estudos não ter em conta que os atos agressivos surgem muito mais precocemente que os atos delinquentiais e que estes têm consequências importantes na vida criminal posterior dos indivíduos. De seguida abordaremos alguns dos estudos empíricos e teorizações acerca da relação entre idade e crime.

Pritchard (1979, cit. Savage, 2009) efetuou uma revisão de literatura de 77 estudos publicados desde o início do século XX, tendo concluído pela existência de evidências consistentes da associação entre a idade da primeira detenção e a reincidência criminal. Petersilia (1980, cit. Savage, 2009), ao fazer uma revisão de literatura sobre carreiras criminais, concluiu que a idade de primeiro contato com a polícia era um fortíssimo preditor da gravidade dos crimes cometidos, sendo que os delinquentes juvenis que se iniciavam precocemente na criminalidade eram os que tinham mais probabilidades de cometer crimes em adultos.

Thornberry et al. (1995), que compararam os dados obtidos em três estudos diferentes – *Rochester Youth Development Study*, *the Pittsburgh Youth Study* e *Denver Youth Survey*, – encontraram uma correlação forte e significativa entre o início precoce da atividade criminal (antes dos 10 anos) e a delinquência crónica, grave e violenta. Cerca

de 37% dos jovens que se haviam iniciado precocemente na atividade criminal tornaram-se delinquentes violentos crônicos, tendo esse valor atingido 62% na amostra do *Denver Study Survey*.

Loeber, Farrington e Waschbusch (1998) demonstraram que aproximadamente 6% a 8% dos delinquentes do sexo masculino cometiam entre 50% a 70% do total de crimes e até 60% a 85% dos crimes graves e violentos. Este pequeno grupo seria qualitativamente diferente dos outros transgressores, dado que se iniciavam precocemente na atividade criminal e prosseguiam com os comportamentos delituosos de forma crônica e cada vez mais grave. Estes autores recomendaram que a investigação criminológica deveria futuramente centrar-se nestes delinquentes persistentes dada a enormemente desproporcional quantidade de danos que causam à sociedade em que se (des)inserem.

Face aos dados estatísticos que iam sendo obtidos não tardou a que fossem desenvolvidos modelos teóricos e empíricos com o intuito de descrever e explicar o desenvolvimento do comportamento antissocial precoce e a sua relação com trajetórias delinquenciais e carreiras criminais. Gottfredson e Hirshi (1990) produziram uma obra seminal em que propuseram que o baixo autocontrole é a característica crítica do início precoce da atividade criminal e da personalidade criminal. Estes autores postularam que as práticas parentais ineficazes na infância precoce provocam uma falha na capacidade de autocontrole, que por sua vez desencadeia os comportamentos impulsivos que estão fortemente relacionados com um vasto leque de comportamentos delituosos ao longo da vida.

Moffitt (1993) propôs uma taxonomia desenvolvimentista com dois grupos principais que viria a tornar-se um protótipo em termos de investigação forense. Segundo esta autora haveria um pequeno número de delinquentes de início precoce (aproximadamente 5%) que seriam persistentes, patológicos e cujos comportamentos

antissociais se originariam em processos neuro-desenvolvimentais iniciados na infância. Haveria também um grupo maior de delinquentes de início tardio (aproximadamente 95%) limitado à adolescência, quase normativo e cujo envolvimento nos comportamentos delituosos seria transitório. Os dados de estudos posteriores (Moffitt & Caspi, 2001; Moffitt, Caspi, Rutter, & Silva, 2006; Skardhamar, 2009; Stattin, Kerr, & Bergmann, 2010) confirmaram largamente que os padrões delituosos de fato diferem entre delinquentes de início precoce e de início tardio. Os 5% dos delinquentes persistentes ao longo da vida eram responsáveis por 50% a 60% de todos os crimes cometidos, enquanto os restantes 95% dos delinquentes iniciavam as carreiras criminais mais tarde na vida e os seus padrões de comportamento criminal eram tendencialmente menos violentos e frequentes.

A investigação tem revelado vários percursos comuns que levam ao comportamento antissocial e agressivo (Frick, 2012). Os investigadores que defendem a abordagem dos subtipos de idade de início na atividade criminal identificaram dois grandes tipos de delinquentes: os de “início precoce” (Patterson, DeBaryshe, & Ramsey, 1989) ou “persistentes ao longo da vida” (Loeber & Stouthamer-Loeber, 1998; Moffitt, 1993), que cometem a primeira transgressão precocemente e persistem na atividade criminal ao longo da vida; os de “início tardio” (Patterson et al., 1989), “delinquentes limitados à adolescência” (Moffitt, 1993) ou “delinquentes de duração limitada” (Loeber & Stouthamer-Loeber, 1998). Krohn, Thornberry, Rivera e Le Blanc (2001), pegando na distinção entre estes dois grupos de delinquentes, demonstraram que os delinquentes de início precoce tinham quarenta vezes mais probabilidade que os delinquentes de início tardio de se tornarem criminosos persistentes e cometiam entre 40% a 700% mais crimes.

As definições operacionais da idade de início precoce na atividade criminal geralmente especificam que esta inicie antes dos 11 anos ou 12 anos (Parker & Morton,

2009), apesar de haver autores que recomendam que o ponto de corte se situe mais tarde nos 14 anos (e.g., Tibbetts & Piquero, 1999). Já o DSM-IV-TR (American Psychiatric Association, 2000) opta por um ponto de corte aos 10 anos, reconhecendo explicitamente que as diferentes idades de início na atividade criminal têm implicações importantes nas trajetórias de desenvolvimento. No DSM-IV-TR são estabelecidos dois subtipos de Perturbação do Comportamento (PC): um subtipo de início na infância antes dos 10 anos (associado a maior frequência de comportamentos agressivos e relações sociais disfuncionais), e um subtipo de início na adolescência após os 10 anos. Frick e Moffitt (2010) propuseram recentemente a criação de um subtipo de PC adicional em que a criança ou adolescente seria caracterizada por fraco sentido de culpabilidade, baixa empatia e grande insensibilidade emocional às outras pessoas.

Apesar dos avanços nas investigações com os ofensores do gênero masculino, já os modelos teóricos e empíricos que descrevem o desenvolvimento dos comportamentos antissociais em raparigas adolescentes têm sido bem mais escassos, levantando-se a questão de as descobertas que têm vindo a ser feitas serem ou não também válidas para elas. Os fatores de risco têm sido identificados principalmente no que concerne aos rapazes e pouco é conhecido acerca dos precursores, fatores etiológicos e correlatos da delinquência juvenil feminina (Wong, Slotboom, & Bijleveld, 2010). Esta escassez de conhecimento sobre as trajetórias de desenvolvimento deve-se parcialmente à mais baixa incidência da atividade criminal entre o sexo feminino por comparação ao sexo masculino, especialmente em idades mais novas. A escassez de investigação em raparigas também pode ser devida à falta de consenso acerca de como definir e avaliar o comportamento antissocial feminino, com abordagens divergentes nos campos da psiquiatria, psicologia e criminologia (Hipwell et al., 2002).

Silverthorn e Frick (1999), após reverem a escassa investigação efetuada com raparigas, sugeriram que tanto o início precoce na atividade criminal (infância) como o início tardio na atividade criminal (adolescência) não podem ser aplicados às raparigas sem serem alvo de modificações substanciais. Estes autores propuseram que as raparigas antissociais seguem uma terceira trajetória de desenvolvimento que denominaram por trajetória de início adiado. O seu modelo assume que muitos dos mecanismos patogénicos que podem contribuir para o desenvolvimento dos comportamentos antissociais em raparigas (e.g., défices neuro-psicológicos e cognitivos, ambiente familiar disfuncional, traços CU) podem estar presentes na infância mas não levam a comportamentos antissociais graves explícitos até à adolescência. Concluem que a trajetória de início adiado nas raparigas é análoga à trajetória de início precoce nos rapazes e que não existe nenhuma trajetória nas raparigas análoga à trajetória de início tardio nos rapazes.

Alguns estudos (e.g., Gottfredson & Hirshi, 1990) têm argumentado que os ofensores que se iniciaram precocemente na atividade criminal tendem a ter certas características de personalidade, como falta de autocontrolo, que podem ser associadas à criminalidade persistente. Tais características seriam fortes percussores de uma carreira criminal de início precoce dado que os sujeitos não teriam capacidade de resistir às oportunidades de cometer crimes com as quais se deparam no seu dia-a-dia. Por exemplo, Carroll et al. (2009) investigaram diferenças nos níveis de impulsividade entre jovens delinquentes precoces, tardios e não-delinquentes, tendo concluído pela existência de diferenças significativas entre delinquentes e não-delinquentes. Todavia, estes autores não encontraram diferenças entre delinquentes precoces e delinquentes tardios, o que atribuíram à falta de potência dos testes estatísticos causada pela pequena dimensão da amostra utilizada. Também Pratt e Cullen (2000) obtiveram dados consistentes com o modelo de baixo autocontrolo e apoiam a ideia de que os sujeitos que demonstram na

infância propensões para a impulsividade e para o fraco controlo inibitório são os mesmos sujeitos com tendências criminais ao longo da vida.

Savage (2009) efetuou uma revisão de literatura sobre os preditores do início precoce na atividade criminal em que incluiu as seguintes variáveis: comportamentos antissociais antecedentes, fatores de personalidade (avaliada na infância), conflito parental, sintomas de défice de atenção com hiperatividade, nível socioeconómico baixo, stresse, apoio parental precoce baixo, qualidade de cuidados baixa, comportamento de internalização, indisponibilidade psicológica da mãe, negligência, abuso físico, separação de um dos pais, morte de um dos pais, influência de grupo de pares delinquentes, fatores biológicos e genéticos. Nem todos estes fatores associados ao início precoce estavam também relacionados com a persistência na atividade criminal (e.g., separação de um dos pais). Esta autora concluiu que, de todos as variáveis analisadas na literatura, os comportamentos antissociais antecedentes eram o melhor preditor do início precoce na atividade criminal.

Segundo Savage (2009), tornou-se praticamente consensual que o início precoce na atividade criminal é inequivocamente o preditor mais importante da criminalidade grave, violenta, diversificada e persistente ao longo da vida, independentemente das populações analisadas e das medidas de criminalidade utilizadas (e.g., dados oficiais, autorrelato). Atualmente praticamente todos os criminologistas reconhecem que os delinquentes mais graves e persistentes iniciam precocemente a sua carreira criminal e que são qualitativamente diferentes dos restantes, sendo tal geralmente válido independentemente da etnia, género ou classe social. Infelizmente, entre os investigadores não existe uma operacionalização consensual em termos de definição e medição da variável início precoce na atividade criminal nem consenso quanto às causas fundamentais que a desencadeiam – tais aspetos continuam em aberto.

De acordo com Salekin (2006), continua por esclarecer como é que o fenómeno da psicopatia se pode enquadrar nas tipologias de trajetórias delinquenciais que têm vindo a ser estudadas (e.g., Moffitt, 1993). Apesar de a descrição dos delinquentes persistentes de início precoce poder ser potencialmente aplicável aos jovens com traços psicopáticos elevados, as evidências empíricas continuam a ser escassas e inconsistentes, além de que não tem havido muitas investigações sobre este tópico. Vincent, Vitacco, Grisso e Corrado (2003) demonstraram a partir de análise de *clusters* que as diversas facetas da psicopatia (e.g., afetiva, interpessoal) se podem agrupar em mais de dois grupos distintos de delinquentes juvenis que não eram facilmente sobreponíveis com as tipologias descritas na literatura. Moffitt et al. (2002), utilizando comparações dos resultados de jovens com 26 anos de idade que participaram no estudo longitudinal de Dunedin, concluiu que os adolescentes de início precoce na atividade criminal demonstravam ter traços psicopáticos mais elevados, comportamentos delituosos mais violentos e maior consumo de substâncias estupefacientes.

Frick et al. (1999) propuseram uma trajetória de desenvolvimento da perturbação psicopática que é especialmente aplicável a jovens com início precoce na atividade criminal (Moffitt, 1993; Moffitt & Caspi, 2001). Estes autores sugerem que os comportamentos antissociais de jovens com pontuações altas em traços calosos/não-emocionais (CU) são qualitativamente diferentes dos jovens com problemas de comportamento mas sem os ditos traços CU, nomeadamente: uma busca de sensações mais intensa (Frick, Kimonis, Dandreaux, & Farrel, 2003), um estilo de resposta mais dominado pelas recompensas e maiores défices no processamento de estímulos emocionais negativos (Kimonis, Frick, Fazekas, & Loneyet, 2006; Loney, Frick, Clements, Ellis, & Kerlinet, 2003).

Os estudos que analisaram as associações entre as pontuações nas *rating scales* de psicopatia (PCL-R modificada e PCL:YV) e a idade de início na atividade criminal e primeiro problema com a lei têm demonstrado algumas inconsistências, embora a tendência geral seja de se encontrarem correlações significativas. Brandt, Kennedy, Patrick e Curtin (1997) encontraram uma correlação significativa entre as pontuações modificadas do PCL-R e a idade da primeira detenção pelas autoridades policiais. Forth (1995) encontrou correlações significativas entre a PCL:YV e o autorrelato de crimes violentos ($r = -.26$) e não violentos ($r = -.33$), sendo que a idade média de início na atividade criminal foi de 9 anos para os jovens que pontuavam alto na PCL:YV e de 12 anos para os que pontuavam baixo. Vincent et al. (2003) relataram que os ofensores do sexo masculino que pontuavam alto na PCL:YV tinham recebido as primeiras sentenças judiciais mais precocemente que os que pontuavam baixo. Na revisão de 5 outros estudos efetuada por Forth, Kosson e Hare (2003) foram encontradas correlações significativas ($r = -.25, -.35, -.46, -.32$ e $-.30$) entre psicopatia e a idade da primeira detenção. Já Kosson, Cyterski, Steuerwald, Neumann e Walker-Matthews (2002) não encontraram quaisquer correlações entre a idade do primeiro problema com a lei e as pontuações no PCL:YV, e também Salekin, Brannen, Zalot, Leistico e Neumann (2006) não encontraram uma relação significativa entre a idade de início dos comportamentos antissociais e as pontuações na PCL:YV.

Relativamente às escalas de autorresposta que medem traços psicopáticos (Lilienfeld & Fowler, 2006) os resultados também têm sido inconclusivos. O *Youth Psychopathic Traits Inventory* (YPI; Andershed, Kerr, Stattin, & Levander, 2002) não demonstrou estar associado à idade do primeiro encontro com a lei ($r = .11$), à quantidade de delitos ($r = -.09$) ou à quantidade de delitos contra pessoas ($r = .12$). Outros autores, pelo contrário, encontraram associações entre pontuações em escalas de autorresposta de

psicopatia e variáveis criminais. Poythress et al. (2006) examinaram a associação entre índices de conduta criminal e o YPI e a versão de autorresposta do *Antisocial Process Screening Device* (APSD-SR; Muñoz & Frick, 2007) em jovens detidos de ambos os sexos, sendo que tanto o YPI como o APSD-SR estavam moderadamente correlacionados com a idade de início na atividade criminal (respetivamente -.28 e -.29) e com atos delituosos autorrelatados cometidos no ano anterior (.44). Também Murrie et al. (2004) encontraram correlações entre o APSD-SR e o *Millon Adolescent Clinical Inventory* (MACI) com a detenção dos jovens por crimes violentos (respetivamente $r_{pb} = .22$ e $r_{pb} = .18$).

Etnicidade e traços psicopáticos

A etnicidade pode ser definida como uma identidade de grupo comum baseada na nacionalidade, língua ou outros fatores culturais/demográficos. A raça pode ser definida pelo conjunto das características biológicas/físicas (e.g., tom da pele, forma da face) que são partilhadas pelos elementos de um grupo, mas esta é também é um constructo social determinado historicamente (Betancourt & Lopez, cit. Verona e tal, 2010; Sullivan & Kosson, 2006). Ambos os termos são frequentemente utilizados como sinónimos, o que provoca confusão conceptual em termos investigativos. Por exemplo: os membros de um determinado grupo étnico podem não partilhar certas características físicas, mas partilham efetivamente a mesma herança cultural. Ambos os termos, por sua vez, devem ser diferenciados do conceito de classe social, com o qual são frequentemente confundidos.

A maioria da investigação feita sobre psicopatia foi efetuada na América do Norte com homens adultos de ascendência europeia detidos, o que levanta desde logo a questão

do constructo ser ou não generalizável a outras populações. Muitos dos estudos feitos sobre psicopatia com delinquentes juvenis incluíram uma proporção substancial de minorias étnicas, especialmente afro-americanos, todavia apenas uma pequena minoria de estudos tentou analisar a estrutura fatorial dos instrumentos que medem a psicopatia (e.g., PCL:YV; APSD) e a sua validade preditiva nessas minorias. Além disso, os estudos que o fizeram tendem a apresentar limitações metodológicas acentuadas, como, por exemplo, não tentarem controlar o efeito moderador do estrato socioeconómico.

A literatura sobre a relação entre etnicidade e psicopatia, que é ainda relativamente escassa, tem proporcionado algumas evidências de que a psicopatia é um constructo potencialmente generalizável a diferentes grupos étnicos apesar de poderem haver variações na forma específica como traços se manifestam (e.g., Shepherd, Luebbers, & Dolan, 2012). Devido a que relativamente poucos estudos investigaram a estrutura fatorial dos instrumentos que medem a psicopatia juvenil e a validade preditiva nas minorias étnicas, torna-se difícil chegar a conclusões consistentes no que diz respeito à capacidade de generalização do constructo a essas minorias. Já a sistemática falta de investigação sobre a relação entre género, etnicidade e psicopatia faz com que a interseção destas áreas permaneça basicamente uma terra de ninguém em termos investigativos. Sem um conhecimento sólido do papel dos traços psicopáticos desempenham no início e na manutenção da criminalidade em minorias étnicas e em raparigas torna-se difícil projetar e aplicar planos de intervenção eficazes para estes grupos.

A investigação feita com jovens brancos e negros em amostras norte-americanas sugere que estruturas fatoriais comparáveis emergem relativamente à PCL:YV (Forth, Kosson, & Hare, 2003). Jones, Cauffman, Miller e Mulvey (2006) evidenciaram que os modelos de três e de quatro fatores da PCL:YV se ajustam moderadamente bem com os jovens delinquentes graves e violentos negros mas se ajustam de forma insatisfatória

quando se trata de jovens latinos provenientes da mesma amostra. Tal indica que alguns ajustamentos na estrutura fatorial poderão ser necessários com algumas minorias étnicas. Todavia, estudos adicionais são necessários para demonstrar que existe suficiente consistência intercultural para justificar o uso sistemático das medidas de psicopatologia juvenil em minorias étnicas.

Outros estudos analisaram diferenças na prevalência de traços psicopáticos em jovens provenientes de minorias étnicas. McCoy e Edens (2006) realizaram uma meta-análise de 16 estudos ($N = 2199$ participantes) que compararam o nível de traços psicopáticos, medidos por instrumentos da família da PCL, em jovens norte-americanos brancos e negros, tendo evidenciado uma diferença média muito pequena mas ainda assim estatisticamente significativa ($p = .03$). Tal diferença equivalia aos jovens negros pontuarem 1.5 pontos acima dos jovens brancos numa escala de 40 pontos (i.e., uma magnitude de efeito geral muito pequena). Apesar de haver alguma variabilidade significativa entre os estudos examinados, tais resultados não apoiam um viés racial generalizado na avaliação da psicopatologia em adolescentes negros, pelo menos tal como medida pela PCL:YV. Todavia, dada a base de investigação limitada relativamente a jovens de minorias étnicas, estes autores advertem fortemente contra a elaboração de inferências tendo por base as pontuações na PCL:YV nestas populações pouco investigadas.

Edens et al. (2006), através da revisão de literatura que efetuaram, concluem que existe uma certa tendência para que a PCL seja útil em termos de validade preditiva com jovens de ascendência europeia de diferentes nacionalidades (americanos, canadianos, ingleses), mas que esta apresenta limitações consideráveis quando se trata de jovens provenientes de minorias étnicas. Os estudos disponíveis ao nível da validade preditiva, todavia, estão longe de poderem levar a conclusões gerais sólidas e consistentes. Por

exemplo, Greton et al. (cit. Edens et al., 2006), utilizando uma amostra de jovens canadianos (79% brancos e 19% nativos-americanos) num estudo longitudinal que decorreu ao longo de 10 anos encontraram uma correlação de .32 entre a PCL:YV e a reincidência violenta. Já Edens e Cahill (2007), num estudo longitudinal em que analisaram a reincidência criminal em jovens ($N = 67$) provenientes de diversas etnias (43% afro-americanos, 30% hispânicos, 25% americanos de ascendência europeia), não conseguiram prever a reincidência geral e a reincidência violenta ao longo do período de 10 anos, o que coloca em questão a utilidade da PCL:YV nas amostras com maior proporção de minorias étnicas.

Olver, Stockdale e Wormith (2009) realizaram uma meta-análise de 49 estudos ($N = 8746$ participantes) tendo em mente a precisão preditiva em termos de reincidência de três instrumentos: *Psychopathy Checklist: Youth Version* (PCL:YV), *Youth Level of Service / Case Management Inventory* (YLS/CMI) e *Structured Assessment of Violence Risk for Youth* (SAVRY). Nenhum dos instrumentos analisado demonstrou ser superior aos outros em termos da predição de reincidência, sendo que no caso da PCL:YV a validade preditiva não variava de acordo com a etnicidade e o género dos participantes.

Shepherd, Luebbers e Dolan (2012) fizeram recentemente uma revisão da literatura de 50 estudos sobre três instrumentos proeminentes no âmbito da avaliação de risco em delinquentes juvenis, nomeadamente PCL:YV, SAVRY e YLS/CMI, e a sua respetiva capacidade de prever precisamente a reincidência entre diferentes grupos étnicos e géneros. Estes autores concluíram que a PCL:YV demonstra geralmente resultados encorajadores na predição da reincidência violenta e não-violenta em amostras constituídas por minorias étnicas de origem negra e latina. Todavia, as suas conclusões não foram absolutamente consensuais (e.g., Edens, Campbell, & Weir, 2006) e estes

autores alertaram para a necessidade de haver mais investigação com amostras maiores de participantes não-brancos e com raparigas.

O padrão geral de resultados encontrados por McCoy e Edens (2006), Olver et al. (2009) e Shepherd et al. (2012) foram bastante consistentes com as meta-análises e meta-revisões efetuadas por Skeem, Edens, Camp e Colwell (2004), Leistico, Salekin, DeCoster e Rogers (2008) e por Singh e Fazel (2010), que examinaram diferenças entre grupos de adultos de diversas minorias étnicas. Estes autores concluíram que as diferenças eram basicamente negligenciáveis, apesar de reconhecerem a existência de alguma heterogeneidade entre os efeitos e em alguns casos os efeitos de país e raça serem altamente colineares.

Podemos concluir que parece ser muito difícil sustentar a posição de que existem diferenças étnicas grandes e estáveis na psicopatia, pelo menos enquanto operacionalizada pelos instrumentos da família PCL; todavia estes instrumentos não constituem a única operacionalização possível dos traços psicopáticos entre jovens. Outras escalas de psicopatia estão disponíveis, tais como o *Antisocial Process Screening Device* (APSD; Frick & Hare, 2001), a *Child Psychopathy Scale* (CPS; Lynam, 1997) e o *Youth Psychopathic Traits Inventory* (YPI; Andershed, Kerr, Stattin, & Levander, 2002).

São necessários mais estudos que investiguem também jovens não-detidos com múltiplas medidas de psicopatia e que empreguem diferentes métodos de avaliação (*rating scales* versus autorresposta). As amostras forenses, apesar de apresentarem percentagens mais altas de psicopatas, têm geralmente a desvantagem de incluírem mais proporções de minorias étnicas de baixo estrato socioeconómico – o que fomenta o aumento do pernicioso efeito de moderação na investigação. A escolha do instrumento de investigação também tem representa um problema metodológico dados que diferentes

instrumentos nem sempre apresentam as desejáveis boas qualidades a nível das propriedades psicométricas (e.g., estrutura fatorial, consistência interna).

O APSD tem vindo progressivamente a tornar-se a medida mais utilizada a nível internacional (Johnstone & Cooke, 2004; Patrick, 2010; Sharp & Kine, 2008). As investigações interculturais feitas com o APSD sobre a variância estrutural da psicopatia juvenil alargaram-se recentemente a outros países além dos EUA e do Canadá. Dadds, Fraser, Frost e Hawes (2005) examinaram a estrutura fatorial do APSD na Austrália e evidenciaram que a solução de três fatores composta por traços calosos/não emocionais, narcisismo e impulsividade tinha o melhor ajustamento aos dados. Já Enebrink, Anderson e Langstrom (2005) na Suécia, utilizando uma amostra de rapazes com problemas comportamentais e emocionais, revelaram que a solução de dois fatores (i.e., CU, I-CP ou Nar-Imp) se ajustava melhor aos dados que a de três fatores. Pechorro, Marôco, Poiares e Vieira (2013) em Portugal também demonstraram numa amostra mista forense e comunitária constituída por rapazes e raparigas que a solução de dois fatores era a mais adequada desde o ponto de vista psicométrico.

Apesar da frequência cada vez maior da sua utilização, poucos estudos utilizando o APSD investigaram especificamente a relação entre a psicopatia e etnicidade, pelo que as evidências preliminares são ainda bastante inconclusivas. Algumas investigações (e.g., Barry, Barry, Deming, & Lochman, 2008; Christian, Frick, Hill, Tyler, & Frazer, 1997) não encontraram evidências que suportassem a presença de diferentes traços psicopáticos entre grupos étnicos, enquanto outras (e.g., Frick, Lilienfeld, Ellis, Loney, & Silverthorn, 1999; Frick, Bodin, & Barry, 2000; Frick, Cornell, Bodin, Dane, Barry, & Loney, 2003) encontraram evidências que apoiavam a existência de traços psicopáticos mais elevados nas minorias étnicas (principalmente em participantes afro-americanos), especificamente na dimensão de traços CU.

Género e traços psicopáticos na infância e adolescência

Pouca investigação tem sido feita relativamente à delinquência juvenil em raparigas, apesar de as raparigas com menos de 18 anos de idade constituírem um dos segmentos da população criminal que mais cresce a nível internacional (Leve & Chamberlain, 2004; Porter, 2000). A violência cometida por raparigas e contra raparigas tem aumentado substancialmente em anos recentes, tanto a nível de frequência como de gravidade (Cauffmann, Lexcen, Goldweber, Shulman, & Grisso, 2007; Thomas, 2005).

Conforme já foi referido anteriormente, os modelos teóricos e empíricos que procuram descrever os comportamentos antissociais em raparigas são relativamente escassos, sendo que os fatores de risco têm sido descritos principalmente relativamente aos rapazes (Wong, Slotboom, & Bijleveld, 2010). Pouco se sabe sobre os percussores, fatores etiológicos e correlatos da delinquência juvenil no feminino. Esta escassez de conhecimentos sobre as trajetórias delinquenciais femininas pode ser em parte atribuível à menor prevalência de atividade criminal entre o género feminino, especialmente quando se trata de adolescentes.

Apesar de Cleckley (1976) ter defendido que a psicopatia também ocorre em mulheres, até recentemente muito pouca atenção tem sido dada à questão da validade da aplicabilidade do constructo da psicopatia em mulheres e sobre o desenvolvimento de fatores etiológicos e de síndromas diagnósticos aplicados à psicopatia e ao comportamento antissocial feminino (Verona & Vitale, 2006). O atual estado de investigação da psicopatia não será de estranhar dado que os investigadores têm feito uma adaptação descendente do constructo da psicopatia, originalmente desenvolvido em homens adultos, para as mulheres, para os adolescentes e para as crianças. A escassez de investigação é especialmente notória em adolescentes e crianças do sexo feminino, mas também em mulheres.

Poucos estudos investigaram especificamente a questão da aplicabilidade do constructo da psicopatia em raparigas, apesar de se continuarem a acumular as evidências quanto à sua utilidade nos adolescentes do género masculino. Existem algumas evidências limitadas (e.g., Charles, Acheson, Mathias, Furr, & Dougherty, 2012) de que a psicopatia se expressa de forma diferentes nas raparigas e nas mulheres adultas. Uma análise mais detalhada dos estudos que investigaram o papel dos traços psicopáticos em adolescentes revela que geralmente estes incluem um número bastante baixo de raparigas institucionalizadas, nomeadamente entre 11% a 22% das amostras totais (Frick, 1998, Frick, O'Brien, Wootton, & McBurnett, 1994).

Ainda se está bastante longe de se poder afirmar que a estrutura de funcionamento do constructo é idêntica entre os géneros masculino e feminino, independentemente dos escalões etários em que nos focuemos. Poucos estudos investigaram como as medidas de psicopatia funcionam a nível de potenciais diferenças entre géneros na adolescência, mas algumas evidências preliminares (e.g., Frick, Barry, & Bodin, 2000) indicam que poderão haver semelhanças, mas a nível da estrutura fatorial a solução de dois fatores poderá ser a mais adequada quando se trata de raparigas.

O tópico tem sido de tal forma menosprezado que alguns estudos chegam ao ponto de excluir as participantes adolescentes do género feminino em vez de as valorizarem. Por exemplo, Vincent, Vitacco, Grisso e Corrado (2003) tentaram identificar subtipos de delinquentes juvenis a partir da *Psychopathy Checklist: Youth Version* (PCL:YV), e, apesar da amostra total recolhida ($N = 441$) conter tanto rapazes ($n = 326$) como raparigas ($n = 115$), excluíram as raparigas devido a alegadas “escassas evidências quanto à validade da PCL:YV com raparigas”!

Os problemas metodológicos que afetam a investigação da forma como a psicopatia se manifesta em rapazes e raparigas são substanciais, e vale a pena enumerá-

los (Verona et al. 2010). As inconsistências detetadas em alguns estudos podem dever-se a não se estarem a identificar e diferenciar corretamente diversas variáveis cruciais, nomeadamente: o período de desenvolvimento em que a avaliação é feita (infância *versus* adolescência), o tipo de amostragem (comunitária *versus* forense), as diversas dimensões da psicopatia a serem avaliadas (e.g., impulsividade *versus* traços calosos/não-emocionais), os instrumentos utilizados (PCL:YV *versus* APSD) e os respetivos métodos de avaliação (*rating scale versus* autorresposta).

Relativamente ao período de desenvolvimento em que a avaliação é feita pode colocar-se a questão metodológica de os traços psicopáticos na infância serem mais precoces e salientes nos rapazes, enquanto no que diz respeito à amostragem é possível que nas amostras comunitárias as diferenças entre os sexos sejam mais salientes dado que é sabido que os problemas de comportamento são consideravelmente mais prevalentes em rapazes (Kazdin, 1996). No que diz respeito às dimensões a serem avaliadas, é possível que existam diferenças entre os sexos dado que, por exemplo, tradicionalmente se consideram os rapazes como sendo mais impulsivos. No que concerne aos instrumentos é comum utilizar-se o APSD (Frick & Hare, 2001) com crianças e o PCL:YV (Forth, Kosson & Hare, 2003) com adolescentes, sendo que tal pode afetar a medição do constructo da psicopatia e conseqüentemente a sua prevalência.

Outro problema metodológico está relacionado com o facto de que se têm vindo a conceber os instrumentos psicométricos que medem o constructo da psicopatia tendo em mente as características do sexo masculino, deixando de lado aspetos específicos da forma com a síndrome se manifesta no sexo feminino. Salekin et al. (cit. Verona, et al., 2010) evidenciaram isso ao concluírem que uma grande maioria de itens retirados de diversos instrumentos utilizados para avaliar a psicopatia na adolescência eram identificados sobretudo com o sexo masculino, enquanto formas de agressão encobertas

típicas do sexo feminino, tais como agressão relacional ou utilização da sua rede social para causar mal, estavam claramente sub-representadas.

Seguidamente são analisados alguns dos poucos estudos que focam a questão da psicopatia em crianças e adolescentes do sexo feminino. Frick, O'Brien, Wootton e McBurnett (1994), utilizando o APSD numa amostra clínica ($N = 95$) de crianças apenas encontraram diferenças na dimensão impulsividade/perturbação do comportamento (I-CP), sendo que os rapazes obtiveram resultados significativamente mais altos. As pontuações na dimensão I-CP estavam altamente relacionadas com medidas tradicionais de perturbação do comportamento, enquanto as pontuações derivadas da dimensão CU demonstravam ter associações com diversos critérios de psicopatia (e.g., busca de sensações) e comportamentos antissociais. Os autores consideraram que as características psicopáticas de personalidade e os problemas de comportamento são constructos independentes mas correlacionados que interagem mutuamente.

Frick, Bodin e Barry (2000), utilizando uma amostra escolar ($N = 1136$) de crianças, demonstraram a existência de uma estrutura tridimensional no APSD e encontraram diferenças entre rapazes e raparigas nas dimensões traços calosos/não-emocionais e narcisismo, sendo os resultados dos rapazes significativamente mais elevados. As dimensões narcisismo e impulsividade estavam altamente relacionadas com sintomas de perturbação do comportamento, de défice de atenção e hiperatividade e perturbação da oposição.

Pardini, Lochman e Frick (2003), utilizando uma amostra forense ($N = 169$) constituída por adolescentes detidos, procuraram clarificar a relação entre a estrutura bidimensional do APSD com os problemas sociocognitivos dos adolescentes institucionalizados. Estes autores evidenciaram que as raparigas da sua amostra obtinham resultados significativamente mais elevados na dimensão I-CP. Os traços CU,

por sua vez, estariam relacionados com baixo mal-estar emocional e um padrão específico de processamento da informação social.

Campbell, Porter e Santor (2004) utilizaram a PCL:YV para avaliar uma amostra forense ($N = 226$) de adolescentes de ambos os sexos detidos por decisão dos tribunais. Não foram encontradas diferenças entre rapazes e raparigas relativamente aos fatores 1 e 2 da PCL:YV. As pontuações mais altas no APSD estavam positivamente associadas com delinquência autorrelatada e comportamento agressivo, mas não com dificuldades emocionais.

Salekin, Leistico, Trobst, Schrum e Lochman (2005) avaliaram adolescentes detidos ($N = 114$) de ambos os sexos utilizando três medidas de psicopatia, nomeadamente o *Antisocial Process Screening Device* (APSD), a *Psychopathy Checklist - Youth Version* (PCL:YV) e a *Child Psychopathy Scale* (CPS). Não foram encontradas diferenças estatisticamente significativas entre rapazes e raparigas relativamente a estas três medidas. Todavia, foi encontrada alguma associação entre duas das medidas e características de neuroticismo, o que indicia que a ansiedade e a preocupação podem acompanhar o desenvolvimento da psicopatia nas suas fases iniciais.

Dadds, Fraser, Frost e Hawes (2005) utilizaram uma amostra de crianças de ambos os sexos para analisarem o papel dos traços calosos/não-emocionais como percussores da perturbação do comportamento e dos comportamentos antissociais. Foram encontradas diferenças entre rapazes e raparigas relativamente à pontuação do APSD total, tendo os rapazes valores significativamente mais altos. Os autores consideraram que apesar das dimensões do APSD se sobreporem às dimensões das perturbações disruptivas do comportamento, os traços calosos têm uma validade preditiva única na infância.

Marsee, Silverthorn e Frick (2005) investigaram a associação de traços psicopáticos com agressão e com delinquência numa amostra comunitária constituída

por 86 rapazes e 114 raparigas. Os rapazes apresentaram valores significativamente mais elevados que as raparigas no APSD total. Não foram encontradas diferenças significativas entre as associações das três dimensões do APSD com a agressão e a delinquência, sendo que a única diferença clara foi a associação mais forte entre os traços psicopáticos e a agressão relacional para as raparigas.

Schrum e Salekin (2006) utilizaram a teoria item-resposta (IRT) para avaliar a aplicabilidade do PCL:YV recorrendo a uma amostra de adolescentes detidas. De forma consistente com a investigação prévia, os aspetos interpessoais e afetivos da psicopatia forneceram mais informação que os aspetos comportamentais, destacando-se o papel dos aspetos interpessoais. As raparigas obtiveram valores significativamente mais baixos relativamente à pontuação na PCL:YV.

Baker, Jacobson, Raine, Lozano e Bezdiyan (2007) examinaram as influências genéticas e ambientais sobre o comportamento antissocial e agressivo numa amostra de gémeos (idade 9 a 10 anos) do sexo masculino e feminino. Os rapazes demonstraram obter resultados significativamente mais elevados em traços psicopáticos medidos na escala CPS. As análises multivariadas efetuadas pelos autores revelaram que o fator relativo ao comportamento antissocial e agressivo tinha uma carga hereditária bastante forte (nomeadamente de .96).

Penney e Moretti (2007) analisaram a relação entre as características da psicopatia medidas pela estrutura tridimensional da PCL:YV e os comportamentos agressivos e antissociais numa amostra ($N = 142$) de adolescentes em risco de ambos os sexos. As medidas dependentes foram aumentadas para incluir formas de agressão físicas e relacionais. Os rapazes obtiveram valores significativamente mais altos em duas das dimensões da PCL:YV e na terceira não se encontraram diferenças significativas. Os resultados indicaram que os défices no componente afetivo estavam consistentemente

relacionados com agressão tanto nos rapazes como nas raparigas.

Rucevic (2010) investigou a associação de traços psicopáticos com delinquência violenta *versus* não-violenta, versatilidade criminal e comportamentos sexuais de risco numa amostra comunitária de rapazes ($n = 226$) e raparigas ($n = 480$). Os rapazes pontuaram significativamente mais alto nas dimensões de Grandiosidade-Manipulação e Traços Calosos/não-emocionais do YPI, mas não foram encontradas diferenças na dimensão de Impulsividade-Irresponsabilidade. Todavia, os resultados demonstraram que a dimensão Impulsividade-Irresponsabilidade tinha uma maior influência nos comportamentos sexuais de risco das raparigas, enquanto para os rapazes estava associada com delinquência não violenta e versatilidade criminal.

Charles et al. (2012) examinaram a relação entre os traços CU e a capacidade de adaptação de rapazes ($n = 116$) e raparigas ($n = 118$) em risco de comportamentos antissociais cujos pais biológicos tinham antecedentes de abuso de álcool ou de drogas. Os rapazes demonstraram ter pontuações mais elevadas em traços CU, mas foi nas raparigas que se descobriu uma maior relação com a deterioração da capacidade de adaptação. Estes autores sugeriram que os traços psicopáticos na generalidade podem ter mais efeitos negativos na adaptação das raparigas e que os traços CU em particular podem ser os mais nocivos ao deteriorarem as relações interpessoais.

Verona, Sadeh e Javdani (2010) efetuaram uma revisão de estudos sobre prevalência de traços psicopáticos em rapazes e raparigas, tendo concluído que os resultados são inconsistentes: existem estudos que revelam uma maior prevalência nos rapazes, outros revelam uma maior prevalência nas raparigas, enquanto outros não encontram diferenças na prevalência entre rapazes e raparigas. Estas autoras concluíram que as diferenças relativamente aos traços psicopáticos entre rapazes e raparigas se podem dever a artefactos metodológicos dado que as diferenças se esbatem e anulam

quando a amostra é constituída por adolescentes institucionalizados. As diferenças encontradas resumir-se-iam quando muito ao aspeto comportamental da impulsividade, em que os rapazes classicamente tendem a obter pontuações mais elevadas.

Pechorro (2013) e Pechorro et al. (2013) ao reverem a literatura disponível chegaram a conclusões que divergem das de Verona e al. (2010), dado que encontraram uma tendência que aponta para uma maior prevalência de traços psicopáticos em crianças e adolescentes do sexo masculino. Essa tendência, aliás, é a que se encontra consistentemente também em estudos de prevalência de constructos relacionados, como perturbação de comportamento e perturbação antissocial da personalidade, e na própria prevalência de traços psicopáticos e psicopatía em adultos (Verona & Vitale, 2006).

No estudo empírico efetuado por Pechorro et al. (2013) em que se compararam rapazes ($n = 217$) e raparigas ($n = 44$) detidos em Centros Educativos da Direção-Geral de Reinserção e Serviços Prisionais (Ministério da Justiça) quanto a traços psicopáticos, pertença à categoria psicopática, problemas de comportamento, perturbação do comportamento, comportamentos delituosos e gravidade de crimes cometidos. Os resultados demonstraram que as raparigas evidenciavam menos traços calosos/não-emocionais, mais sintomas emocionais, mais comportamentos pro-sociais, menos comportamentos delituosos e menor gravidade de crimes cometidos. Os dados obtidos foram consistentes com a revisão de literatura previamente efetuada por estes mesmos autores.

Objetivos e questões de investigação

A revisão de literatura previamente efetuada permite-nos concluir que certos aspetos do constructo da psicopatia enquanto aplicado a jovens permanecem largamente por investigar a nível internacional. A eventual inter-ligação entre o funcionamento psicopático e modelos estabelecidos empiricamente de trajetórias delinquentiais (e.g., Moffitt, 1993) é um exemplo disso; a potencial aplicabilidade do construto da psicopatia a raparigas pertencentes a minorias étnicas é outro exemplo. Por outro lado, tendo em conta que em certos aspetos do estudo da psicopatia já se avançou mais na investigação a nível internacional, em Portugal, mesmo nesses, existe uma ausência quase total de investigação. O estudo de eventuais diferenças a nível de traços psicopáticos em jovens provenientes de etnias diversas é um exemplo; a aplicabilidade do constructo da psicopatia em jovens portuguesas em contexto forense é outro exemplo.

A presente dissertação teve por objetivos a investigação científica de tópicos da psicopatia juvenil praticamente inéditos em Portugal, nomeadamente a nível das inter-relações entre traços psicopáticos, idade de início na atividade criminal, etnicidade e género em jovens delinquentes. Os estudos empíricos seguintes, publicados em revistas internacionais da especialidade, procuraram dar respostas a questões de investigação tão específicas como: Será que os jovens que se caracterizam por se iniciarem precocemente na atividade criminal têm níveis mais elevados de traços psicopáticos, independentemente do género a que pertençam? Será que existem diferenças a nível de traços psicopáticos entre jovens provenientes de etnias diversas, independentemente do género a que pertençam? Será o constructo da psicopatia aplicável às raparigas portuguesas em contexto forense tal como é aplicável aos rapazes?

2. Manuscrito I

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Psychopathic traits and age of crime onset in male juvenile delinquents

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Abstract

The aim of this study was to examine the role of psychopathic traits in the crime onset age of male juvenile delinquents. A group of early crime onset ($n = 102$), a group of late crime-onset ($n = 102$), and a non-delinquent group ($n = 102$) were formed from a sample of 306 male youths from Portuguese Juvenile Detention Centres and schools. Results showed that early crime onset participants scored higher on psychopathic measures, self-reported delinquency, crime seriousness and conduct disorder than late crime onset participants and non-delinquent participants. Psychopathic-traits scores showed significant associations with age of crime onset, age at first encounter with the law, age of first incarceration, self-reported delinquency, seriousness of crime and conduct disorder.

Keywords: Juvenile delinquency; Psychopathic traits; Conduct disorder; Behaviour problems; Crime onset

Theoretical relevance

According to the literature on juvenile delinquency, the most obvious differences in the frequency and severity of delinquency are age, gender and ethnicity (Farrington, 1986; Moffitt, 1993). The onset of antisocial behaviour is one of the most critical pieces of information in understanding maladaptive behaviours, substance use, alcoholism, delinquency, and criminal justice system involvement; antisocial behaviours that emerge during early and middle childhood are often harbingers of sustained antisocial behaviour that persists through adolescence and endures into adulthood (DeLisi, Beaver, Wright, & Vaughn, 2008; Vaughn & Howard, 2005). Approximately 6% to 8% of males commit an estimated 50% to 70% of general crimes and 60% to 85% of the serious and violent crimes (e.g., Loeber, Farrington, & Waschbusch, 1998; Tolan & Gorman-Smith, 1998). The results of other studies have suggested that this small group was different from other offenders and non-offenders, not only in the harm they imposed and in the age of initiation of criminal behaviour but also in the likelihood of continuing criminal behaviour into adulthood, increasing seriousness of their crimes and the presence of different childhood and adolescent predictors of delinquency and crime

Patterson, Forgatch, Yoerger, and Stoolmiller (1998) showed that high levels of antisocial behaviour in childhood were significantly related to early arrest (before age 14) and that early arrest was significantly related to chronic offenses by age 18. More specifically, these authors found that the majority of chronic offenders (71%) evidenced antisocial behaviour in childhood, followed by early arrests, prior to their continued criminal behaviours. Krohn, Thornberry, Rivera, and Le Blanc (2001), in their review of nineteen career criminal studies conducted between 1940 and 1999, found that early-onset offenders were forty times more likely than late-onset offenders to become habitual criminals and committed between 40% and 70% more criminal acts.

Gottfredson and Hirschi (1990) proposed that low self-control is the critical feature of early crime-onset and criminal personality. These authors maintained that poor parenting fails to instil self-control in early childhood and that the resultant impulsive behaviour is strongly related to a broad array of criminal behaviours throughout life. Moffitt (1993) proposed a developmental taxonomy with two primary prototypes: a) a small number (approximately 5%) of early-onset life persistent offenders who are persistent, pathologic and whose antisocial behaviours originate in neurodevelopmental processes, beginning in childhood and continuing to worsen thereafter; and b) a larger group (approximately 95%) of late-onset adolescent-limited offenders who are near normative and whose involvement in offending behaviours is relatively transient.

Later studies (Moffitt & Caspi, 2001; Moffitt, Caspi, Rutter, & Silva, 2006; Skardhamar, 2009; Stattin, Kerr, & Bergmann, 2010) have mostly confirmed that patterns of offending do differ between early-onset and late-onset offenders. The 5% life-course-persistent offenders seem to account for 50% to 60% of all crimes committed. The remaining 95% of offenders appear to begin their criminal careers later in life, and their offending behaviour tends to be less frequent and violent than that of life-course-persistent offenders. The timing of onset and durability of involvement in offending behaviours differentiates these groups.

Research has revealed several common pathways leading to antisocial and aggressive behaviour (Frick, 2012). Researchers who embrace the age of onset subtyping approach have identified two main groups of offenders: the “early starters” (Patterson, DeBaryshe, & Ramsey, 1989) or “life-course-persistent” offenders (Loeber & Stouthamer-Loeber, 1998; Moffitt, 1993), who commit their first transgression early and persist in offending throughout the lifespan; and the “late starters” (Patterson et al., 1989), “adolescence-limited” offenders (Moffitt, 1993), or “limited duration offenders” (Loeber

& Stouthamer-Loeber, 1998). Operational definitions of early onset of delinquent behaviour generally specify delinquency beginning before age 11 or 12 (Parker & Morton, 2009). The important implications of age-of-onset distinctions is recognised by the two subtypes of Conduct Disorder (CD) in the DSM-IV-TR (American Psychiatric Association, 2000): a childhood-onset type characterised by onset prior to age 10, and an adolescent-onset type characterised by onset after age 10.

Psychopathic traits are associated with a variety of adverse outcomes in adolescence and adulthood. The psychopathy construct (Hare, 2003) is characterised by a constellation of behavioural (e.g., impulsivity, irresponsibility), interpersonal (e.g., manipulation, deceit, egocentricity), affective (e.g., lack of empathy, remorse, or guilt), and antisocial (e.g., poor anger control, serious criminal behaviour) traits. The construct is now well validated among adult males; however, there is controversy surrounding the feasibility of extending this construct to children and adolescents (Seagrave & Grisso, 2002; Sevecke, Lehmkuhl, & Krischer, 2009; Sevecke & Kosson, 2010). Many investigations dedicated to adolescent psychopathy support the existence of correlates that are similar to those observed in adult samples. For example, youth with higher psychopathic traits begin engaging in criminal activities earlier in life, encounter the justice system earlier in life, and have a higher frequency of delinquent behaviours (Pechorro et al., in press).

Despite some evidence that callous/unemotional (CU) traits are most promising for delineating a distinct subgroup of antisocial youth (Caputo, Frick, & Brodsky, 1999), most definitions of psychopathy also include several other dimensions, including impulsivity/irresponsibility and narcissism/grandiosity. Young people with more severe manifestations of these traits reportedly commit a disproportionate amount of crime, are generally more prone to proactive aggression, appear unperturbed when confronted with

the destructive nature of their behaviour, and are more likely to reoffend or resist rehabilitation efforts (Blair, Colledge, Murray, & Mitchell, 2001; Christian et al., 1997; Forth & Burke, 1998; Salekin, Rogers, & Ustad, 2001).

Previous research

Salekin (2006) believes that it is unclear how the phenomenon of psychopathy can be neatly accommodated within Moffitt's (1993) dual subtype scheme. Whereas the description of the early-onset persistent offender has been suggested to apply to young people with psychopathic-like traits, evidence that these individuals fit into this offender subgroup is inconsistent. According to Vincent, Vitacco, Grisso, and Corrado (2003), from a cluster analysis of the distinctive facets of the construct of psychopathy (i.e., affective, interpersonal, and behavioural), there may be more than two distinctive juvenile offender subtypes. Carroll et al. (2009) researched the differences in levels of impulsivity among early-onset, late-onset, and non-offending youths. Offender and non-offender groups showed significant differences on several measures of impulsivity, but no relevant statistically significant differences were found between the early-onset and the late-onset groups.

However, consistent with Gottfredson and Hirschi's (1990) model of low self-control, some studies (e.g., Pratt & Cullen, 2000) support the concept that individuals who show childhood propensities toward impulsivity and poor inhibitory control are the same individuals who show persistent life course criminality and propensity for deviance. Moffitt et al. (2002) reported comparisons on the outcomes of 26-year-old males who participated in the Dunedin longitudinal study. When compared to adolescent-onset delinquents, the childhood-onset delinquents had elevated psychopathic personality traits,

substance dependence, and violent crime. Gao et al. (2010) examined the cross-sectional relationship between early parental bonding and psychopathic personality at age 28 in a community sample of males and females. These authors concluded that dysfunctional parental bonding was associated with an increase in psychopathy in adulthood.

The findings on the association of age of onset of criminal conduct and its psychopathy scores have been inconsistent. For example, Vincent et al. (2003) reported that male young offenders who scored high on the Psychopathy Checklist – Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003) received their first convictions at significantly younger ages than those with lower scores. Brandt, Kennedy, Patrick, and Curtin (1997) used modified PCL-R scores in their finding of a significant correlation of age with first arrest. Furthermore, Salekin, Brannen, Zalot, Leistico, and Neumann (2006) found a negative relationship between the age of onset of antisocial behaviour and PCL:YV scores, although the relationship was not statistically significant. Moreover, no significant correlation with age at first encounter with the law and PCL:YV scores was found by Kosson, Cyterski, Steuerwald, Neumann, and Walker-Matthews (2002).

With respect to self-report psychopathy scales (Lilienfeld & Fowler, 2006), the Youth Psychopathic Traits Inventory (YPI; Andershed, Kerr, Stattin, & Levander, 2002) was not related to age at first encounter ($r = .11$), number of offenses ($r = -.09$), or number of person-related offenses ($r = .12$). In contrast, other researchers have reported an association between self-report psychopathy scales and criminal conduct. For example, Poythress and colleagues (2006) examined the association between indices of criminal conduct and the YPI, and the self-report version of the Antisocial Process Screening Device (APSD; Muñoz & Frick, 2007) in a sample of 165 male and female youth in a juvenile detention program. A self-report delinquency scale assessed whether the youth had committed 23 different delinquent behaviours in the past year and the age of onset of

these behaviours. Both the YPI and the APSD were moderately correlated with indices of past-year offending (both scales correlated at .44). The earliest age of onset for any delinquent behaviour was associated with both the APSD and YPI (−.29 for the APSD and −.28 for the YPI total scores). In addition, Murrie and colleagues (2004) reported that APSD ($r_{pb} = .22$) and Millon Adolescent Clinical Inventory (MACI; $r_{pb} = .18$) scores were associated with whether the youth had been adjudicated for a violent offense.

The correlation between the age of criminal onset and juvenile psychopathy is an important area of study, but there is a lack of research on this topic, especially with European samples. The present report is the first study examining the age of criminal onset and juvenile psychopathic traits in Portuguese male youths. The aim of this study was to test two main hypotheses: a) early crime onset participants will score higher on psychopathic traits, psychopathy taxon, self-reported delinquency, crime seriousness, and conduct disorder than late crime onset participants and non-delinquent participants; b) psychopathic-traits scores, independent of group membership, will be negatively associated with the age of crime onset, age at first encounter with the law, and age of first incarceration in a juvenile detention centre and will be positively associated with self-reported delinquency, seriousness of crime and conduct disorder.

Method

Participants

The final sample, which was composed of 306 male participants recruited from juvenile detention centres ($n = 204$) and schools ($n = 102$), was subdivided to form an early crime onset group ($n = 102$; $M = 15.72$ years; $SD = 1.42$ years; range = 13–20 years), a late crime onset group ($n = 102$; $M = 16.02$ years; $SD = 1.21$ years; range = 13–19

years), and a non-delinquent group ($n = 102$; $M = 15.95$ years; $SD = 1.43$ years; range = 12–20 years). The criterion used to form the early crime onset and the late crime onset groups was based on the self-reported age of crime onset (early onset ≤ 11 years; late onset > 12 years).

Instruments

The Antisocial Process Screening Device–Self-report (APSD-SR; Frick & Hare, 2001; Caputo et al., 1999; Muñoz & Frick, 2007) is a multi-dimensional 20-item measure designed to assess psychopathic traits in adolescents modelled after the Psychopathy Checklist – Revised (PCL-R; Hare, 2003). Each item is scored on a 3-point ordinal scale (Never = 0, Sometimes = 1, Often = 2); higher scores indicate an increased presence of the trait in question. The total score, as well as each dimension’s score, is obtained by adding the respective items. Some studies (e.g., Frick, O’Brien, Wootton, & McBurnett, 1994) have reported two main factors: callous/unemotional traits (CU, tapping interpersonal and affective dimensions of psychopathy, such as lack of guilt and absence of empathy) and an impulsivity/conduct problems factor (I-CP, tapping behavioural aspects of conduct and impulse control problems). Other studies (e.g., Frick, Barry, & Bodin, 2000) reported three main factors: CU traits factor and an I-CP factor, which is subdivided into two further factors, namely narcissism (Nar) and impulsivity (Imp). Higher scores indicate an increased presence of the characteristics associated with each factor. The Portuguese version of the APSD self-report (Pechorro, 2011; Pechorro, Marôco, Poiares, & Vieira, 2013) was used. The internal consistency for the present study, estimated by Cronbach’s alpha, was as follows: APSD-SR total = .75; CU = .57; I-CP = .78.

The Child and Adolescent Taxon Scale (CATS; Harris, Rice, & Quinsey, 1994; Quinsey, Harris, Rice, & Cormier, 2006) is an actuarial rating scale developed from variables related to childhood and adolescent antisocial and aggressive characteristics (e.g., childhood aggression problems, arrested below the age of 16). This scale has eight items scored as either No (0) or Yes (1). The total score is obtained by adding the scores of the items. Higher scores indicate higher psychopathic characteristics. Because CATS is an actuarial scale, no internal consistency reliability was estimated.

The Adapted Self-Reported Delinquency Scale (ASRDS; Carroll et al., 2009) is a self-report measure consisting of 38 items, which assesses adolescent involvement in illegal and antisocial activities. The ASRDS score is obtained by adding the item scores, measured on a 3-point ordinal scale (Never = 0, Sometimes = 1, Often = 2), where higher scores signify greater involvement in criminal activities. The ASRDS version used was validated for the Portuguese population (Pechorro, 2011). ASRDS Internal consistency, estimated by Cronbach's alpha, was .96.

The Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) short composite (MCSDS-SF) version was adapted by Ballard (1992) from the original Marlowe-Crowne scale; it is a composite sub-scale and is currently one of the most used of all the subscales that have been derived from the original MCSDS. A Portuguese version of the MCSDS-SF, translated and adapted for adolescents, was used (Pechorro, 2011). Higher scores indicate higher social desirability. Internal consistency for the present study, in which a 12-item version of the MCSDS-SF, scored either No (0) or Yes (1), was used, estimated by Kuder-Richardson coefficient, was .61.

The classification of the seriousness of delinquency in official reports was guided by the Index of Crime Seriousness (ICS; Wolfgang et al., as cited in White et al., 1994).

Level 0 indicated no delinquency; Level 1 included minor delinquency committed at home, such as stealing minor amounts of money from the offender's mother's purse; Level 2 included minor delinquency outside the home, such as shoplifting an item worth less than €5, vandalism and minor fraud (e.g., not paying bus fare); Level 3 included moderately serious delinquency, such as any theft over €5, gang fighting, carrying weapons, and joyriding; Level 4 included serious delinquency, such as car theft and breaking and entering; and Level 5 included having performed at least two of each of the behaviours in the previous level. Higher levels indicate a higher degree of crime seriousness.

In addition, a questionnaire was constructed with socio-demographic and criminal variables. This measure included questions about participants' age, nationality, ethnic group, rural *versus* urban origin, level of schooling completed, parents' socio-economic status, parents' marital status, nationality, number of siblings/half-siblings, use of psychiatric drugs, age of first transgression, age of first encounter with the law, and age of first incarceration in a Juvenile Detention Center. The age of first encounter with the law was defined as the age of the first contact with police and/or the courts.

Procedures

The age range for youth participation in the study was previously set between 12 and 20 years because this is the age range during which young people are eligible for interventions under the Portuguese judicial system's Educational Guardianship Act. We selected only male participants due to the relative scarcity of females admitted to Portuguese Juvenile Detention Centres. The questionnaires were individually administered to the participants by the first author of this study, who also made the

diagnosis of DSM-IV-TR Conduct Disorder (American Psychiatric Association, 2000). The participants were informed of the voluntary and confidential nature of participation in the study and completed an informed consent form prior to participation.

The questionnaires were completed by participants individually in the Juvenile Detention Centres after obtaining authorisation from the General Directorate of Reintegration and Prison Services – Ministry of Justice. All of the male detainees from the six existing Juvenile Detention Centres managed by the Portuguese Ministry of Justice were informed about the nature of the study and were asked to participate. The participation rate was approximately 92%. Not all of the detainees agreed or were able to participate; the reasons for nonparticipation included refusal to participate (6%), language difficulties (1%) and security issues (1%). The first author of this study collaborated with the directors of each Detention Center to encourage young people to participate in the study by answering questions regarding participation. No incentives were given to encourage participation. However, the fact that Detention Center directors were personally involved in encouraging participation might have contributed to the high participation rate. All participant questionnaires were appropriately completed. As the participation rate was very high, corresponding to the large Portuguese juvenile inmate population detained at the time of the study, little or no selection bias occurred.

The collection of questionnaires in the schools took place after receiving permission from the Directorate General Education – Ministry of Education. Twelve elementary/secondary schools in the greater Lisbon area were randomly selected and approached; four schools agreed to participate. The reasons for non-participation included the systematic absence of a response to requests for participation and alleged internal school organisation that made collaboration impossible, as well as the refusal to collaborate due to the forensic content of the questionnaire. The schools that agreed to

participate required written consent from each participating student's parent or guardian. After the questionnaires were completed and returned, approximately 13% of were excluded because the participant did not belong to the study age range or the questionnaire was incomplete, blank or illegible.

The valid questionnaire data were analysed using SPSS v20 (IBM SPSS, 2011). Following data entry, 10% of the questionnaires were randomly selected to evaluate accuracy. We judged the quality as being very good because hardly any entry errors were detected. The criterion used to form the early crime onset and the late crime onset groups (early onset ≤ 11 years; late onset ≥ 12 years) was based on official records and the self-reported age of crime onset. Youths who reported committing a criminal offense or who were first formally charged with an offense at or before the age of 11 were classified as early onset delinquents, while youths who reported having committed a criminal offense or who were first charged with an offense at age 12 or later were classified as late onset delinquents.

A MANOVA was used to analyse the multiple dependent variables. Because the homogeneity of variance/covariance assumption was not met (Box's $M = 253.063$; $p \leq .001$) and the group sizes were identical, the appropriate multivariate statistic was used. Univariate ANOVAs were used to compare groups when the assumptions of normality (skewness and kurtosis between -2 and 2) and homogeneity of variance were met; Welch's ANOVA was used when the assumptions of normality were met, but the group variances were heterocedastic. For the *post-hoc* multiple comparisons, the Tukey HSD was used when the assumptions of normality and homoscedasticity were met, while the Games-Howell test was used when group's variances were heteroscedastic. The Kruskal-Wallis test was used when the variables were ordinal or when the data clearly violated both the assumption of normality and the homogeneity of variance (Tabachnick & Fidell,

2007); for the post- hoc multiple comparisons, Mann-Whitney tests were used. The Chi-square test was used to compare nominal variables. Point biserial correlations were used to analyse the association between nominal dichotomous variables and scale variables; Spearman Rho was used to analyse associations between ordinal variables; and Pearson r was used to analyse correlations between scale variables. The following effect size and power calculations were obtained: APSD-SR I-CP ($\eta_p^2 = .24$; power = 1), APSD-SR CU ($\eta_p^2 = .12$; power = 1), CATS ($\eta_p^2 = .90$; power = 1), ASRDS (effect size $\eta_p^2 = .62$; power = 1), ICS ($\eta^2 = .65$; power = .95), and MCSDS-SF ($\eta_p^2 = .10$; power = 1).

Results

In the initial phase of data analysis, the socio-demographic variables were analysed. No statistically significant differences were found between the three groups regarding age ($F = 1.409$; $p = .246$), socio-economic status ($\chi^2_{KW} = .344$; $p = .842$), ethnicity ($\chi^2 = .184$; $p = .937$), nationality ($\chi^2 = 9.014$; $p = .156$), or rural *versus* urban origin ($\chi^2 = 3.801$; $p = .224$).

Statistically significant differences between the groups were found for the level of schooling completed ($F = 184.407$; $p \leq .001$); Tukey HSD post- hoc tests revealed statistically significant differences between the non-delinquent group and the early-onset group ($p \leq .001$) and between the non-delinquent group and the late-onset group ($p \leq .001$). The number of siblings/half-siblings also differed significantly between groups ($F = 10.343$; $p \leq .001$); statistically significant differences occurred between the non-delinquent group and the early-onset group ($p \leq .001$) and between the non-delinquent group and the late-onset group ($p \leq .01$). Parents' marital status also differed between groups ($\chi^2 = 56.456$; $p \leq .001$); the non-delinquent group differed from the early-onset

group ($\chi^2 = 41.956; p \leq .001$) and the late-onset group ($\chi^2 = 41.033; p \leq .001$). Finally, the groups also differed in the use of psychiatric drugs ($\chi^2 = 24.484; p \leq .001$); differences were observed between the non-delinquent group and the early-onset group ($\chi^2 = 24.115; p \leq .001$) and the late-onset group ($\chi^2 = 21.610; p \leq .001$).

The comparison of the criminal variables between the early-onset and the late-onset groups results showed statistically significant differences between those groups in the variables age of onset of criminal activities ($F_W = 420.479; p \leq .001$), age of first encounter with the law ($F_W = 123.719; p \leq .001$), and age of first entry into a Juvenile Detention Center ($F = 26.713; p \leq .001$). Significant differences between the two groups were also found in the diagnosis of Conduct Disorder ($\chi^2 = 6.655; p \leq .05$), according to the criteria of the DSM-IV-TR (American Psychiatric Association, 2000)

A MANOVA was conducted assess differences between the three groups on a linear combination of dependent variables. The APSD-SR total score was not included as a dependent variable in this analysis due to perfect multicollinearity problems (Leech, Barrett, & Morgan, 2008; Marôco, 2011). Statistically significant differences in the dependent variables were found in at least two of the groups (Pillai's Trace = 1.056; $F = 67.141; p \leq .001; \eta_p^2 = .53; \text{power} = 1$). Follow-up univariate ANOVAs showed that statistically significant differences were found when comparing the three groups regarding the measures used (see Table 1).

Table 1

Descriptive statistics, ANOVA and Kruskal-Wallis for the instruments

	Early-Onset	Late-Onset	School Group	<i>F</i> or χ^2_{KW} and <i>p</i> value*
APSD I-CP				$F_W = 50.784$
<i>M (SD)</i>	11.16 (4.72)	9.04 (3.94)	5.57 (3.51)	$p \leq .001$
APSD CU				$F = 20.104$
<i>M (SD)</i>	5.76 (2.12)	4.58 (2.33)	3.80 (2.22)	$p \leq .001$
CATS				$F_W = 1652.665$
<i>M (SD)</i>	6.93 (.98)	6.23 (1.18)	.97 (.81)	$p \leq .001$
ASRDS				$F_W = 356.282$
<i>M (SD)</i>	37.32 (13.25)	25.41 (11.05)	5.71 (4.53)	$p \leq .001$
ICS				$\chi^2_{KW} = 198.566$
<i>MR (IR)</i>	229.47 (5)	169.83 (5)	61.20 (1)	$p \leq .001$
MCSDS-SF				$F = 17.226$
<i>M (SD)</i>	17.47 (2.47)	18.32 (2.25)	19.42 (2.38)	$p \leq .001$

Note. APSD = Antisocial Process Screening Device–Self-Report; APSD I-CP = Impulsivity-Conduct Problems dimension; APSD CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form

* ANOVA or Kruskal-Wallis Test; F_W = Welch’s ANOVA; χ^2_{KW} = Kruskal-Wallis; *M* = Mean; *SD* = Standard-deviation; *MR* = Mean Rank; *IR* = Interquartile range

The follow-up *post-hoc* multiple comparisons of the univariate ANOVAs are reported in Table 2.

Table 2

Post-hoc *multiple comparison tests for the instruments*

	Early-Onset vs Late-Onset	Early-Onset vs School group	Late-Onset vs School group
APSD I-CP <i>p</i> value*	$p \leq .01$	$p \leq .001$	$p \leq .001$
APSD CU <i>p</i> value*	$p \leq .01$	$p \leq .001$	$p \leq .05$
CATS <i>p</i> value*	$p \leq .001$	$p \leq .001$	$p \leq .001$
ASRDS <i>p</i> value*	$p \leq .001$	$p \leq .001$	$p \leq .001$
ICS <i>p</i> value*	$p \leq .001$	$p \leq .001$	$p \leq .001$
MCSDS-SF <i>p</i> value*	$p \leq .05$	$p \leq .001$	$p \leq .01$

Note. APSD = Antisocial Process Screening Device–Self-Report; APSD I-CP = Impulsivity-Conduct Problems dimension; APSD CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form

* Tukey HSD, Games-Howell or Mann-Whitney *post-hoc* tests; p = p value

The correlation of the psychopathic traits total score (APSD-SR total) with the other measures and variables was also tested. Statistically significant correlations were found: psychopathy taxon (CATS; $r = .58$; $p \leq .001$), self-reported delinquency (ASRDS; $r = .68$; $p \leq .001$), crime seriousness (ICS; $r_s = .67$; $p \leq .001$), social desirability (MCSDS-SF; $r = -.60$; $p \leq .001$), DSM-IV-TR's Conduct Disorder diagnosis ($r_{pb} = .55$; $p \leq .001$), age of crime onset ($r = -.30$; $p \leq .001$), age of first encounter with the law ($r = -.26$; $p \leq .001$), and age of first incarceration in a juvenile detention centre ($r = -.15$; $p \leq .05$).

Discussion

The aim of the present study was to examine the role of psychopathic traits in the age of crime onset of male juvenile delinquents. We hypothesised that early crime onset participants would have higher average scores on the psychopathy measures, on self-

reported delinquency and on crime seriousness than late crime onset participants and non-delinquent participants, and that psychopathic-traits scores would be significantly associated with age of crime onset, age at first encounter with the law, age of first incarceration, self-reported delinquency, seriousness of crime and conduct disorder.

Analysis of the socio-demographic variables indicated that the early and late crime onset groups had a lower level of schooling, parents who were more often divorced/separated or deceased, more siblings/half-siblings, and more psychiatric drug use. In addition, proportionately more participants in the early-onset group were diagnosed with conduct disorder (DSM-IV-TR; American Psychiatric Association, 2000) as compared to those in the other groups.

Comparisons between the three groups on the psychopathy measures, specifically the impulsivity-conduct problems dimension of psychopathy (APSD-SR I-CP), the callous-unemotional dimension of psychopathy (APSD-SR CU), and the psychopathy taxon (CATS), showed that the early-onset group obtained the highest scores, followed by the late-onset group, and finally by the non-delinquent group. This evidence reinforces the literature that supports the consistent association of psychopathic-like traits with early crime onset (Carroll et al., 2009; Moffitt et al., 2002). We are not stating that higher psychopathy traits triggers earlier age of onset, but these two variables may be reinforcing one another (in combination with other variables, such as family characteristics and deviant beliefs) to produce life-course persistent offenders.

The early-onset group also obtained the highest scores on self-reported delinquency (ASRDS) and crime seriousness (ICS), followed by the late-onset group. These results confirm those obtained by Tolan and Thomas (1995) in their longitudinal study and are consistent with the review conducted by Krohn et al. (2001). Not only do

the early-onset participants commit crimes more frequently but they also commit more serious crimes. These individuals have the most severe antisocial behaviour among the incarcerated youths.

In the case of social desirability (MCSDS-SF), the results may seem to be counter-intuitive, as higher scores for social desirability could be expected in youths with early-onset and higher psychopathic traits in an attempt to portray more positive images of themselves. However, Lilienfeld and Fowler (2006) had already showed that psychopaths frequently and reliably report the presence of socially devalued characteristics, such as antisocial behaviours, hostility and weak impulse control. It is wrongly considered, quite frequently, that psychopaths are more adept at manipulating questionnaires, but no consistent empirical evidence has supported such a claim. Therefore, we must conclude that there is evidence that supports the initial hypothesis that early crime onset participants score higher on psychopathic traits, psychopathy taxon, self-reported delinquency, crime seriousness, and conduct disorder than late crime onset participants and non-delinquent participants.

Findings for the associations of psychopathic-traits scores with age of criminal onset, first encounter with the law, and age of first incarceration in a juvenile detention centre were negative and statistically significant. Such findings corroborate the results of previous studies (e.g., Salekin et al., 2006; Vincent et al., 2003). The association of psychopathic traits with the frequency of delinquent behaviours and seriousness of crimes findings showed strong positive statistically significant correlations consistent with previous studies (e.g., Brandt et al., 1997; Campbell, Porter, & Santor, 2004), which implies that youths with higher psychopathic traits display a severe type of antisocial behaviour that poses the greatest risk and challenge for adapting to society (Lindberg,

2012; Pardini & Loeber, 2007). Therefore, the results of this study partially confirm the second hypothesis.

Our investigation supports the relationship between psychopathy scores and criminal conduct among youths. The findings also corroborate Moffitt's (1993) theory that early-onset offenders are qualitatively different from late-onset offenders and non-offenders as well as Gottfredson and Hirschi's (1990) theory that a severe lack of self-control in early-onset offenders affects their criminal behaviour. However, it must be highlighted that not all minors who show severe antisocial behaviour and have a diagnosis of conduct disorder should be considered as potential psychopaths. Such a classification should be reserved for a distinct subgroup after suitable assessment (Lynam, 1996). The psychopathy construct is an important contribution for the early identification of young people who are potentially at high risk and for the rigorous assessment of young people who have already encountered the judicial system.

The present study contributes to the research on age of crime onset and juvenile psychopathic traits in European samples, as it is the first study to examine age of crime onset in Portuguese male youths. We hope to promote the investigation of psychopathic traits in the Portuguese ethnic and cultural reality, which may help to identify unique etiological pathways in the development of antisocial behaviour (Kotler & McMahon, 2005). To design specific interventions for young people at various points of their criminal trajectory, we need to fully understand how the early onset life-course persistent offenders and the late onset adolescent-limited offenders differ. Understanding the unique developmental patterns of each group may allow interventions to be designed that prevent or alter an individual's progression along a criminal trajectory, whether it is their by choice or circumstance.

It is necessary to note several limitations of our study. First, the use of self-report measures on psychopathy was a limitation. Second, the low internal consistency of some scales and dimensions (e.g., MCSDS-SF, APSD-SR CU) limits these measures in terms of reliability of measurement. Third, the fact that our study was cross-sectional limits confidence in the differences in age of onset that were found. Fourth, the psychopathic-traits scale used (APSD-SR) was not specifically designed to avoid possible tautology problems that may arise when studying the correlations between psychopathy and crime. It is recommended that future research in this area should use rating scales (e.g., PCL:YV), measures that show better internal consistency, and longitudinal research methodology that allows the study of the participants over time to assess the stability of the traits.

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3. Manuscrito II

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Age of crime onset and psychopathic traits in female juvenile delinquents

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Abstract

The aim of the present study was to analyze the role of psychopathic traits in the age of crime onset of female juvenile delinquents. Using a sample of 132 young females from the Juvenile Detention Centers of the Portuguese Ministry of Justice and from schools in the Lisbon region, a group of early crime onset ($n = 44$), a group of late crime onset ($n = 44$), and a non-delinquent school group ($n = 44$) were formed. Results showed that early crime onset participants score higher on psychopathy measures, on self-reported delinquency and on crime seriousness than late crime onset participants and school participants. Psychopathic-traits scores were significantly associated with age of crime onset, age at first trouble with the law, and frequency and seriousness of crime.

Key words: Female juvenile delinquency; Psychopathic-traits; Crime-onset

The timing of the onset of antisocial behavior is one of the most critical pieces of information in understanding maladaptive behaviors, substance use, alcoholism, delinquency, and criminal justice system involvement. Antisocial behaviors that emerge during early and middle childhood are often harbingers of sustained antisocial behavior that persist through adolescence and endure into adulthood (DeLisi, Beaver, Wright, & Vaughn, 2008; Vaughn & Howard, 2005). Females under age 18 comprise one of the fastest growing segments of the juvenile-justice population, with their arrests accounting for 27% of total arrests during 1999. Furthermore, delinquency cases involving adolescent females increased by 83% between 1988 and 1997 (American Bar Association & National Bar Association, as cited in Leve & Chamberlain, 2004; Porter, 2000). In recent years, violence among young females has increased both in terms of number offences committed as well as the severity of these offences (Cauffman, Lexcen, Goldweber, Shulman, & Grisso, 2007; Thomas, 2005).

Theoretical and empirical models describing the development of antisocial behavior in young adolescent girls have been scarce. Risk factors have been identified predominantly for males (Wong, Slotboom, & Bijleveld, 2010). Not much is known about the precursors, etiological factors and correlates of female delinquency. This dearth of knowledge about developmental trajectories is partly due to the lower base rate of criminal activity among females relative to males, particularly at a young age. The relative lack of research on girls may also be a function of a lack of consensus on how to define and assess female antisocial behavior, with somewhat divergent approaches being taken within the fields of psychiatry, psychology and criminology (Hipwell et al., 2002).

Research has indicated that there are several common pathways leading to antisocial and aggressive behavior (Frick, 2012). Researchers who embrace the age of onset subtyping approach have identified two main groups of offenders: the early starters

(Patterson, DeBaryshe, & Ramsey, 1989) or life-course-persistent offenders (Loeber & Stouthamer-Loeber, 1998; Moffitt, 1993), who commit their first transgression early and persist in offending throughout the lifespan; the late starters (Patterson, DeBaryshe, & Ramsey, 1989), adolescence-limited offenders (Moffitt, 1993), or limited duration offenders (Loeber & Stouthamer-Loeber, 1998). Operational definitions of early onset of delinquent behavior generally tend to involve delinquency beginning before age 11 or 12 (Parker & Morton, 2009). DSM-IV-TR (American Psychiatric Association, 2000), taking into account that these age-of-onset distinctions have important implications, presents two subtypes of Conduct Disorder (CD) based on age of onset: childhood-onset type characterized by onset prior to age 10, and an adolescent-onset type characterized by onset after age 10.

Psychopathic traits are associated with a variety of adverse outcomes in adolescence and adulthood. The psychopathy construct is characterized by a constellation of interpersonal (e.g., manipulation, deceit, egocentricity), affective (e.g., lack of empathy, remorse, or guilt), behavioral (e.g., irresponsibility, impulsivity), and antisocial (e.g., poor anger control, serious criminal behavior) traits (Hare, 2003, 2006). The construct is now well validated among adult males, and to a lesser extent, among adult females (Bolt, Hare, Vitale, & Newman, 2004; Hare, 2003; Jackson, Rogers, Neumann, & Lambert, 2002). There is however a controversial discussion about the feasibility of its downward extension to children and adolescents (Seagrave & Grisso, 2002; Sevecke, Lehmkuhl, & Krischer, 2009; Sevecke & Kosson, 2010). The many investigations that have now been dedicated to adolescent psychopathy suggest support for the existence of similar correlates as seen in adult samples. For example, youth with higher psychopathic traits are generally more prone to use excessive and disproportioned violence in their crimes (Fritz, Wiklund, Kuposov, Klinteberg, & Ruchkin, 2008; Lindberg, Laajasalo,

Holi, Putkonen, Weizmann-Henelius, & Häkkänen-Nyholm, 2009), and start engaging in criminal activities earlier in life, come into contact with the justice system earlier in life, and have higher frequency of delinquent behaviors (Pechorro, Gonçalves, Marôco, Gama, Neves, & Nunes, in press).

Although there is growing evidence corroborating the utility of the psychopathy construct in adolescent males, very few studies have specifically addressed psychopathy in female youths. There is however some evidence that psychopathy is expressed differently in girls and women (Charles, Acheson, Mathias, Furr, & Dougherty, 2012). A close examination of the studies that have investigated the role of psychopathic traits in female youths reveals that relatively small sample sizes of adjudicated girls are included. They have only constituted approximately 11% to 22% of the total sample (Frick, 1998, Frick, O'Brien, Wootton, & McBurnett, 1994). We can conclude that, while psychopathic personality traits can be detected in female samples, it is still unclear if psychopathy in girls has the same structure and behavioral correlates as psychopathy in boys. For example, Vincent, Vitacco, Grisso, and Corrado (2003), tried to identify subtypes of offenders based on the Psychopathy Checklist - Youth Version (PCL:YV), but although their sample consisted of 441 adolescents (326 boys, 115 girls), all girls were excluded from analysis due to the limited evidence for the validity of the PCL:YV in girls. Other studies have compared the prevalence of psychopathic traits between male and female juvenile offenders. For example, Pechorro et al. (2013) concluded that female juvenile offenders show less CU traits, more emotional symptoms, more pro-social behaviors, less self-reported delinquent behavior, and lower crime seriousness.

Frick and colleagues (1999) have proposed a developmental trajectory to psychopathy, especially among youth with early onset conduct problems (Moffitt, 1993; Moffitt & Caspi, 2001). These authors suggested that the antisocial behavior of youth

scoring high on callous-unemotional (CU) traits is qualitatively different from that of children or adolescents who exhibit conduct problems but not CU traits. In a series of studies, he has demonstrated that antisocial and aggressive behaviors of children who score high on CU traits are less strongly related to adversity factors, such as poor parenting or low intelligence, and more strongly related to thrill and adventure seeking (Frick, Kimonis, Dandreaux, & Farrel, 2003), a reward-dominant response style, and deficits in processing negative emotional stimuli (Kimonis, Frick, Fazekas, & Loney, 2006; Loney, Frick, Clements, Ellis, & Kerlinet, 2003).

Silverthorn and Frick (1999), after reviewing the limited available research on antisocial girls, suggested that a childhood-onset pathway and an adolescent-onset pathway cannot be applied to girls without some important modifications. These authors proposed that antisocial girls show a third developmental pathway which they labeled delayed-onset pathway. Their model assumes that many of the pathogenic mechanisms that may contribute to the development of antisocial behavior in girls, such as cognitive and neuropsychological deficits, a dysfunctional family environment, and/or the presence of a CU interpersonal style, could be present in childhood, but they do not lead to severe and overt antisocial behavior until adolescence. They proposed that the delayed-onset pathway for girls is analogous to the childhood-onset pathway in boys and that there is no analogous pathway in girls to the adolescent-onset pathway in boys.

According to Salekin (2006), it remains unclear how the phenomenon of psychopathy can be neatly accommodated within Moffitt's (1993) dual subtype scheme. Whereas it has been suggested that the early onset persistent offenders may be the prototype of young persons with psychopathic-like traits, there is evidence that these individuals do not fit neatly into this offender subgroup. According to Vincent et al. (2003), from a cluster analysis of the distinctive facets of the construct of psychopathy

(i.e., affective, interpersonal, and behavioral), there may be more than the two distinctive juvenile offender subtypes.

Moffitt, Caspi, Harrington, and Milne (2002) reported comparisons on outcomes of males who participated in the Dunedin longitudinal study. The childhood-onset delinquents at age 26 years were the most elevated on psychopathic personality traits, mental-health problems, substance dependence, numbers of children, financial problems, work problems, and drug-related and violent crime, including violence against women and children. The adolescent-onset delinquents at 26 years were less extreme but elevated on impulsive personality traits, mental-health problems, substance dependence, financial problems, and property offenses. The findings supported the theory of life-course-persistent and adolescence-limited antisocial behavior in males.

Others authors have suggested that the presence of a callous/unemotional (CU) interpersonal style may be an important marker along with the presence of impulsivity/hyperactivity and conduct problems. Specifically, it is this combination that according to Lynam (1996, 1998) forms a unique subgroup of fledgling psychopaths, i.e., tomorrow's antisocial adults can be found among today's antisocial children. Barry et al. (2000) have also shown the presence CU traits as designating this group of young persons with psychopathic-like traits. The importance of CU traits in developmental pathways to severe antisocial behavior in children was demonstrated by Frick, Kimonis, Dandreaux, and Farrel (2003). Their findings revealed that the presence of CU traits in non-referred children may designate a distinct, behaviorally dysregulated group of children with conduct problems that may have unique processes underlying their dysregulation that make them more similar to adults with psychopathy.

Differential relationships between CU traits and adjustment in boys ($n = 116$) and girls ($n = 118$) at risk for antisocial behavior were examined by Charles et al. (2012).

Boys were generally rated higher on measures of CU traits, but these traits were more prominently related to adjustment problems among girls. These authors suggest that expression of psychopathic traits may have more negative effects on adjustment for girls than boys, and that CU traits may be impacting adjustment in girls by impairing interpersonal relationships.

There is some evidence that CU traits are most important for designating a distinct subgroup of antisocial youth (Caputo, Frick, & Brodsky, 1999; Christian, Frick, Hill, Tyler, & Frazer, 1997), but most definitions of psychopathy include several other dimensions, including impulsivity/irresponsibility and narcissism/grandiosity (Cooke, Michie, & Hart, 2006). Young people with more severe manifestations of these traits reportedly commit a disproportionate amount of crime, appear unperturbed when confronted with the destructive nature of their behavior, and are more likely to re-offend or resist efforts at rehabilitation (Blair, Colledge, Murray & Mitchell, 2001; Forth & Burke, 1998; Salekin, Rogers, & Ustad, 2001). Children and adolescents who display these hallmarks of psychopathic-like traits are also at particular risk of developing proactive aggression (Christian, Frick, Hill, Tyler, & Frazer, 1997).

Forth, Hart, and Hare (1990) were the first to introduce the measurement of psychopathy in youth using a specially adapted version of the Psychopathy Checklist (PCL-R; Hare, 1991) which ultimately led to the Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003). Other authors followed the lead and developed their own versions of instruments intended to measure child and adolescent psychopathy. Frick and Hare (1994/2001) developed the Antisocial Process Screening Device (APSD). Lynam (1998) developed the Child Psychopathy Scale (CPS), which was later modified by Spain, Douglas, Poythress, and Epstein (mCPS; 2004). Andershed, Kerr, Stattin, and Levander (2002) developed the Youth Psychopathic Traits Inventory (YPI). Other less

used measures were also developed (e.g., Psychopathy Content Scale - PCS; Murrie & Cornell, 2002).

Findings for age of onset of criminal conduct and its association with psychopathy scores have been mixed. For example, Vincent et al. (2003) reported that male young offenders scoring high on the PCL:YV (Forth et al., 2003) received their first convictions at significantly younger ages than those scoring lower. Brandt, Kennedy, Patrick, and Curtin (1997) using modified PCL-R scores reported a significant correlation with age of first arrest. Furthermore, Salekin, Brannen, Zalot, Leistico, and Neumann (2006) found a negative association between age of onset of antisocial behavior and PCL:YV scores, although the association was not statistically significant. Kosson, Cyterski, Steuerwald, Neumann, and Walker-Matthews (2002), however, did not find a significant correlation with age at first trouble with the law and PCL:YV scores.

Adolescents with psychopathic traits tend to engage in more frequent offences and are more versatile in their offending. Campbell, Porter, and Santor (2004) found that PCL:YV scores were positively related with self-reported delinquency, aggressive behavior, and versatility of criminal history, although not related to official records for nonviolent and violent convictions. In a study of male adolescent probationers, Kosson et al. (2002) found the PCL:YV scores correlated $r = .27$, $r = .35$, and $r = .42$ with previous violent, nonviolent, and total charges. As well, Murrie, Cornell, Kaplan, McConville, and Levy-Elkon (2004) found that the PCL:YV correlated both with adjudicated violent offense ($r_{pb} = .24$) and with un-adjudicated violent offense ($r_{pb} = .30$). Also, Vincent et al. (2003) reported that youth scoring higher on the PCL:YV have significantly more nonviolent and violent convictions than youth scoring lower.

With respect to self-report psychopathy scales (Lilienfeld & Fowler, 2006), Skeem and Cauffman (2003) coded the institutional files of 160 male adolescent

offenders for age of first contact with the police, and type and number of prior offenses. The YPI (Andershed et al., 2002) was not related to age at first contact ($r = .11$), number of offenses ($r = -.09$), or number of person-related offenses ($r = .12$). In contrast, other researchers have reported an association between self-report psychopathy scales and criminal conduct. For example, Poythress and colleagues (2006) examined the association between indices of criminal conduct and the YPI, and the self-report APSD (Frick & Hare, 2001 Muñoz & Frick, 2007) in a sample of 165 male and female youth in a juvenile detention program. A self-report delinquency scale assessed whether the youth had committed 23 different delinquent behaviors in the past year and the age of onset of these behaviors. Both the YPI and the APSD were moderately correlated with indices of past-year offending (both scales correlated at $r = .44$). The earliest age of onset for any delinquent behavior was correlated ($r = -.29$ for the APSD, and $r = -.28$ for the YPI total scores). In addition, Murrie et al. (2004) reported that APSD ($r_{pb} = .22$) and MACI-PCS ($r_{pb} = .18$) scores were associated with whether the youth had been adjudicated for a violent offense.

Muñoz and Frick (2007) investigated the association between self-report APSD scores and antisocial behaviors in a community sample of 91 young adolescents. Parental and youth self-report APSD scores, self-reported delinquency, parent-rated conduct problems, and occurrence of police contacts were studied annually across 3 years. Within each of these time periods, self-report APSD was related to self-reported delinquency ($r = .58$, $r = .42$, and $r = .38$) and police contacts ($r_{pb} = .25$, $r_{pb} = .34$, and $r_{pb} = .29$). Parental APSD was related to parent-reported conduct problems ($r = .25$, $r = .34$, and $r = .55$) but not to the occurrence of police contacts ($r_{pb} = .11$, $r_{pb} = .08$, and $r_{pb} = .16$). With respect to predictive validity, self-report APSD scores at Time 1 predicted self-reported

delinquency and violence at Time 3 ($r = .50$, and $r = .43$), and parent-reported conduct problems and aggression ($r = .62$, and $r = .47$).

The investigation of age of criminal onset and juvenile psychopathy is considered an important area of study, but there is a lack of research on this topic, especially in European samples and especially regarding to females. To our knowledge this is the first study examining age of criminal onset and juvenile psychopathic traits in Portuguese female adolescents. By examining a sample of adolescent females from Portuguese juvenile detention centers and schools we hope to demonstrate that the age of crime onset is significantly related to psychopathic personality traits, self-reported delinquency, and crime seriousness. The present study was designed to test two hypotheses: a) early crime onset participants will have higher average scores on the psychopathy measures, on self-reported delinquency and on crime seriousness than late crime onset participants and school participants; and b) psychopathic-traits scores are significantly associated with age of crime onset, age at first trouble with the law and frequency and seriousness of crime.

Method

Participants

The final sample consisted of 132 female participants recruited from a forensic context and a school context. It was subdivided to form the early crime onset group ($n = 44$; $M = 15.45$ years; $SD = 1.17$ years; range = 14 - 18 years), the late crime onset group ($n = 44$; $M = 15.86$ years; $SD = 1.23$ years; range = 13 - 18 years), and the school group ($n = 44$; $M = 15.77$ years; $SD = 1.26$ years; range = 13 - 18 years). The criterion used to form the early crime onset and the late crime onset groups (early onset ≤ 12 years; late

onset > 13 years) was based on both official records and the self-reported age of crime onset.

Table 1 shows data regarding the frequency of participants per group.

Table 1

Frequency of participants by age of onset group

	Early Onset	Late Onset	School Group	<i>N</i>
Forensic sample	44	44	0	88
School sample	0	0	44	44
Total sample	44	44	44	132

Instruments

The Antisocial Process Screening Device - Self-report (APSD-SR; Caputo, Frick, & Brosky, 1999; Frick & Hare, 2001; Muñoz & Frick, 2007) is a multi-dimensional 20-item measure designed to assess psychopathic traits in adolescents modeled after the Psychopathy Checklist - Revised (PCL-R; Hare, 2003). Each item is scored on a 3-point ordinal scale (Never = 0, Sometimes = 1, Often = 2). Higher scores mean an increased presence of the traits in question. The total score, as well as each dimension's score, is obtained by adding the respective items. Some studies (e.g., Frick et al., 1994) reported two main factors: callous/unemotional traits (CU, tapping interpersonal and affective dimensions of psychopathy, such as lack of guilt and absence of empathy) and an impulsivity/conduct problems factor (I-CP, tapping behavioral aspects of conduct problems and impulse control problems). Other studies (e.g., Frick, Barry, & Bodin, 2000) reported three main factors: callous/unemotional traits factor (CU) and an I-CP factor which is subdivided into two further factors, namely narcissism (Nar) and impulsivity (Imp). Higher scores indicate an increased presence of the characteristics

associated with each factor. The Portuguese validation of the APSD self-report (Pechorro, 2011; Pechorro, Marôco, Poiares, & Vieira, 2013) that was used demonstrated psychometric properties that justify its use with Portuguese youths in terms of factor structure, internal consistency, temporal stability, convergent and divergent validity, and concurrent validity. The internal consistency for the present study ($N = 132$), estimated by Cronbach's alpha, was as follows: APSD-SR total = .82; I-CP = .84; CU = .55. The result regarding the CU dimension was low, but still acceptable for exploratory research purposes (DeVellis, 1991).

The Child and Adolescent Taxon Scale (CATS; Harris, Rice, & Quinsey, 1994; Quinsey, Harris, Rice, & Cormier, 2006) is an actuarial rating scale developed from variables related to childhood and adolescent antisocial and aggressive characteristics (e.g., childhood aggression problem, arrested below the age of 16). This scale has eight items scored either No (0) or Yes (1). The total score is obtained by adding the items. Higher scores mean higher psychopathic characteristics. Because CATS is an actuarial scale, no internal consistency reliability was estimated. Correlation with APSD-SR for the present study was $r = .54$ ($p < .001$). Inter-rater reliability was estimated using Intraclass Correlation Coefficient ($ICC = .97$; $p < .001$).

The Adapted Self-Reported Delinquency Scale (ASRDS; Carroll, Durkin, Houghton, & Hattie, 1996; Carroll, Houghton, Durkin, & Hattie, 2009) is a self-report measure consisting of 38 items, which assesses adolescent involvement in illegal and antisocial activities. The ASRDS score can be obtained by adding the items from a 3-point ordinal scale (Never = 0, Sometimes = 1, Often = 2), where higher scores signify greater involvement in criminal activities. The ASRDS version validated for the

Portuguese population (Pechorro, 2011) was used. ASRDS Internal consistency for the present study, estimated by Cronbach's alpha, was .94.

The Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) short composite (MCSDS-SF) version was designed by Ballard (1992) from the original Marlowe-Crowne scale. It is recognized as a composite sub-scale and is currently probably the most used of all the subscales that have been derived from the original MCSDS. A Portuguese version of the MCSDS-SF, especially translated and adapted for adolescents, was used (Pechorro, 2011). Higher scores mean higher social desirability. Internal consistency for the present study, using a 12 items version of the MCSDS-SF scored either No (0) or Yes (1), estimated by Kuder-Richardson coefficient was .60. Such a result is low, but still acceptable for exploratory research purposes (DeVellis, 1991).

The Index of Crime Seriousness (ICS; Wolfgang, Figlio, Tracey, & Singer, 1985, as cited in White et al., 1994) was used to determine the delinquency seriousness classification of official reports. Level 1 consisted of minor delinquency committed at home, such as stealing minor amounts of money from mother's purse. Level 2 consisted of minor delinquency outside the home including shoplifting something worth less than ± 5 , vandalism and minor fraud (e.g., not paying bus fare). Level 3 consisted of moderately serious delinquency such as any theft over ± 5 , gang fighting, carrying weapons, and joyriding. Level 4 consisted of serious delinquency such as car theft and breaking and entering. Level 5 consisted of having performed at least two of each of the behaviors in the previous level. Higher levels mean higher crime seriousness. Inter-rater reliability for the present study was estimated using Kendall's tau-b ($\tau = .94; p < .001$).

In addition, a questionnaire was constructed to describe the socio-demographic and criminal characteristics of the participants and to analyze the possible moderating

effect of these variables. This questionnaire includes questions about participants' age, nationality, ethnic group, rural *versus* urban origin, level of schooling completed, socio-economic status, parents' marital status, nationality, number of siblings/half-siblings, taking of psychiatric drugs, age of first transgression, age of first problem with the law, and age of first incarceration in a Juvenile Detention Center. Socio-economic status was measured by a combination of the parents' level of education and profession, appropriate to the Portuguese reality (Simões, 1994). Age of first problem with the law was defined as the age of the first intervention by the police (e.g., age of first arrest by the police, age of first crime charge).

Procedures

The age range for female youth participation in the study was previously set between 12 and 20 years since this is the age range when young people are amenable to interventions under the Portuguese judicial system's Educational Guardianship Act (*Lei Tutelar-Educativa*). Even though girls are not often admitted to the Portuguese Juvenile Detention Center (*Centros Educativos*), we chose to use only female participants due to the relative scarcity of studies done internationally. The questionnaires were individually applied to the youths by the first author of this study. The author who did the diagnosis of DSM-IV-TR Conduct Disorder (CD; American Psychiatric Association, 2000) did not know the subsequent grouping of the participants into early or late onset groups. Each questionnaire was preceded by an informed consent form, in which participants were informed of the voluntary and confidential nature of participation in the study. Parental informed consent was not needed due to the fact that the participants were under the Portuguese judicial system Educational Guardianship Act.

Collection of questionnaires in the forensic context was carried out individually after obtaining authorization from the General Directorate of Reintegration and Prison Services - Ministry of Justice (*Direção-Geral de Reinserção e Serviços Prisionais - Ministério da Justiça*). All the detainees from the six existing Juvenile Detention Centers managed by the Portuguese Ministry of Justice were informed about the nature of the study and asked to participate. The participation rate was around 92%. Not all detainees agreed or were able to participate. Reasons included refusal to participate (6%), inability to participate due to not understanding the language (1%) and inability to participate due to security issues (1%). The first author of this study clarified any questions that arose regarding participation. No incentives to encourage participation were given. All questionnaires of those who participated were appropriately completed. Since there was a very high participation rate, corresponding to the large majority of the Portuguese juvenile inmate population detained at that moment in time, there was little or no selection bias present.

The collection of questionnaires in the school context took place after having obtained permission from the Directorate General of Education - Ministry of Education (*Direção-Geral de Educação - Ministério da Educação*) and from the parents of the participants. Twelve elementary/secondary schools from the greater Lisbon areas were randomly selected, of which four agreed to participate. Reasons for non-participation included the systematic absence of a response to collaboration requests made, alleged internal school organization issues that made collaboration impossible, as well as the refusal to collaborate due to the forensic content of the questionnaire. The schools that accepted to participate requested that participation of each student should be previously authorized by written consent, signed by their parent/guardian. In the end, about 17% of

participants were excluded due to not belonging to the age range established or to reasons such as returning incomplete, blank or illegible questionnaires.

Questionnaire data which were considered valid (e.g., appropriately completed by participants within the selected age range) was analyzed using SPSS v20 (IBM SPSS, 2011). Following data entry, 10% of questionnaires were randomly selected to evaluate the quality of their entry. The quality was considered very good as practically no entry errors were detected. Then the early crime onset and the late crime onset groups were formed (early onset ≤ 12 years; late onset > 13 years). For the purposes of this study the criterion used to form these groups was based both on official records and the self-reported age of crime onset. Youths who reported to have committed a criminal offense or who were first formally charged with an offense at or before the age of 12 were considered early onset delinquents, while youths who reported to have committed a criminal offense or were first charged with an offense at age 13 or after were considered late onset delinquents.

MANOVA was used to analyze the multiple dependent variables together. Because homogeneity of variance/covariance assumption was not met (Box's $M = 233.983$; $p < .001$) and group sizes were identical, the appropriate multivariate statistic was used. Univariate ANOVAs were used to compare groups when the assumptions of normality (skewness and kurtosis between -2 and 2) and homogeneity of variance were validated. Welch's ANOVA was used when the assumptions of normality were validated but the group variances revealed heteroscedasticity. For the post hoc multiple comparisons Tukey HSD was used when the assumptions of normality and homoscedasticity were validated, while Games-Howell test was used when group's variances revealed heteroscedasticity. Kruskal-Wallis test was used when the variables

were ordinal or when the data clearly violated both the assumption of normality and homogeneity of variance (Tabachnick & Fidell, 2007). For the post hoc multiple comparisons Mann-Whitney tests were used. The Chi-square test was used to compare nominal variables. Point biserial correlations were used to analyze the association between nominal dichotomous variables and scale variables. Spearman Rho was used to analyze associations between ordinal variables. Pearson r was used to analyze correlations between scale variables. Results were considered significant if $p < .05$, and marginally significant if $p < .1$ (Aron, Coups, & Aron, 2013).

Effect size and power calculations were made (as described in Marôco, 2011), and the following values were obtained: APSD-SR I-CP (effect size $\eta_p^2 = .37$; power = 1), APSD-SR CU ($\eta_p^2 = .28$; power = 1), CATS ($\eta_p^2 = .85$; power = 1), ASRDS ($\eta_p^2 = .50$; power = 1), ICS ($\eta_p^2 = .50$; power = .95), and MCSDS-SF ($\eta_p^2 = .09$; power = .87). Most of these effect sizes values can be considered medium [.05; .25] to large [.25; .50], and the power values are considered good [.08; 1] (Marôco, 2011; Tabachnick & Fidell, 2007).

Results

In the initial phase of data treatment, variables of the socio-demographic questionnaire between the three groups were analyzed. No statistically significant differences were found between the three groups regarding age ($F = 1.365$; $p = .259$), socio-economic status ($\chi^2_{KW} = 1.411$; $p = .507$), ethnicity ($\chi^2 = 3.462$; $p = .218$), rural *versus* urban origin ($\chi^2 = 2.015$; $p = 1.0$), and taking of psychiatric drugs ($\chi^2 = 3.667$; $p = .210$). Results showed statistically significant differences between the groups regarding

level of schooling completed ($F = 83.480$; $p < .001$); Tukey HSD post hoc tests revealed statistically significant differences between the school group and the early onset group ($p < .001$) and between the school group and the late onset group ($p < .001$). Number of siblings/half-siblings also differed significantly between groups ($F = 10.721$; $p < .001$); statistically significant differences occurred between the school group and the early onset group ($p < .001$) and between the early onset group and the late onset group ($p < .01$). Parents' marital status also differed between groups ($\chi^2 = 32.896$; $p < .001$), namely between the school group and the early onset group ($\chi^2 = 8.055$; $p < .05$), between the school group and the late onset group ($\chi^2 = 28.376$; $p < .001$) and between the early onset group and the late onset group ($\chi^2 = 10.430$; $p < .05$). Finally, the groups also differed in their nationality ($\chi^2 = 18.146$; $p < .01$), namely between the school group and the early onset group ($\chi^2 = 10.448$; $p < .01$). The analysis of these variables demonstrated that the early onset group contained participants with lower level of schooling completed, whose parents were more often divorced/separated or deceased, who had more siblings/half-siblings, and more foreign nationals.

The results of the criminal variables between the early onset and the late onset groups were then analyzed. Results showed statistically significant differences between the groups regarding age of onset of criminal activities ($F = 161.111$; $p < .001$), age of first problem with the law ($F_w = 63.945$; $p < .001$), and age of first detention in a Juvenile Detention Center ($F = 11.401$; $p < .001$). Significant differences between the two groups were also found regarding DSM-IV-TR's (American Psychiatric Association, 2002) Conduct Disorder diagnosis ($\chi^2 = 8.494$; $p < .01$). The analysis of these variables between the early onset group and the late onset group revealed that the participants from the early onset group had their first problems with the law earlier in life, were younger when they

were first incarcerated in a Juvenile Detention Center, and had proportionately more conduct disorder diagnosis (95.5% versus 72.7%).

A MANOVA was conducted to assess if there were differences between the three groups (early crime onset group, late crime onset group, and school group) on a linear combination of dependent variables. The APSD-SR total score was not included as a dependent variable in this analysis due to perfect multicollinearity problems (Leech, Barrett & Morgan, 2008; Marôco, 2011). There were statistically significant differences in the dependent variables in at least two of the groups (Pillai's Trace = 1.249; $F = 34.678$; $p < .001$; $\eta_p^2 = .625$; power = 1). Follow-up univariate ANOVAs showed that statistically significant differences were found when comparing the three groups regarding the psychopathy measures (see Table 2).

Table 2

Descriptive statistics and ANOVA tests for the psychopathy measures by age of onset group

	Early Onset	Late Onset	School Group	<i>F and p value*</i>
APSD-SR I-CP				$F_w = 28.909$
<i>M (SD)</i>	12.55 (5.78)	7.18 (3.19)	4.98 (3.20)	$p < .001$
APSD-SR CU				$F = 25.234$
<i>M (SD)</i>	5.09 (2.13)	3 (1.73)	2.55 (1.45)	$p < .001$
CATS				$F_w = 564.499$
<i>M (SD)</i>	6.41 (1.55)	6.11 (1.26)	.36 (.61)	$p < .001$

Note. APSD = Antisocial Process Screening Device - Self-Report; I-CP = Impulsivity-Conduct Problems dimension; CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale.

*ANOVA; F_w = Welch's ANOVA; *M* = Mean; *SD* = Standard-deviation.

Table 2 shows the significant differences found regarding the APSD-SR I-CP, APSD-SR CU and CATS. Post hoc Games-Howell tests regarding the APSD-SR I-CP showed significant differences between the early onset group and the late onset group ($p < .001$), between the early onset group and the school group ($p < .001$) and between the late onset group and the school group ($p < .01$). Post hoc Tukey HSD regarding the APSD-SR CU showed significant differences between the early onset group and the late onset group ($p < .001$), and between the early onset group and the school group ($p < .001$). Post hoc Games-Howell tests regarding the CATS, showed significant differences between the early onset group and the school group ($p < .001$) and between the late onset group and the school group ($p < .001$).

After comparing the three groups regarding the ASRDS, ICS and MCSDS-SF, statistically significant differences were found as depicted in Table 3.

Table 3

Descriptive statistics, ANOVA and Kruskal-Wallis tests for the delinquency, criminal, and social desirability measures by age of onset group

	Early Onset	Late Onset	School Group	F or χ^2_{KW} and p value*
ASRDS				$F_W = 102.054$
M (SD)	25.82 (12.11)	19.52 (9.14)	4.60 (3.52)	$p < .001$
ICS				$\chi^2_{KW} = 65.930$
MR (IR)	94.02 (2)	73.42 (1)	32.06 (0)	$p < .001$
MCSDS-SF				$F_W = 6.863$
M (SD)	17.57 (1.78)	18.82 (2.05)	19.02 (2.50)	$p < .01$

Note. ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS-SF = Marlowe-Crowne Social Desirability Scale - Short Form.

*ANOVA or Kruskal-Wallis Test; F_W = Welch's ANOVA; χ^2_{KW} = Kruskal-Wallis; M = Mean; SD = Standard-deviation; MR = Mean Rank; IR = Interquartile Range

Post hoc Games-Howell tests regarding the ASRDS showed significant differences between the early onset group and the late onset group ($p = .02$), between the early onset group and the school group ($p < .001$) and between the late onset group and

the school group ($p < .001$). Post hoc Mann-Whitney tests regarding the ICS showed significant differences between the early onset group and the late onset group ($p < .001$), between the early onset group and the school group ($p < .001$) and between the late onset group and the school group ($p < .001$). Post hoc Games-Howell tests regarding the MCSDS-SF showed significant differences between the early onset group and the late onset group ($p = .008$), and between the early onset group and the school group ($p = .007$).

The correlation of the APSD-SR total score with the other measures and variables was also tested. Statistically significant correlations were found, namely with: CATS ($r = .54$; $p < .001$), ASRDS ($r = .62$; $p < .001$), ICS ($r_s = .67$; $p < .001$), MCSDS-SF ($r = -.29$; $p < .001$), DSM-IV-TR's Conduct Disorder diagnosis ($r_{pb} = .63$; $p < .001$), age of crime onset ($r = -.50$; $p < .001$), age of first problem with the law ($r = -.34$; $p < .001$), and age of first incarceration in a juvenile detention center ($r = -.19$; $p = .08$).

Discussion

The relation between age of criminal onset and female juvenile psychopathy is an important area of study that has not been sufficiently investigated. The aim of this study was to analyze the role of psychopathic traits in the age of crime onset of female juvenile delinquents. We hypothesized that early crime onset participants would have higher average scores on the psychopathy measures, on self-reported delinquency and on crime seriousness than late crime onset participants and school participants, and that psychopathic-traits scores would be significantly associated with age of crime onset, age at first trouble with the law, and frequency and seriousness of crime.

Analysis of the socio-demographic variables allowed us to conclude that the early onset group contained participants with lower level of schooling completed, whose

parents were more often divorced/separated or deceased, who had more siblings/half-siblings, and more foreign nationals. Analysis of the criminal variables between the early onset group and the late onset group revealed that the participants from the early onset group had their first problems with the law (contacts with the police and the courts) earlier in life, and were also younger when they were first incarcerated in a Juvenile Detention Center. Also, proportionately more participants of the early onset group (95.5% *versus* 72.7%) were diagnosed with conduct disorder (DSM-IV-TR; American Psychiatric Association, 2000). In comparisons between the three groups regarding the psychopathy measures (namely APSD-SR I-CP, APSD-SR CU, and CATS) the early onset group tended to obtain the highest scores followed by the late onset group. This evidence reinforces the literature that supports the consistent association of psychopathic-like traits with early crime onset in both males and females. Like Moffitt et al. (2002) we found that earlier age of crime onset is generally accompanied by higher psychopathy traits. We are not stating that higher psychopathic traits trigger earlier age of onset, but these two variables may be reinforcing each other alongside other variables like negative life events, substance abuse, inadequate parenting, low attachment to school or having delinquent friends (Wong et al., 2010), to produce life course persistent female offenders.

In comparisons regarding self-reported delinquency and crime seriousness the early onset group also obtained the highest scores, followed by the late onset group. These results support those obtained by Tolan and Thomas (1995) in their longitudinal study and are consistent with the review conducted by Krohn, Thornberry, Rivera, and Le Blanc (2001), in which these authors found that early onset offenders were forty times more likely than late onset offenders to become habitual criminals and committed between 40% and 700% more criminal acts. Not only the early onset participants commit crimes more

frequently, but they also commit more serious ones. These minors show the most severe antisocial behavior among the incarcerated youths.

In comparisons regarding social desirability it may seem like the results are counter-intuitive, as higher scores for social desirability could be expected in female youths with early onset and higher psychopathic traits (so as to try to portray more positive images of themselves). One should have in mind that some caution is advised in interpreting these values due to the low Kuder-Richardson coefficient. Lilienfeld and Fowler (2006) had already showed that psychopaths frequently report the presence of socially devalued characteristics, such as antisocial behaviors, hostility and weak impulse control, reliably. Quite frequently it is considered that psychopaths are supposedly more adept than non-psychopaths at manipulating their questionnaire answers, but there is no solid and consistent empirical evidence that supports such a claim. Only a few specific clinical observations and studies (e.g., Ray et al., in press) have demonstrated that psychopaths could have scores similar to those of students because they can in some degree manipulate social desirability measures.

Findings for the association of psychopathic traits with age of criminal onset and first trouble with the law were statistically significant, but only marginally significant for the age of first incarceration in a juvenile detention center. Our findings corroborate previous studies (e.g., Brandt et al., 1997; Salekin et al., 2006; Vincent et al., 2003). Findings regarding the association of psychopathic traits with the frequency of delinquent behaviors and seriousness of crimes showed strong correlations in line with previous studies (e.g., Brandt et al., 1997; Campbell et al., 2004), implying that young females with higher psychopathic traits display the most severe antisocial behavior.

Our investigation clearly supports a relation between psychopathy scores and criminal conduct in young females. However, we must highlight that not all minors who show severe antisocial behavior together with the diagnosis of conduct disorder should be considered to be potential psychopaths, such a classification should be reserved for a distinct subgroup after suitable assessment (Lynam, 1996). We must stress the importance of the psychopathy construct for the early identification of young people at potential high risk and for the rigorous assessment of young people who have already come into contact with the judicial system, thus promoting an empirically grounded basis to guide interventions.

Our study contributes to the research on age of crime onset and juvenile psychopathic traits in female European samples. This is the first study examining age of crime onset in a female sample of Portuguese youths. Also, we hope to promote the investigation of psychopathic traits the Portuguese ethnic/cultural reality, which may help to identify unique etiological pathways in the development of antisocial behavior (Kotler & McMahon, 2005). To design specific interventions for young persons at various points of their criminal trajectory, we need to fully understand how the early onset life-course persistent and the late onset adolescent-limited offenders are different. Understanding the unique developmental patterns of each group may allow interventions to be designed that prevent or alter an individual's progression along the trajectory, whether it is their by choice or circumstance.

It is necessary to point out several limitations of our study. First, the use of self-report measures on psychopathy was a limitation. Second, the low internal consistency of some scales and dimensions (e.g., MCSDS-SF, APSD-SR CU) were limitations in terms of reliability of measurement. Third, the fact that our study was cross-sectional limited the certainty about the differences in age of onset that were found. It is recommended that

future research in this area should use rating scales (e.g., PCL:YV), measures that show better internal consistency, and longitudinal research methodology that allows the study of the participants over time regarding the stability of the traits.

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4. Manuscrito III

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Examining ethnic differences in self-reported psychopathic traits among
Portuguese male juvenile offenders

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Abstract

The aim of the present study was to analyze differences regarding psychopathic traits and related constructs in male youths of diverse ethnic backgrounds. Participants were 216 males youths from the Juvenile Detention Centers of the Portuguese Ministry of Justice (White Europeans group: $n = 108$; ethnic minorities group: $n = 108$). Psychopathy was measured by the Antisocial Process Screening Device and the Child and Adolescent Taxon Scale. The results showed that no differences were found between ethnic groups regarding psychopathic traits and psychopathy taxon. Independent of ethnic group membership, psychopathic traits scores were significantly associated with behavioral problems, conduct disorder, self-reported delinquency, seriousness of criminal activity, age of criminal activity onset, and age at first trouble with the law. The present study adds support to the literature regarding youth psychopathic traits and supports the psychopathy construct as universally and inter-culturally consistent.

Key words: Juvenile delinquency; Psychopathic traits; Ethnicity; Conduct disorder; Behavior problems

The application of the psychopathy construct to youths in the context of juvenile delinquency has been gaining increasing importance in research despite its long history in the biomedical and psychological sciences (Häkkinen-Nyholm & Nyholm, 2012; Lindberg, 2012; Vaughn & Howard, 2005). There has been accumulating evidence for an association of this construct with the greater stability and frequency of antisocial behaviors, increase of serious and violent delinquent behaviors, early onset of criminal activity, early arrests by police and early convictions of youths (e.g., Forth & Book, 2010; Kruh, Frick, & Clements, 2005; Van Baardewijk, Vermeiren, Stegge, & Doreleijers, 2011).

Psychopathy is generally conceptualized as a syndrome that remains throughout life and encompasses a constellation of extremely interpersonal, emotional, behavioral and lifestyle traits. Adult men diagnosed as psychopaths tend to demonstrate proactive violent behaviors more frequently and are motivated by instrumental reasons, such as material gains and revenge (e.g., Cornell et al., 1996; Porter & Woodworth, 2007). Psychopathic traits, which can be defined from the dimensional point of view, refer to a manipulative, deceitful, callous and remorseless pattern of personality traits that has come to be associated with a more serious, persistent and violent early onset type of antisocial behavior in adult men who have a preference for exciting and dangerous activities (e.g., Andershed et al., 2002; Frick et al., 2003; Vitacco et al., 2002).

In the past, the study of psychopathy has focused almost exclusively on Caucasian adult men (Sullivan & Kosson, 2006, Verona & Vitale, 2006; Verona, Sadeh, & Javdani, 2010). However, more recently, some researchers (e.g., Lynam, 1996, 1997; Frick, 1998) have attempted to modify the nomological network of psychopathy and to adapt the existing psychopathy research instruments to children, adolescents, women and non-Caucasian men. These authors argue that children who show a combination of

impulsivity, hyperactivity and attention deficit as well as conduct disorder have a particularly harmful variant of conduct disorder that is similar to adult psychopaths. Although there is still a controversial discussion about the feasibility of its downward extension to children and adolescents (Seagrave & Grisso, 2002; Sevecke, Lehmkuhl, & Krischer, 2009), multiple studies regarding adolescent psychopathy suggest support for the existence of similar correlates that are observed in adult samples. For example, youths with higher psychopathic traits are generally more prone to use excessive and disproportional violence in their crimes (Fritz, Wiklund, Kuposov, Klinteberg, & Ruchkin, 2008; Lindberg, Laajasalo, Holi, Putkonen, Weizmann-Henelius, & Häkkänen-Nyholm, 2009).

The literature on psychopathy and ethnicity, although relatively scarce, has found psychopathy to be a construct that can be generalized across different ethnic groups, but there may be ethnic variations in the manner in which particular traits manifest (e.g., Shepherd, Luebbers, & Dolan, 2012). Because few studies have investigated the factor structure of youth psychopathy instruments in ethnic/minority groups, it is difficult to reach consistent conclusions regarding the generalizability of these assessments to non-white youth. Research with black and white American youths suggests that comparable factor structures emerge for the Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003). Jones, Cauffman, Miller, and Mulvey (2006) conducted a study indicating that the three- and four-factor models of the PCL:YV fit the data moderately well for serious and violent black juvenile delinquents. However, both the three- and four-factor structures resulted in a considerably poor fit for Latino boys recruited from the same adjudicated sample, indicating that some factor structures modifications may be needed. Additional studies are needed to confirm that the factor structures adopted from research on North American white youths demonstrate enough cross-cultural consistency

to justify the systematic use of youth psychopathy measures with ethnic/minority populations.

Some studies have examined differences in the prevalence of psychopathic traits in youths of ethnic/minority groups. McCoy and Edens (2006) conducted a meta-analysis to compare how black and white North American youths could differ in the levels of measured psychopathic traits. Authors from 16 different studies ($N = 2,199$) found that a very small but still significant ($p = .03$) mean difference in the levels of psychopathic traits between black and white adolescents, as measured by the PCL family of instruments. The difference was equivalent to black youths scoring an average of 1.5 points higher than white youths on a 40-point scale (i.e., a very small overall magnitude of effect). Although there was some significant variability across all of the examined studies, these results do not support widespread racial bias in the assessment of psychopathy in black adolescents, at least as measured by the PCL:YV. However, given the limited research base with minority youth, these authors strongly caution against making inferences regarding understudied populations based on PCL:YV scores.

Olver, Stockdale, and Wormith (2009) conducted a meta-analysis of the predictive accuracy of the following three forensic instruments that are frequently used to assess risk with young offenders: Psychopathy Checklist: Youth Version (PCL:YV), Youth Level of Service Inventory (YLS/CMI), and Structured Assessment of Violence Risk for Youth (SAVRY). In total, 49 studies (across 44 samples, $N = 8,746$) were examined for the predictive accuracy for recidivism of these measures, but no single instrument demonstrated a superior significant predictive accuracy. The authors reported that PCL:YV predicted general recidivism with higher accuracy in Canadian studies than in non-Canadian studies but found no evidence that predictive validity varied by the ethnicity and gender of the participants.

Shepherd, Luebbers, and Dolan (2012) recently reviewed the available literature on three prominent juvenile risk assessment measures (PCL:YV, SAVRY, and YLS/CMI) and their ability to accurately predict recidivism among different ethnic groups and genders across 50 studies. These authors concluded that the PCL:YV has generally shown encouraging results predicting violent and non-violent recidivism in diverse ethnic samples featuring Black and Latino participants. However, their conclusions were not absolutely consensual (e.g., Edens, Campbell, & Weir, 2006). Shepherd et al. (2012) considered the literature on juvenile risk assessment that includes significant cohorts of non-White and female participants to be scant and that further research with larger samples is needed.

The general pattern of findings in the studies by McCoy and Edens (2006), Olver et al. (2009), and Shepherd et al. (2012) was quite consistent with meta-analysis and meta-reviews performed by Skeem, Edens, Camp, and Colwell (2004); Leistico, Salekin, DeCoster, and Rogers (2008); and Singh and Fazel (2010), who examined group differences across different ethnic samples of adults. These authors concluded that differences were mainly negligible (although they acknowledge that there was some heterogeneity among the effects, and in some cases, the effects of country and race were found to be highly collinear). One can conclude that it seems quite difficult to support the position that there are large and stable ethnic differences in psychopathy, at least as operationalized by PCL instruments; however, these instruments do not constitute the only possible operationalization of psychopathic traits among youths. Other psychopathy scales are available, such as the Antisocial Process Screening Device (APSD; Frick & Hare, 2001), the Child Psychopathy Scale (CPS; Lynam, 1997), and the Youth Psychopathic Traits Inventory (YPI; Andershed, Kerr, Stattin, & Levander, 2002).

The APSD is currently the most studied questionnaire measure of juvenile psychopathy (Johnstone & Cooke, 2004; Patrick, 2010; Sharp & Kine, 2008). In terms of the factorial structure of the APSD, the research carried out to date suggests that the juvenile psychopathy construct that has accumulated the most consistent evidence is the tridimensional construct, and it contains the callous/unemotional, impulsivity and narcissism trait dimensions. The literature has highlighted the role of callous/unemotional traits, defined as an affective (e.g., absence of guilt, restraint of emotion displayed) and interpersonal (e.g., lack of empathy) style, that emerges as a distinct dimension; it has been hypothesized that such traits can enable the distinction of a more severe and aggressive type of juvenile delinquents (Caputo, Frick, & Brosky, 1999; Kruh et al., 2005) in a way that the other impulsivity and narcissism dimensions cannot.

Cross-cultural research with the APSD on the structural variance of youth psychopathy measures is also beginning to emerge in non-North American countries. Dadds, Fraser, Frost, and Hawes (2005) examined the factor structure of the APSD in Australia and found that the three-factor solution composed by callous-unemotional traits (CU), narcissism (Nar) and impulsivity (Imp) exhibited adequate fit with the data. Conversely, a confirmatory factor analysis of the APSD by Enebrink, Anderson, and Langstrom (2005) revealed a better fit for the two-factor solution (i.e., CU, Nar/Imp) than the three-factor solution in a sample of Swedish boys with emotional and behavioral problems. A study by Pechorro, Marôco, Poiares, and Vieira (2013) also revealed a better fit for the two-factor solution in a mixed forensic and community sample of Portuguese male and female youths from mixed backgrounds.

Few studies using the APSD have investigated how child and youth psychopathy measures function across ethnicity, and preliminary evidence is still inconclusive, at least among North American samples of Caucasian and African-American participants.

Research with the APSD showed mixed results. Some researchers (e.g., Barry, Barry, Deming, & Lochman, 2008; Christian, Frick, Hill, Tyler, & Frazer, 1997) found no evidence that supported the presence of the different rates of psychopathic traits among ethnic groups, while others (e.g., Frick, Lilienfeld, Ellis, Loney, & Silverthorn, 1999; Frick, Bodin, & Barry, 2000; Frick, Cornell, Bodin, Dane, Barry, & Loney, 2003) found that ethnic minorities (mainly African-American) showed higher rates of psychopathic traits, especially CU traits.

Most research on ethnic differences among adults and youths has been performed with PCL instruments. The use of self-report measures has been limited and largely overlooked in forensic samples; therefore, there is a need for such research. Additionally, due to the limited empirical evidence and the somewhat conflicting studies, it is unclear whether the elevated scores observed in some studies of ethnic/minority groups are meaningful for understanding psychopathic traits in youths or are an artifact of other forces (e.g., a disproportional over-representation of incarcerated ethnic minorities' youths with low socioeconomic status). More research is needed to determine whether the results obtained in the North American samples can be generalized to other cultures. To our knowledge, this is the first study examining the relationship between juvenile psychopathic traits and ethnicity in a sample of Portuguese adolescents. Bearing in mind the theoretical framework mentioned above, this study aimed to test two hypotheses: a) there are no significant differences between ethnic groups regarding psychopathic traits; b) psychopathic-traits scores, independent of ethnic group membership, are significantly associated with behavioral problems, conduct disorder, self-reported delinquency, crime seriousness, age of crime onset and age at first trouble with the law.

Method

Participants

The sample consisted of 216 male participants recruited from Portuguese juvenile detention centers. Participants were subdivided to form a White European Group ($n = 108$; $M = 15.85$ years; $SD = 1.38$ years; range = 13–20 years), and an Ethnic Minorities Group ($n = 108$; $M = 15.85$ years; $SD = 1.21$ years; range = 13–19 years).

The criterion used to form the ethnic groups was exclusively based on ethnicity. The white European group was formed exclusively of white European participants. The ethnic minorities group was formed with ethnic minority participants, namely, participants of African descent, participants with a mixed ethnicity, and participants who were gypsies; the percentage of participants by ethnicity was as follows: white European (50%), African (31%), mixed ethnicity (13.9%), and gypsies (5.1%).

Instruments

The Antisocial Process Screening Device–Self-report (APSD-SR; Frick & Hare, 2001; Muñoz & Frick, 2007) is a multi-dimensional 20-item measure designed to assess psychopathic traits in adolescents. Originally named the Psychopathy Screening Device, it was modeled after the Psychopathy Checklist - Revised (PCL-R; Hare, 2003). Each item (e.g., “You lie easily and skillfully”) is scored on a 3-point ordinal scale (Never = 0, Sometimes = 1, Often = 2); higher scores indicate an increased presence of the traits in question. The total score, as well as each dimension score, is obtained by adding the respective items. Some studies (e.g., Frick et al., 1994) reported two main factors: callous/unemotional traits (CU, tapping interpersonal and affective dimensions of psychopathy, such as lack of guilt and absence of empathy) and an impulsivity/conduct

problems factor (I-CP, tapping behavioral aspects of conduct problems and impulse control problems). Another study (Frick, Barry, & Bodin, 2000) with a community sample reported three main factors: a callous/unemotional traits factor (CU) and an I-CP factor that was subdivided into two further factors, namely, narcissism (Nar) and impulsivity (Imp). Higher scores indicated an increased presence of the characteristics associated with each factor. The Portuguese validation of the APSD-SR (Pechorro, 2011; Pechorro, Marôco, Poiares, & Vieira, 2013) was used. The internal consistency for the present study, estimated by Cronbach's alpha, was as follows: Total APSD-SR = .70; I-CP = .76; CU = .53. The CU dimension had a low internal consistency that was typical of the APSD-SR in other studies (e.g., Muñoz & Frick, 2007).

The Child and Adolescent Taxon Scale (CATS; Harris, Rice, & Quinsey, 1994; Quinsey, Harris, Rice, & Cormier, 2006) is an actuarial rating scale developed from variables related to childhood and adolescent antisocial and aggressive characteristics (e.g., "Childhood aggression problem" and "Arrested below the age of 16"). This scale has eight items scored either 0 (*no*) or 1 (*yes*). The total score is obtained by adding the items. Higher scores indicate higher psychopathic characteristics. The Portuguese validation of the CATS was used (Pechorro, 2011) with a satisfactory Area Under the Curve (AUC = .81). Because this is an actuarial scale, the reliability of the internal consistency was not estimated. Inter-rater reliability, which was estimated using the Intraclass Correlation Coefficient (ICC), was .95 ($p \leq .001$).

The Strengths and Difficulties Questionnaire–Self-response (SDQ-SR; Goodman, Meltzer, & Bailey, 1998) is a short behavioral questionnaire aimed at pre-adolescents and adolescents; the questionnaire includes 25 items (e.g., "I am often accused of lying or cheating"), and each item is rated on a 3-point ordinal scale (Never = 0, Somewhat true = 1, Often = 2). The SDQ consists of five dimensions: Emotional symptoms (ES), Conduct

problems (CP), Hyperactivity (H), Peer problems (PP), and Pro-social behavior (P). The scores for emotional symptoms, conduct problems, hyperactivity and peer problems are summated to generate a total difficulties score (TDS), ranging from 0 to 40; the pro-social score is not incorporated into the TDS because the absence of pro-social behaviors is conceptually different from the presence of psychological difficulties. Internal consistency for the present study, estimated by Cronbach's alpha, was as follows: SDQ-SR TDS = .60; SDQ-SR P = .68. The official Portuguese translation of the SDQ-SR was used (Pechorro, 2011; Pechorro, Poiares, & Vieira, 2011).

The Adapted Self-Reported Delinquency Scale (ASRDS; Carroll, Durkin, Houghton, & Hattie, 1996; Carroll, Houghton, Durkin, & Hattie, 2009) is a self-report measure consisting of 38 items (e.g., "Stolen and driven a car" and "Broken into house/building with intent"), and it assesses adolescent involvement in illegal and antisocial activities. The ASRDS score can be obtained by adding the items from a 3-point ordinal scale (Never = 0, Sometimes = 1, and Frequently = 2), where higher scores signify a greater involvement in criminal activities. A Portuguese version of the ASRDS was used. Pechorro (2011) was able to demonstrate psychometric properties that justify its use with the Portuguese adolescent population in terms of factorial validity, internal consistency (Cronbach's $\alpha = .96$), temporal stability ($r = .88; p \leq .01$), discriminant validity (Λ Wilks = .51; $\chi^2 = 508.88; p \leq .001$), divergent validity ($r = -.13; p \leq .01$), convergent validity ($r = .66; p \leq .01$), concurrent validity ($r_{pb} = .40; p \leq .01$), retrospective validity ($r = -.44; p \leq .01$), cutoff score (CS = 16, sensibility = 86.4%, specificity = 85.5%, ROC = .86), corrected item-total correlation (range = .32 – .80.) and average inter-item correlation (.38). Internal consistency for this study, estimated by Cronbach's alpha, was .94.

The Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) short composite (MCSDS-SF) version was designed by Ballard (1992) from the original Marlowe-Crowne scale; it is recognized as a composite sub-scale and is currently the most frequently used of all the subscales derived from the original MCSDS items (e.g., “No matter who I’m talking to, I’m always a good listener”). A Portuguese version of the MCSDS-SF, translated and adapted for adolescents, was used (Pechorro, 2011). Pechorro, Vieira, Poiares, and Marôco (2012) found psychometric properties that justify the use of the MCSDS-SF with the Portuguese adolescent community and forensic populations, namely, in terms of internal consistency (Kuder-Richardson = .61), unidimensional factorial structure, temporal stability ($r_s = .76$; $p \leq .001$), discriminant validity (Λ Wilks = .988; $\chi^2 = 8.848$; $p \leq .001$), and divergent validity ($r = .10$; *ns*). Internal consistency for the present study (using a 12 items version of the MCSDS-SF), estimated by the Kuder-Richardson coefficient, was .60.

The delinquency seriousness classification of the official court reports was guided by the Sellin-Wolfgang Index of Crime Seriousness (ICS; Wolfgang, Figlio, Tracey, & Singer, 1985, as cited in White, Moffitt, Caspi, Jeglum-Bartusch, Needles, & Stouthamer-Loeber, 1994). Level 0 consisted of no delinquency. Level 1 consisted of minor delinquency committed at home, such as stealing small amounts of money from the mother’s purse. Level 2 consisted of minor delinquency outside the home, including shoplifting something worth less than €5, vandalism and minor fraud (e.g., not paying bus fare). Level 3 consisted of moderately serious delinquency, such as any theft over €5, gang fighting, carrying weapons, and joyriding. Level 4 consisted of serious delinquency, such as car theft and breaking and entering. Level 5 consisted of having performed at least two of each of the behaviors in level 4.

Additionally, a questionnaire was constructed to describe the socio-demographic and criminal characteristics of the participants and to analyze the possible moderating effect of these variables. This questionnaire included questions about the participants' age, nationality, ethnic group, origin (rural *versus* urban), level of schooling completed, socio-economic status, parents' marital status, nationality, number of siblings/half-siblings, consumption of psychiatric drugs, age of first transgression, age of the first problem with legal authorities, and age of first incarceration in a Juvenile Detention Center. Socio-economic status was measured by the combination of the parents' level of education and profession appropriate to the Portuguese reality (Simões, 1994). Age of the first problem with the law was defined as the age of the first intervention by the police (e.g., age of first arrest by the police).

Procedures

The age range for youth participation in the study was previously set between 12 and 20 years because this is the age range when youths are amenable to detention under the Portuguese judicial system's Educational Guardianship Act (*Lei Tutelar-Educativa*). We chose to use only male participants because they represent more than 90% of the admissions to the six existing Portuguese Juvenile Detention Centers (*Centros Educativos*). The security level of these detention centers ranges from low to high, and they are mainly placement centers. Each questionnaire was preceded by an informed consent form, in which participants were informed of the voluntary and confidential nature of participation in the study. Parental informed consent was not needed because the participants were under the Portuguese judicial system's Educational Guardianship Act. The questionnaires were individually applied to the youths by the first author of this

study, who also consulted the available official reports and performed the diagnosis of DSM-IV-TR Conduct Disorder (American Psychiatric Association, 2000) and the ratings regarding the seriousness of the delinquency classification.

The collection of questionnaires was carried out individually after obtaining authorization from the General Directorate of Reintegration and Prison Services – Ministry of Justice (*Direção-Geral de Reinserção e Serviços Prisionais – Ministério da Justiça*). All of the detainees from the existing Juvenile Detention Centers that admit male youths were informed about the nature of the study and were asked to participate. The main author of this study collaborated personally with the directors of each Detention Center to motivate young people to participate in the study and to clarify any questions that arose regarding participation. No incentives to encourage participation were given, but the fact that the Detention Centers' directors were personally involved in encouraging participation might have contributed to increasing the participation rate. The participation rate was approximately 93%. Not all young people agreed or were able to participate; reasons for lack of participation included refusal to participate (6%), inability to participate due to not understanding the language (1%) and inability to participate due to security issues (1%). The participants were mostly convicted of serious and violent crimes (97.8%), such as homicide, robbery, aggravated assault, and rape. The average detention sentence length was 17.63 months ($SD = 6.63$ months). In total, 27.4% of the participants were detained in high security detention centers. All of the questionnaires of those who participated were appropriately completed.

Questionnaire data that were considered valid (i.e., appropriately completed by participants within the selected age range and ethnic groups) were analyzed using SPSS v21 software (IBM SPSS, 2012). Following data entry, the quality of data entry was evaluated and was considered very good, as practically no data entry errors were detected

(99.4% of correct entries). The few detected errors were corrected. The ethnic groups were formed based exclusively on ethnicity. The ethnic minorities group was formed with non-white European participants, namely, participants of African descent and mixed-ethnicity (e.g., Brazilian “mulatos” of both South American and African ethnic background) as well as gypsies. The participants of both groups were approximately matched *post-hoc* by age and socio-economic status to control for the confounding effects of these variables. The matching was performed statistically and was not previously built into the study design.

Analytical Plan

A MANOVA was used to analyze the multiple dependent variables together. Univariate ANOVAs were used to compare groups when the assumptions of normality (skewness and kurtosis between -2 and 2) and homogeneity of variance were validated; Welch’s ANOVA was used when the assumptions of normality were validated but group variances were heterocedastic. Mann-Whitney’s *U* test was used when the variables were ordinal or when the data clearly violated both the assumption of normality and homogeneity of variance (Leech, Barrett, & Morgan, 2008). The Chi-square test was used to compare nominal variables. Point biserial correlations were used to analyze the association between nominal dichotomous variables and scale variables, Spearman’s Rho was used to analyze associations between ordinal variables, and Pearson’s *r* was used to analyze correlations between scale variables. The results were considered significant if $p \leq .05$ and marginally significant if $p \leq .1$ (Aron, Coups, & Aron, 2013). Effect size and power calculations were performed to clarify the degree of accuracy/reliability of the statistical judgments and the strength of the relationship between the variables. Most of the effect sizes values were considered to be low [0; .05] (Marôco, 2011; Tabachnick & Fidell, 2007).

Results

In the initial phase of data treatment, socio-demographic and criminal variables were analyzed. The results showed no statistically significant differences between the white European and the ethnic minorities groups regarding age ($F = .025$; $p = .88$), socio-economic status ($U = 3510$; $p = .55$), the level of schooling completed ($F = .194$; $p = .66$), the number of siblings/half-siblings ($F = 3.723$; $p = .06$), parents' marital status ($\chi^2 = 2.585$; $p = .66$), or the use of psychiatric drugs ($\chi^2 = 1.714$; $p = .25$). Differences were found regarding a rural *versus* urban origin ($\chi^2 = 7.234$; $p \leq .05$).

The results of the criminal variables showed statistically significant differences between the white European and the ethnic minorities groups regarding the age of onset of criminal activities ($F_w = 4.25$; $p \leq .05$) and the age of first problem with the law ($F_w = 6.107$; $p \leq .05$), but no differences were found regarding the age of first entry into a Juvenile Detention Center ($F = 1.941$; $p = .17$). Additionally, no statistically significant differences were found regarding the diagnosis of DSM-IV-TR's conduct disorder ($\chi^2 = .00$; $p = 1$).

A MANOVA was conducted to assess if there were differences between the two groups on a linear combination of all of the dependent variables. The appropriate multivariate statistic was used because the homogeneity of the variance/covariance assumption was met (Box's $M = 40.671$; $F = 1.402$; $p = .08$) and the group sizes were identical. There were no statistically significant differences in the dependent variables of the two groups (Wilks' Lambda = .954; $F = 1.442$; $p = .19$; $\eta_p^2 = .05$; power = .60). Follow-up univariate ANOVAs and U Mann-Whitney tests were performed regarding the

measures used, but the only statistically significant difference found was with regard to the ASRDS (see Table 1).

Table 1

Descriptive statistics, ANOVAs and U Tests for APSD-SR I-CP, APSD-SR CU, CATS, SDQ-SR TDS, SDS-SR P, ASRDS, ICS, and MCSDS-SF

	White Europeans	Ethnic Minorities	<i>F</i> or <i>U</i> and <i>p</i> value * effect size and power
APSD-SR I-CP			$F = 1.537; p = .216$
<i>M (SD)</i>	9.60 (4.12)	10.35 (4.76)	$\eta_p^2 = .01; \text{power} = .24$
APSD-SR CU			$F = .008; p = .930$
<i>M (SD)</i>	5.17 (2.14)	5.19 (2.47)	$\eta_p^2 = .00; \text{power} = .05$
CATS			$F = .222; p = .638$
<i>M (SD)</i>	6.57 (1.12)	6.50 (1.19)	$\eta_p^2 = .00; \text{power} = .08$
SDQ-SR TDS			$U = 5149; p = .136$
<i>M (SD)</i>	114.82 (6)	102.18 (6)	$r = -.10; \text{power} = .24$
SDQ-SR P			$F = .141; p = .707$
<i>M (SD)</i>	7.40 (2.09)	7.30 (1.89)	$\eta_p^2 = .00; \text{power} = .07$
ASRDS			$F = .4186; p \leq .05$
<i>M (SD)</i>	28.88 (13.12)	32.63 (13.82)	$\eta_p^2 = .02; \text{power} = .53$
ICS			$U = 5030; p = .074$
<i>MR (IR)</i>	101.07 (2)	115.93 (3)	$r = -.12; \text{power} = .06$
MCSDS-SF			$F = 1.175; p = .280$
<i>M (SD)</i>	18.15 (2.28)	17.80 (2.49)	$\eta_p^2 = .01; \text{power} = .19$

Note. APSD-SR = Antisocial Process Screening Device Self-report; APSD-SR I-CP = Impulsivity-Conduct Disorder dimension; APSD-SR CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; SDQ-SR TDS = Total Difficulties Score; SDQ-SR P = Pro-social Behavior; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form

*An ANOVA or *U* Mann-Whitney Test (Exact sig. 2-tailed); *M* = Mean; *SD* = Standard-deviation; *MR* = Mean Rank; *IR* = Interquartile Range; η_p^2 = partial eta-squared effect size; *r* = Pearson effect size

Post-hoc Mann-Whitney's *U* test comparisons regarding the psychopathy measures revealed no statistically significant differences between the following groups: White European vs Black (APSD-SR I-CP $p = .252$; APSD-SR CU $p = .826$; CATS $p = .833$); White European vs Mixed Ethnicity (APSD-SR I-CP $p = .808$; APSD-SR CU $p = .452$; CATS $p = .346$); White European vs Gipsy (APSD-SR I-CP $p = .584$; APSD-SR

CU $p = .761$; CATS $p = .992$); Black vs Mixed Ethnicity (APSD-SR I-CP $p = .574$; APSD-SR CU $p = .482$; CATS $p = .267$); Black vs Gipsy (APSD-SR I-CP $p = .375$; APSD-SR CU $p = .761$; CATS $p = .986$); and Mixed Ethnicity vs Gipsy (APSD-SR I-CP $p = .593$; APSD-SR CU $p = .971$; CATS $p = .660$).

The correlations of the APSD-SR total score with the other measures used were analyzed (see Table 2). All of the correlations were statistically significant.

Table 2

Correlations of the APSD-SR total score with CATS, SDQ-SR TDS, ASRDS, ICS, MCSDS-SF, and DSM-IV-TR CD

	Total Sample	White Europeans	Ethnic Minorities
APSD-SR Total	($M=15.16$; $SD=5.14$)	($M=14.77$; $SD=4.64$)	($M=15.55$; $SD=5.58$)
CATS	.35***	.40***	.32***
SDQ-SR TDS	($M=6.54$; $SD=1.15$)	($M=6.57$; $SD=1.12$)	($M=6.50$; $SD=1.19$)
ASRDS	.56***	.48***	.21*
ASRDS	($M=15.45$; $SD=4.77$)	($M=15.89$; $SD=4.80$)	($M=15.01$; $SD=4.73$)
ASRDS	.56***	.62***	.51***
ICS	($M=30.76$; $SD=13.57$)	($M=28.88$; $SD=13.12$)	($M=32.63$; $SD=13.82$)
ICS	.56***	.61***	.52***
MCSDS-SF	($M=2.50$; $SD=1.39$)	($M=2.32$; $SD=1.34$)	($M=2.69$; $SD=1.42$)
MCSDS-SF	-.55***	-.53***	-.57***
DSM CD	($M=17.97$; $SD=2.39$)	($M=18.15$; $SD=2.28$)	($M=17.80$; $SD=2.49$)
DSM CD	.29***	.28**	.30**

Note. APSD-SR = Antisocial Process Screening Device Self-report; CATS = Child and Adolescent Taxon Scale; SDQ TDS = Strengths and Difficulties Questionnaire–Self-report Total Difficulties Score; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS = Marlowe–Crowne Social Desirability Scale–Short Form; DSM CD = DSM-IV-TR Conduct Disorder

*** statistically significant at $p \leq .001$; ** statistically significant at $p \leq .01$; * statistically significant at $p \leq .05$; *ns* = non-significant; *M* = Mean; *SD* = Standard deviation

Additionally, the correlations of the APSD-SR total score with the variables age of crime onset, age of first problem with the law, and age of first entry into a juvenile detention center were also analyzed (see Table 3). Most of the correlations were statistically significant.

Table 3

Correlations of the APSD-SR total score with age of crime onset, age of first problem with the law, and age of first entry into a juvenile detention center

	Total Sample	White Europeans	Ethnic Minorities
APSD-SR Total	(<i>M</i> =15.16; <i>SD</i> =5.14)	(<i>M</i> =14.77; <i>SD</i> =4.64)	(<i>M</i> =15.55; <i>SD</i> =5.58)
ACO	-.30***	-.29**	-.30**
AFLP	(<i>M</i> =11.46; <i>SD</i> =2.10) -.26***	(<i>M</i> =11.75; <i>SD</i> =1.75) -.23*	(<i>M</i> =11.17; <i>SD</i> =2.36) -.26**
AFEJDC	(<i>M</i> =12.76; <i>SD</i> =1.81) -.14*	(<i>M</i> =13.06; <i>SD</i> =1.57) -.27**	(<i>M</i> =12.46; <i>SD</i> =1.98) -.04 ^{<i>ns</i>}
	(<i>M</i> =14.93; <i>SD</i> =1.22)	(<i>M</i> =15.05; <i>SD</i> =1.19)	(<i>M</i> =14.81; <i>SD</i> =1.25)

Note. ACO = age of crime onset; AFLP = age of first problem with the law; AFEJDC = age of first entry into a juvenile detention center

*** statistically significant at $p \leq .001$; ** statistically significant at $p \leq .01$; * statistically significant at $p \leq .05$; *ns* = non-significant; *M* = Mean; *SD* = Standard deviation

No statistically significant correlations were found between the APSD-SR total scores and age ($r = -.05$; $p = .435$) or between the CATS scores and age ($r = -.12$; $p = .09$).

Discussion

The aim of the present study was to analyze differences regarding psychopathic traits and related constructs in male youths of different ethnic backgrounds. It was hypothesized that no significant differences between ethnic groups regarding psychopathic traits would be found and that psychopathic-traits scores, regardless of ethnic group membership, would be significantly associated with behavioral problems, conduct disorder, self-reported delinquency, crime seriousness, age of crime onset, and age at first trouble with the law.

When comparing the participants of the white Europeans group with the ethnic minorities group regarding socio-demographic variables, the results showed that the only difference found was that the white Europeans group had more participants from a rural origin. It is particularly important to note that no statistically significant differences were found in terms of socio-economic status. When comparing the two groups relative to the criminal variables, statistically significant differences were found regarding two variables, namely, participants from the ethnic minorities group had an earlier age of crime onset and an earlier age of first trouble with the law.

In comparing the white European group and the ethnic minorities group regarding the APSD-SR I-CP, APSD-SR CU, CATS, DSM-IV-TR CD, SDQ-SR TDS and SDQ-SR P, no statistically significant differences were found. These results reinforce the large majority of the literature suggesting that there aren't large ethnic differences in psychopathic traits, psychopathy, conduct disorder and behavior problems (e.g., McCoy & Edens, 2006; Skeem et al., 2004), even in non-North American samples.

Although no significant differences were found regarding the ICS, differences were found regarding the ASRDS. This suggests that the ethnic minority youths in our sample were more frequently involved in a diversity of illegal and antisocial activities, but the activities in which they were involved were not more serious ones. Regarding the MCSDS-SF, no significant differences were found in terms of social desirability between the two groups, although we must mention that the Kuder-Richardson coefficient was somewhat low (i.e., low reliability).

The moderate correlations found between the APSD-SR total score and the SDS-SR TDS and DSM-IV-TR's Conduct Disorders diagnosis reinforce the literature that supports the consistent association of psychopathic traits and behavior problems, which

are considered to be different but related constructs (e.g., Frick, 1998; Frick, Barry, & Bodin, 2000; Lynam, 1996), and conduct disorder (Barry, Frick, DeShazo, McCoy, Ellis, & Loney, 2000; Leistico et al., 2008; Lynam, 1996; Myers, Burket, & Harris, 1995; Salekin, Leistico, Neumann, DiCicco, & Duros, 2004).

The high correlations found between the APSD-SR total score and the ASRDS and ICS reinforce the association between psychopathy and delinquent behaviors (e.g., Sevecke & Kosson, 2010; Van Baardewijk et al., 2011) and crime seriousness (e.g., White et al., 1994) described in the literature. Findings for psychopathic traits and their association with the age of onset of criminal conduct/first trouble with the law (e.g., Forth & Book, 2010) were corroborated by our study because statistically significant negative moderate correlations were mostly found. It is important to stress that the strongest correlations found were for age of onset, which is the purest measure of criminal activity. However, as the level of outside intervention increased (first arrest then first incarceration), the strength of correlation decreased. In the case of the ethnic minority participants, the variable age of first entry into a juvenile detention center was not statistically significant.

We must conclude that there is evidence that supports the initial hypothesis that there are no significant differences between ethnic groups regarding psychopathic traits. The results obtained from the correlations reinforce the role of the interrelationship of psychopathic traits with behavior problems, conduct disorder, self-reported delinquency, crime seriousness, age of crime onset and age of first trouble with the law. There is also evidence in this study that mostly confirms the second hypothesis that was set. The APSD is useful with Portuguese male youths, independent of their ethnic background, but more research is needed regarding other instruments (e.g., PCL:YV, YPI).

It is necessary to note several limitations of our study. First, the use of self-reported measures on psychopathy was a limitation. Second, the low internal consistency of some scales and dimensions (e.g., APSD-SR CU) were limitations in terms of the reliability of measurement. Third, the fact that our study was cross-sectional limited the certainty about the absence of differences between groups. Fourth, the eventual inclusion reviews of official police reports or interviews (e.g., parents, teachers) to verify the severity of delinquent behavior would have been advisable. It is recommended that future research in this area should also use rating scale measures tapping psychopathy (e.g., PCL:YV) that demonstrate better internal consistency and can differentiate between delinquent and non-delinquent participants; in addition, future studies should use a longitudinal research methodology that allows for the study of participants over time regarding the stability of the traits.

Our study contributes to the research on juvenile psychopathic traits and ethnicity in non-North American samples. To our knowledge, this is the first study examining this topic in Portugal. Our study lends support to the literature regarding psychopathy in adolescents and supports the view that psychopathy is a universal and inter-culturally consistent construct. We hope to promote the investigation of this important construct in south European Latin countries and to add to the growing body of research regarding ethnic/cultural differences in the assessment of psychopathic traits. The study of psychopathy in youths may reveal important insights into the etiology of this disorder and may be useful for earlier treatment interventions, risk assessment and case management of juvenile offenders. Therefore, there are important reasons to further explore the construct of psychopathy among adolescents.

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5. Manuscrito IV

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Psychopathic traits and ethnicity in female youths

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Abstract

The aim of the present study was to analyze differences regarding psychopathic traits and related constructs in female youths of diverse ethnic backgrounds. Using a sample of 88 young females from the Juvenile Detention Centers of the Portuguese Ministry of Justice (white Europeans group: $n = 44$, ethnic minorities group: $n = 44$), and a sample of 130 young females from the schools of the Lisbon region (white Europeans group: $n = 65$, ethnic minorities group: $n = 65$) results showed that almost no differences were found within the forensic group and the school group. Independently of ethnic group membership, psychopathic traits scores were significantly associated with behavioral problems, conduct disorder, self-reported delinquency, crime seriousness, age of crime onset, and age at first trouble with the law.

Key-words: Female juvenile delinquency; Psychopathic traits; Ethnicity; Conduct disorder; Behavior problems

Female youth are a strikingly understudied population within the accumulated forensic literature which is particularly troubling since adolescent females represent a significant and growing population within forensic contexts. Theoretical and empirical models describing the development of girls' antisocial behavior have been scarce. Little is known about the precursors, etiological factors and correlates of female delinquency. This dearth of knowledge about developmental trajectories is partly due to the lower base rate of criminal activity among females relative to males, particularly at a young age. The scarcity of research on girls may also be a function of a lack of consensus on how to conceptualize and measure female antisocial behavior (Hipwell et al., 2002).

On the other side, the application of the psychopathy construct to youths in the context of juvenile delinquency has recently been gaining increasing importance in research, despite its long history in the biomedical and psychological sciences (Häkkinen-Nyholm & Nyholm, 2012; Lindberg, 2012; Vaughn & Howard, 2005). There has been accumulating evidence for an association of this construct with greater stability and frequency of antisocial behaviors, more serious and violent delinquent behaviors, early onset of criminal activity, early arrests by police and early convictions (e.g., Forth & Book, 2010; Kruh, Frick, & Clements, 2005; Van Baardewijk, Vermeiren, Stegge, & Doreleijers, 2011).

Unfortunately the absence of a systematic inquiry into both ethnicity and gender issues has meant that the intersection of ethnicity, gender, and psychopathy has remained a vastly ignored topic. Hutton (2011) was the first author to conduct a study to simultaneously examine all of the primary factor models of the PCL:YV among a North American sample of mixed ethnicity violent female youth offenders. Results demonstrated that the three-factor model is the best-fitting of the primary PCL:YV factor models. This author also examined the relationship between psychopathy total, factor,

and facet scores and instrumental aggression, but contrary to previous studies on male youth results revealed that female youth with psychopathic traits were not significantly more likely to use instrumental violence in the commission of their violent crimes. Also, no significant differences were found between psychopathy scores across ethnicity.

Literature on psychopathy and ethnicity, although relatively scarce, has found psychopathy to be a construct that can be generalized across different ethnic groups, but there may be ethnic variations in the way particular traits manifest (e.g., Shepherd, Luebbers, & Dolan, 2012). Due to the fact not many studies have investigated the factor structure of youth psychopathy instruments in ethnic/minority groups, especially in female juveniles, it difficult to reach consistent conclusions regarding the generalizability of these assessments to non-white youth. Research with black and white American youth suggests that comparable factor structures emerge for the Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003). Jones, Cauffman, Miller, and Mulvey (2006) conducted a study indicating that the three- and four-factor models of the PCL:YV fit the data moderately well for serious and violent black juvenile delinquents. However, both the three- and four-factor structures resulted in a considerably poor fit for Latino boys recruited from the same adjudicated sample, indicating that some factor structures modifications may be needed. Additional studies are needed to confirm that the factor structures adopted from research on North American white youths demonstrate enough consistency to justify the systematic use of youth psychopathy measures with ethnic/minority populations.

Some studies have examined differences in the prevalence of psychopathic traits in youths of ethnic/minority groups. McCoy and Edens (2006) conducted a meta-analysis to compare how black and white youth could differ in levels of measured psychopathic traits. Examining 16 different studies ($N = 2,199$) these authors found a very small mean

difference in levels of psychopathic traits between black and white adolescents as measured by the PCL family of instruments. The difference was equivalent to black youth scoring an average of 1.5 points higher than white youth on a 40-point scale. Although there was some significant variability across all the studies examined, these results do not support widespread racial bias in the assessment of psychopathy in adolescents, at least as measured by the PCL:YV. However, given the limited research base with minority youth, these authors strongly caution against making inferences about understudied populations based on PCL:YV scores.

Olver, Stockdale, and Wormith (2009) conducted a meta-analysis of the predictive accuracy of three forensic instruments frequently used to assess risk with young offenders: Psychopathy Checklist: Youth Version (PCL:YV), Youth Level of Service Inventory (YLS/CMI), and Structured Assessment of Violence Risk for Youth (SAVRY). Examining 49 studies (across 44 samples, $N = 8,746$), predictive accuracy for recidivism was examined for these measures, but no single instrument demonstrated superior significant prediction. The authors reported that PCL:YV predicted general recidivism with higher accuracy in Canadian studies than in non-Canadian studies, but found no evidence that predictive validity varied by ethnicity and gender of the participants.

Shepherd, Luebbers, and Dolan (2012) recently reviewed the available literature on three prominent juvenile risk assessment measures (PCL:YV, SAVRY, YLS/CMI) and their ability to accurately predict recidivism among different ethnic groups and genders across 50 studies. Regarding the PCL:YV, these authors concluded it has generally shown encouraging results predicting violent and non-violent recidivism in diverse ethnic samples featuring Black and Latino participants, although not all authors agreed (e.g., Edens, Campbell, & Weir, 2006). Shepherd et al. (2012) consider that the

literature on juvenile risk assessment that includes significant cohorts of non-White and female participants is scant, and that further research with larger samples is needed.

The general pattern of findings in McCoy and Edens' (2006), Olver et al.' (2009), and Shepherd et al.'(2012) studies is quite consistent with meta-analysis and meta-reviews performed by Skeem, Edens, Camp, and Colwell (2004), Leistico, Salekin, DeCoster, and Rogers (2008), and Singh and Fazel (2010) who examined group differences across different ethnic samples of adults. These authors concluded that differences were mainly negligible. One can conclude it seems quite difficult to support the position that there are large and stable ethnic differences in psychopathy, at least as operationalized by the PCL family of instruments, which, however, do not constitute the only possible operationalization of psychopathic traits among youths. Other psychopathy scales are available, such as the Antisocial Process Screening Device (APSD; Frick & Hare, 2001), the Child Psychopathy Scale (CPS; Lynam, 1997), or the Youth Psychopathic Traits Inventory (YPI; Andershed, Kerr, Stattin, & Levander, 2002).

The APSD is currently the most researched questionnaire measure of juvenile psychopathy (Patrick, 2010; Sharp & Kine, 2008). In terms of its factorial structure, the research carried out so far suggests that the juvenile psychopathy construct which has accumulated the most consistent evidence is the tridimensional one, which contains the callous/unemotional, impulsivity and narcissism traits dimensions. The literature has highlighted the role of callous/unemotional traits, defined as an affective (e.g., absence of guilt) and interpersonal (e.g., lack of empathy) style, which emerges as a distinct dimension; it has been referred that such traits can enable the distinction of a more severe and aggressive type of juvenile delinquents (Caputo, Frick, & Brosky, 1999; Kruh et al., 2005) in a way that the other impulsivity and narcissism dimensions cannot.

Cross-cultural research with the APSD on the structural variance of youth psychopathy measures is also beginning to emerge in non-North American countries. Dadds, Fraser, Frost, and Hawes (2005) examined the factor structure of the APSD in Australia and found that the three-factor solution composed by callous-unemotional traits (CU), narcissism (Nar) and impulsivity (Imp) exhibited adequate fit to the data. Conversely, confirmatory factor analysis of the APSD by Enebrink, Andershed, and Langstrom (2005) revealed a better fit for the two-factor solution (i.e., CU, Nar/Imp) than the three-factor solution in a sample of Swedish boys with emotional and behavioral problems. A study by Pechorro, Marôco, Poiares, and Vieira (2013) also revealed a better fit for the two-factor solution in a mixed forensic and community sample of Portuguese male and female youths from mixed ethnic backgrounds.

Few studies using the APSD have investigated how child and youth psychopathy measures function across ethnicity, and preliminary evidence is still inconclusive at least among North-American samples of Caucasian and African-American participants. Research with the APSD showed mixed results. Some researchers (e.g., Barry, Barry, Deming, & Lochman, 2008; Christian, Frick, Hill, Tyler, & Frazer, 1997) found no evidences that supported the presence of different rates of psychopathic traits among ethnic groups, while others (e.g., Frick, Lilienfeld, Ellis, Loney, & Silverthorn, 1999; Frick, Bodin, & Barry, 2000; Frick, Cornell, Bodin, Dane, Barry, & Loney, 2003) found that ethnic minorities (mainly African-American) showed higher rates of psychopathic traits, especially CU traits.

Most research on ethnic differences among adults and youths has been done with PCL rating-scales, while the use of self-report measures has been limited and largely overlooked in forensic samples. So there is a need for such research, inclusively from the practical point of view of the psychological and risk evaluations solicited by the courts.

We must point out that more research is needed to determine whether results already obtained in North American samples of male Caucasians and African-Americans participants can be generalized and that the relevance of the relationships between ethnicity and gender for psychopathic traits in children and adolescents is still quite poorly understood. Bearing in mind the theoretical framework mentioned above, this study aimed to test two hypotheses: a) there are no significant differences between ethnic groups regarding psychopathic traits as measured using self-report measures (APSD-SR); b) psychopathic-traits scores, independently of ethnic group membership, are significantly associated with behavioral problems, conduct disorder, self-reported delinquency, crime seriousness, age of crime onset and age at first trouble with the law.

Method

Participants

The forensic sample was made up of 88 female participants recruited from juvenile detention centers. The school sample was made up of 130 female participants recruited from schools in the Lisbon region. Participants from the forensic sample were subdivided to form a white Europeans group ($n = 44$; $M = 15.73$ years; $SD = 1.45$ years; range = 13–18 years), and an ethnic minorities group ($n = 44$; $M = 15.93$ years; $SD = 1.15$ years; range = 14–18 years). Participants from the school sample were also subdivided to form a white Europeans group ($n = 65$; $M = 15.84$ years; $SD = 1.31$ years; range = 13–19 years) and an ethnic minorities group ($n = 65$; $M = 16.11$ years; $SD = 1.45$ years; range = 14–20 years).

The criterion used to form the ethnic groups of both samples was based on ethnicity. Each parent's ethnicity was used to categorize the child's ethnicity. The two

white Europeans groups were formed exclusively with white European participants (i.e., the participant was included only if both parents had the same ethnicity; if a participant had one white European parent and one parent from an ethnic minority or an unknown ethnicity that participant was excluded). Regarding the forensic sample, the ethnic minorities group was formed with ethnic minorities' participants, namely: African, and South American; the percentage of participants by ethnicity was: white Europeans (50%), African (26.1%), and South American (23.9%). Regarding the school sample, the ethnic minorities group was formed with ethnic minorities' participants, namely: African, and South American; the percentage of participants by ethnicity was: white Europeans (50%), and African (27.7 %), and South American (22.3 %). Participants from the ethnic groups of both samples were approximately matched *a posteriori* on age and socio-economic status.

Instruments

The Antisocial Process Screening Device–Self-report (APSD-SR; Frick & Hare, 2001; Muñoz & Frick, 2007) is a multi-dimensional 20-item measure designed to assess psychopathic traits in adolescents. It was modeled after the Psychopathy Checklist - Revised (PCL-R; Hare, 2003). Each item (e.g., “You lie easily and skillfully”) is scored on a 3-point ordinal scale (Never = 0, Sometimes =1, Often = 2); higher scores mean an increased presence of the traits in question. The total score, as well as each dimension score, is obtained by adding the respective items. Some studies (e.g., Frick et al., 1994) reported two main factors: callous/unemotional traits (CU, tapping interpersonal and affective dimensions of psychopathy, such as lack of guilt and absence of empathy) and an impulsivity/conduct problems factor (I-CP, tapping behavioral aspects of conduct problems and impulse control problems). Another study (Frick, Barry, & Bodin, 2000) in

a community sample reported three main factors: callous/unemotional traits factor (CU) and an I-CP factor which is subdivided into two further factors, namely narcissism (Nar) and impulsivity (Imp). Higher scores indicate an increased presence of the characteristics associated with each factor.

The Portuguese validation of the APSD-SR (Pechorro, 2011; Pechorro, Marôco, Poiares, & Vieira, 2013) was used. A Principal Component Analysis (PCA) using a criterion of greater than or equal to .30 as the level of loading significance was conducted on the present ethnically diverse sample (KMO measure of sampling adequacy = .81; Bartlett Test of Sphericity $p \leq .001$). The PCA revealed a two-factor solution (I-CP and CU) by both the eigenvalue and scree test criteria accounting for 27% of the common variance in scale items. The internal consistency for the present study, estimated by Cronbach's alpha, was as follows: Total APSD-SR = .70; I-CP = .76; CU = .53. The alpha value regarding the CU factor was low, but still acceptable for research purposes (DeVellis, 1991). Psychometric results were similar to the ones obtained by Pechorro et al. (2013).

The Child and Adolescent Taxon Scale (CATS; Quinsey, Harris, Rice, & Cormier, 2006) is an actuarial rating scale developed from variables related to childhood and adolescent antisocial and aggressive characteristics (e.g., "Childhood aggression problem"). This scale has eight items scored either 0 (*no*) or 1 (*yes*) that can discriminate between two classes: psychopaths and non-psychopaths. The total score is obtained by adding the items with the Nuffield system for determining item weights. Higher scores mean higher psychopathic characteristics. Inter-rater reliability was estimated using Intraclass Correlation Coefficient (ICC) was .95 ($p \leq .001$).

The Strengths and Difficulties Questionnaire–Self-response (SDQ-SR; Goodman, Meltzer, & Bailey, 1998) is a short behavioral questionnaire aimed at pre-adolescents and

adolescents made up of 25 items (e.g., “I am kind to younger children”), rated on a 3-point ordinal scale (Never = 0, Somewhat true= 1, Often =2). The SDQ consists of five dimensions: Emotional symptoms (ES), Conduct problems (CP), Hyperactivity (H), Peer problems (PP), and Pro-social behavior (P). The scores for emotional symptoms, conduct problems, hyperactivity and peer problems are summated to generate a total difficulties score (TDS) ranging from 0 to 40; the pro-social score is not incorporated into the TDS since the absence of pro-social behaviors is conceptually different from the presence of psychological difficulties. Internal consistency for the present study, estimated by Cronbach’s alpha, was as follows: SDQ-SR TDS = .60; SDQ-SR P = .68. These values are somewhat low but still acceptable for research purposes (DeVellis, 1991). The official Portuguese translation of the SDQ-SR was used (Pechorro, 2011; Pechorro, Poiares, & Vieira, 2011).

The Adapted Self-Reported Delinquency Scale (ASRDS; Carroll, Durkin, Houghton, & Hattie, 1996; Carroll, Houghton, Durkin, & Hattie, 2009) is a self-report measure consisting of 38 items (e.g., “Stolen and driven a car”) which assesses adolescent involvement in illegal and antisocial activities. The ASRDS score can be obtained by adding the items from a 3-point ordinal scale (Never = 0, Sometimes = 1, Frequently = 2), where higher scores signify greater involvement in criminal activities. A Portuguese version of the ASRDS was used. Pechorro (2011) was able to demonstrate psychometric properties that justify its use with the Portuguese adolescent population in terms of factorial validity, internal consistency (Cronbach's $\alpha = .96$), temporal stability ($r = .88$; $p \leq .01$), discriminant validity (Λ Wilks = .51; $\chi^2 = 508.88$; $p \leq .001$), divergent validity ($r = -.13$; $p \leq .01$), convergent validity ($r = .66$; $p \leq .01$), concurrent validity ($r_{pb} = .40$; $p \leq .01$), retrospective validity ($r = -.44$; $p \leq .01$), cutoff score (CS = 16, sensibility = 86.4%, specificity = 85.5%, ROC = .86), corrected item-total correlation (range = .32 – .80) and

average inter-item correlation (.38). Internal consistency for this study, estimated by Cronbach's alpha, was .94.

The Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) short composite (MCSDS-SF) version was designed by Ballard (1992) from the original Marlowe-Crowne scale; it is recognized as a composite sub-scale and is currently probably the most used of all the subscales that have been derived from the original MCSDS items (e.g., "I sometimes feel resentful when I don't get my way"). A Portuguese version of the MCSDS-SF, especially translated and adapted for adolescents, was used (Pechorro, 2011). Pechorro, Vieira, Poiares, and Marôco (2012) found psychometric properties that justify the use of the MCSDS-SF with the Portuguese adolescent community and forensic populations, namely in terms of internal consistency (Kuder-Richardson = .61), unidimensional factorial structure, temporal stability ($r_s = .76$; $p \leq .001$), discriminant validity (Λ Wilks = .988; $\chi^2 = 8.848$; $p \leq .001$), divergent validity ($r = .10$; ns). Internal consistency for the present study (using a 12 items version of the MCSDS-SF), estimated by Kuder-Richardson coefficient, was .60. This value is somewhat low but still acceptable for research purposes (DeVellis, 1991).

The delinquency seriousness classification of the official court reports was guided by the Sellin-Wolfgang Index of Crime Seriousness (ICS; Wolfgang et al., as cited in White et al., 1994). Level 0 consisted of no delinquency. Level 1 consisted of minor delinquency committed at home, such as stealing minor amounts of money from mother's purse. Level 2 consisted of minor delinquency outside the home including shoplifting something worth less than €5, vandalism and minor fraud (e.g., not paying bus fare). Level 3 consisted of moderately serious delinquency such as any theft over €5, gang fighting, carrying weapons, and joyriding. Level 4 consisted of serious delinquency such

as car theft and breaking and entering. Level 5 consisted of having performed at least two of each of the behaviors in level 4.

In addition, a questionnaire was constructed to describe the socio-demographic and criminal characteristics of the participants and to analyze the possible moderating effect of these variables. This questionnaire includes questions about participants' age, nationality, ethnic group, rural *versus* urban origin, level of schooling completed, socio-economic status, parents' marital status, nationality, number of siblings/half-siblings, taking of psychiatric drugs, age of first transgression, age of first problem with the law, and age of first incarceration in a Juvenile Detention Center. Socio-economic status was measured by a combination of the parent's level of education and profession, appropriate to the Portuguese reality (Simões, 1994). Age of first problem with the law was defined as the age of the first intervention by the police (e.g., age of first arrest by the police).

Procedures

The age range for participation in the study was previously set between 12 and 20 years since this is the age range when young people are amenable to interventions under the Portuguese judicial system's Educational Guardianship Act. We chose to use only female participants, although girls admitted to the Portuguese Juvenile Detention Centers are scarce, due to the fact there is a general lack of studies about psychopathic traits and female juvenile delinquency in an international perspective. Each questionnaire was preceded by an informed consent form, in which participants were informed of the voluntary and confidential nature of participation in the study.

Collection of questionnaires was carried out individually after obtaining authorization from the General Directorate of Reintegration and Prison Services –

Ministry of Justice. All the detainees, from the three existing Juvenile Detention Centers that admit girls, were informed about the nature of the study and asked to participate. The participation rate was around 92%. Not all young people agreed or were able to participate; reasons included refusal to participate (6%), inability to participate due to not understanding the language (1%) and inability to participate due to security issues (1%). The main author of this study and the directors of each Detention Center collaborated in order to motivate young people to participate in the study, clarifying any questions that arose regarding participation. No incentives to encourage participation were given, but the fact that Detention Centers' directors were personally involved in encouraging participation might have contributed to increase the participation rate. All questionnaires of those who participated were appropriately completed.

The collection of questionnaires in the school context took place after having obtained permission from the Directorate General of Education – Ministry of Education. Twelve elementary/secondary schools from the greater Lisbon areas were randomly selected, of which four agreed to participate. Reasons for non-participation included the systematic absence of a response to collaboration requests made by the researcher, alleged internal school organization issues that made collaboration impossible, as well as the refusal to collaborate due to the forensic content of the questionnaire. The schools that accepted to participate requested that participation of each student should be previously authorized by written consent, signed by their parent/guardian. In the end, about 13% of participants were excluded due to not belonging to the age range established or to reasons such as returning incomplete, blank or illegible questionnaires.

Questionnaire data which were considered valid (i.e., appropriately completed by female participants within the selected age range and ethnic groups) were analyzed using SPSS v20 (IBM SPSS, 2012). Following data entry, questionnaires were randomly

selected, so as to evaluate the quality of their entry, which was considered very good. The few detected errors (1.3%) were corrected. The ethnic groups were formed based exclusively on ethnicity. The ethnic minorities group was formed with non-white European participants, namely: African and South Americans (Brazilian “mulatas” of mixed native-American and African ethnic background). Participants of both groups were approximately matched *a posteriori* on age and socio-economic status.

MANOVA was used to analyze the multiple dependent variables together. Univariate ANOVAs were used to compare groups when the assumptions of normality (skewness and kurtosis between -2 and 2) and homogeneity of variance were validated; Welch’s ANOVA was used when the assumptions of normality were validated but group variances were heterocedastic. Mann-Whitney’s *U* test was used when the variables were ordinal or when the data clearly violated both the assumption of normality and homogeneity of variance (Tabachnick & Fidell, 2007). The Chi-square test was used to compare nominal variables. Point biserial correlations were used to analyze the association between nominal dichotomous variables and scale variables, Spearman Rho was used to analyze associations between ordinal variables, and Pearson *r* was used to analyze correlations between scale variables. Results were considered significant if $p \leq .05$, and marginally significant if $p \leq .1$ (Aron, Coups, & Aron, 2013).

Effect size and power calculations were made (as described in Marôco, 2011) to clarify the degree of accuracy/reliability of the statistical judgments and the strength of the relationship between the variables. Regarding the forensic sample the following values were obtained: APSD-SR I-CP ($\eta_p^2 = .001$; power = .06); APSD-SR CU ($\eta_p^2 = .028$; power = .35); CATS ($r = -.171$; power = .31); SDQ-SR TDS scale ($\eta_p^2 = .028$; power = .34); SDQ-SR P scale ($r = -.14$; power = .36); ASRDS ($\eta_p^2 = .002$; power = .07); MCSDS-SF ($\eta_p^2 = .011$; power = .17); and ICS ($r = -.072$; power = .06). Regarding the

school sample the following values were obtained: APSD-SR I-CP ($\eta_p^2 = .004$; power = .10); APSD-SR CU ($\eta_p^2 = .005$; power = .12); CATS ($\eta_p^2 = .002$; power = .07); SDQ-SR TDS scale ($\eta_p^2 = .062$; power = .82); SDQ-SR P scale ($\eta_p^2 = .000$; power = .06); ASRDS ($\eta_p^2 = .001$; power = .06); MCSDS-SF ($\eta_p^2 = .001$; power = .06); and ICS ($r = -.06$; power = .05).

Results

In the initial phase of data treatment, socio-demographic and criminal variables were analyzed. The forensic sample's results showed statistically significant differences between the white Europeans and the ethnic minorities groups regarding the level of schooling completed ($U = 608$; $p \leq .01$), the number of siblings/half-siblings ($F = 9.331$; $p \leq .01$) and parents' marital status ($\chi^2 = 9.333$; $p \leq .05$). No statistically significant differences were found between the two groups regarding the variables age ($F_w = .537$; $p = .466$), socio-economic status ($U = 667$; $p = .899$), rural *versus* urban origin ($\chi^2 = 1.011$; $p = 1$), and the taking of psychiatric drugs ($\chi^2 = .563$; $p = .618$). The results of the criminal variables showed no statistically significant differences between the white Europeans and the ethnic minorities groups regarding the age of onset of criminal activities ($F = 3.206$; $p = .077$), the age of first problem with the law ($F = 1.628$; $p = .205$), and the age of first entry into a Juvenile Detention Center ($F_w = .468$; $p = .496$).

The school sample's results showed statistically significant differences between the white Europeans and the ethnic minorities groups regarding the number of siblings/half-siblings ($F_w = 39.213$; $p \leq .001$). No statistically significant differences were found between the two groups regarding the variables age ($F = 1.322$; $p = .252$), level of schooling completed ($F = .823$; $p = .366$), socio-economic status ($U = 1478$; $p = .104$),

parents' marital status ($\chi^2 = 4.378$; $p = .237$), and the taking of psychiatric drugs ($\chi^2 = 3.775$; $p = .115$).

Regarding the forensic sample, a MANOVA was conducted to assess if there were differences between the two groups on a linear combination of dependent variables. The appropriate multivariate statistic was used due to the fact the homogeneity of variance/covariance assumption was not met (Box's $M = 53.097$; $F = 3.318$; $p \leq .001$) and group sizes were identical. There were no statistically significant differences in the dependent variables of the two groups (Pillai's Trace = .071; $F = 1.244$; $p = .296$; $\eta_p^2 = .071$; power = .42). Follow-up univariate ANOVAs and *U* Mann-Whitney tests were done regarding the measures used (see Table 1).

Table 1

Descriptive statistics, ANOVAs and U Tests for the forensic sample

	White Europeans	Ethnic Minorities	<i>F</i> or <i>U</i> and <i>p</i> value*
APSD-SR I-CP			$F_W = .099$
<i>M</i> (<i>SD</i>)	9.98 (6.24)	9.64 (3.60)	$p = .754$
APSD-SR CU			$F = 2.5$
<i>M</i> (<i>SD</i>)	4.36 (2.07)	3.64 (2.24)	$p = .118$
CATS			$U = 782.5$
<i>MR</i> (<i>IR</i>)	48.72 (6)	40.28 (5)	$p = .109$
SDQ-SR TDS			$F = 2.456$
<i>M</i> (<i>SD</i>)	16 (4.89)	14.5 (4.04)	$p = .121$
SDQ-SR P			$U = 818$
<i>MR</i> (<i>IR</i>)	41.09 (1)	47.91 (2)	$p = .196$
ASRDS			$F_W = .192$
<i>M</i> (<i>SD</i>)	21.48 (12.25)	22.50 (9.46)	$p = .662$
ICS			$U = 890$
<i>MR</i> (<i>IR</i>)	42.73 (2)	46.27 (1)	$p = .501$
MCSDS-SF			$F_W = .978$
<i>M</i> (<i>SD</i>)	18.05 (1.84)	18.48 (2.24)	$p = .326$

Note. APSD-SR = Antisocial Process Screening Device Self-report; APSD-SR I-CP = Impulsivity-Conduct Disorder dimension; APSD-SR CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; SDQ-SR TDS = Total Difficulties Score; SDQ-SR P = Pro-social Behavior; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form

*ANOVA or *U* Mann-Whitney Test (Exact sig. 2-tailed); F_W = Welch's ANOVA; *M* = Mean; *SD* = Standard-deviation; *MR* = Mean Rank; *IR* = Interquartile Range

Post-hoc multiple comparisons regarding the psychopathy measures revealed no differences between the three ethnic groups: White Europeans vs African (APSD-SR I-CP $p = .231$; APSD-SR CU $p = .38$; CATS $p = .15$); White Europeans vs South American (APSD-SR I-CP $p = .871$; APSD-SR CU $p = .269$; CATS $p = .159$); African vs South American (APSD-SR I-CP $p = .156$; APSD-SR CU $p = .804$; CATS $p = .60$).

Regarding the school sample, a MANOVA was conducted to assess if there were differences between the two groups on a linear combination of dependent variables. Because homogeneity of variance/covariance assumption was met (Box's $M = 43.008$; $F = 1.447$; $p = .06$) the appropriate multivariate statistic was used. There were no statistically significant differences in the dependent variables of the two groups (Wilk's Lambda = .921; $F = 1.494$; $p = .176$; $\eta_p^2 = .079$; power = .61). Follow-up univariate ANOVAs and *U* Mann-Whitney tests were done regarding the measures used (see Table 2).

Table 2

Descriptive statistics, ANOVAs and U Tests for the school sample

	White Europeans	Ethnic Minorities	<i>F</i> or <i>U</i> and <i>p</i> value*
APSD-SR I-CP			<i>F</i> = .451
<i>M</i> (<i>SD</i>)	5.54 (3.27)	5.16 (3.19)	<i>p</i> = .503
APSD-SR CU			<i>F</i> = .582
<i>M</i> (<i>SD</i>)	2.74 (1.59)	2.95 (1.62)	<i>p</i> = .447
CATS			<i>F</i> = .212
<i>M</i> (<i>SD</i>)	.48 (.75)	.54 (.77)	<i>p</i> = .646
SDQ-SR TDS			<i>F</i> = 2.502
<i>M</i> (<i>SD</i>)	13.50 (4.16)	12.43 (3.49)	<i>p</i> = .116
SDQ-SR P			<i>F</i> = .055
<i>M</i> (<i>SD</i>)	8.39 (1.42)	8.33 (1.60)	<i>p</i> = .815
ASRDS			<i>F</i> = .081
<i>M</i> (<i>SD</i>)	5.33 (3.91)	5.53 (4.04)	<i>p</i> = .777
ICS			<i>U</i> = 2015
<i>MR</i> (<i>IR</i>)	64 (0)	67 (0)	<i>p</i> = .646
MCSDS-SF			<i>F</i> = .082
<i>M</i> (<i>SD</i>)	18.72 (2.66)	18.85 (2.47)	<i>p</i> = .774

Note. APSD-SR = Antisocial Process Screening Device Self-report; APSD-SR I-CP = Impulsivity-Conduct Disorder dimension; APSD-SR CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; SDQ-SR TDS = Total Difficulties Score; SDQ-SR P = Pro-social Behavior; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form

*ANOVA or *U* Mann-Whitney Test (Exact sig. 2-tailed); *F_w* = Welch’s ANOVA; *M* = Mean; *SD* = Standard-deviation; *MR* = Mean Rank; *IR* = Interquartile Range

Post-hoc multiple comparisons regarding the psychopathy measures revealed no differences between the three ethnic groups: White Europeans vs African (APSD-SR I-CP *p* = .385; APSD-SR CU *p* = .975; CATS *p* = .683); White Europeans vs South American (APSD-SR I-CP *p* = .93; APSD-SR CU *p* = .264; CATS *p* = .242); African vs South American (APSD-SR I-CP *p* = .468; APSD-SR CU *p* = .263; CATS *p* = .158).

Considering the total sample, the White Europeans group and the Ethnic Minorities group, the correlations of the APSD-SR and its dimensions with the other measures and variables were analyzed (see Table 3).

Table 3

Correlations of the APSD-SR and its factors with other measures and variables

	Total Sample	White Europeans	Ethnic Minorities
APSD-SR Total			
CATS	$r = .57^{**}$	$r = .54^{**}$	$r = .62^{**}$
SDQ-SR TDS	$r = .54^{**}$	$r = .53^{**}$	$r = .57^{**}$
ASRDS	$r = .64^{**}$	$r = .62^{**}$	$r = .68^{**}$
ICS	$r_s = .62^{**}$	$r_s = .59^{**}$	$r_s = .66^{**}$
MCSDS-SF	$r = -.34^{**}$	$r = -.32^{**}$	$r = -.38^{**}$
DSM CD	$r_{pb} = .61^{**}$	$r_{pb} = .63^{**}$	$r_{pb} = .62^{**}$
ACO	$r = -.48^{**}$	$r = -.55^{**}$	$r = -.53^{**}$
AFPWL	$r = -.34^{**}$	$r = -.39^{**}$	$r = -.34^*$
AFEIJDC	$r = -.20^*$	$r = -.15^{ns}$	$r = -.37^*$
APSD-SR I-CP			
CATS	$r = .54^{**}$	$r = .51^{**}$	$r = .60^{**}$
SDQ-SR TDS	$r = .58^{**}$	$r = .55^{**}$	$r = .65^{**}$
ASRDS	$r = .65^{**}$	$r = .66^{**}$	$r = .65^{**}$
ICS	$r_s = .61^{**}$	$r_s = .59^{**}$	$r_s = .62^{**}$
MCSDS-SF	$r = -.38^{**}$	$r = -.35^{**}$	$r = -.43^{**}$
DSM CD	$r_{pb} = .59^{**}$	$r_{pb} = .61^{**}$	$r_{pb} = .59^{**}$
ACO	$r = -.45^{**}$	$r = -.52^{**}$	$r = -.43^{**}$
AFPWL	$r = -.26^*$	$r = -.39^{**}$	$r = -.08^{ns}$
AFEIJDC	$r = -.19^{ns}$	$r = -.16^{ns}$	$r = -.28^{ns}$
APSD-SR CU			
CATS	$r = .29^{**}$	$r = .38^{**}$	$r = .18^{ns}$
SDQ-SR TDS	$r = .14^*$	$r = .25^*$	$r = -.02^{ns}$
ASRDS	$r = .23^{**}$	$r = .24^{**}$	$r = .22^*$
ICS	$r_s = .22^{**}$	$r_s = .23^{**}$	$r_s = .24^*$
MCSDS-SF	$r = -.04^{ns}$	$r = -.09^{ns}$	$r = -.04^{ns}$
DSM CD	$r_{pb} = .29^{**}$	$r_{pb} = .39^{**}$	$r_{pb} = .20^*$
ACO	$r = -.28^{**}$	$r = -.38^{**}$	$r = -.25^{ns}$
AFPWL	$r = -.32^*$	$r = -.23^{ns}$	$r = -.47^{**}$
AFEIJDC	$r = -.10^{ns}$	$r = -.06^{ns}$	$r = -.19^{ns}$

Note. APSD-SR = Antisocial Process Screening Device Self-report; APSD-SR I-CP = Impulsivity-Conduct Disorder dimension; APSD-SR CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; SDQ-SR TDS = Total Difficulties Score; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form; DSM CD = DSM-IV-TR’s Conduct Disorder diagnosis; ACO = age of crime onset; AFPWL = age of first problem with the law; AFEIJDC = age of first entry into a juvenile detention center; r = Pearson correlation; r_{pb} = point-biserial correlation; r_s = Spearman correlation

** significant at .01 level; * significant at .05 level; *ns* = non-significant

Discussion

When comparing the participants of the white Europeans group with the ethnic minorities group of the forensic sample regarding socio-demographic variables, the

results showed that the ethnic minorities group had participants with a lower level of schooling, more siblings/half-siblings, and whose parents were more often divorced/separated or deceased. It is particularly important to point out that no statistically significant differences were found in terms of socio-economic status because the effects associated with low socio-economic status can be mistakenly attributed to characteristics of a particular ethnicity/race. It is also important to mention that, when comparing the two groups relatively to the criminal variables, no statistically significant differences were found regarding age of crime onset, age of first trouble with the law, and age of first entry into a juvenile detention center.

Regarding the school sample, when comparing the participants of the white Europeans group with the ethnic minorities group regarding socio-demographic variables, the results showed that the only difference found was that the ethnic minorities group had participants with more siblings/half-siblings. Again, it is particularly important to point out that no statistically significant differences were found in terms of socio-economic status because an overreliance on studying incarcerated populations runs the risk of limiting the scope of our knowledge to individuals who come from both low socio-economic status and are ethnic minorities given disproportionate minority confinement.

In comparisons between the white Europeans group and the ethnic minorities group of the forensic and school samples regarding the Impulsivity-Conduct problems dimension of psychopathy, the callous-unemotional dimension of psychopathy, the psychopathy taxon, the total behavioral difficulties, the pro-social behavior, the self-reported delinquency, the crime seriousness, and the social desirability no statistically significant differences were found. These results reinforce the large majority of the literature suggesting that there aren't large and stable ethnic differences in psychopathic traits (e.g., McCoy and Edens, 2006; Skeem et al., 2002), but also in behavior problems,

self-reported delinquent behavior, and crime seriousness, even in non-North American samples. Also, no significant differences were found in terms of social desirability (i.e., no differences in the way the participants portrayed themselves in terms of exaggerating their strengths and achievements or denying their shortcomings and failures). Therefore, we must conclude there is sufficient evidence that supports our initial hypothesis (although some caution is advised due to the low power of the statistics).

The moderate correlations found between the psychopathic-traits total scores and the total behavioral difficulties scores and DSM-IV-TR's Conduct Disorder (American Psychiatric Association, 2000) reinforce the literature that supports the consistent association of psychopathic traits and behavior problems, which are considered different but related constructs (e.g., Frick, 1998; Freick et al., 2000; Lynam, 1996) and conduct disorder (Barry et al., 2000; Leistico et al., 2008; Lynam, 1996; Myers, Burket, & Harris, 1995; Salekin et al., 2004). The high correlations found between the psychopathic-traits total scores and self-reported delinquency and crime seriousness reinforce the association between psychopathy and delinquent behaviors (e.g., Sevecke & Kosson, 2010; Van Baardewijk et al., 2011) and crime seriousness (e.g., White et al., 1994) described in the literature. Findings for psychopathic traits and its association with age of onset of criminal conduct/first trouble with the law (e.g., Forth & Book, 2010) were corroborated by our study since statistically significant negative moderate correlations were found.

We must conclude that there is evidence that supports the initial hypothesis that there are no significant differences between ethnic groups regarding psychopathic traits, but again, we must mention some caution is advised due to the low power of the statistics. Results obtained from the correlations reinforce the role of the interrelationship of psychopathic traits with behavior problems, conduct disorder, self-reported delinquency, crime seriousness, age of crime onset and age of first trouble with the law. There is

therefore also evidence which mostly confirms the second hypothesis that was initially set. The APSD seems to be useful with female youths, independently of their ethnical background.

It is necessary to point out several limitations of our study. The effect sizes and power statistics suggest that our study was somewhat underpowered, although this is somewhat common with studies utilizing juvenile female samples. The eventual inclusion reviews of official police reports or interviews (e.g., parents, teachers) to verify the severity of delinquent behavior would have been advisable. Also, we did not consider impulsivity problems such as ADHD that can influence overall psychopathy scores, as previous research suggests this may be particularly relevant for girls (Sevecke & Kosson, 2010). The fact that the two factors of the APSD only accounted for 27% of variance in participant responses and the low internal consistency of some scales/dimensions (e.g., APSD-SR CU) were limitations in terms of reliability of measurement as they probably increased measurement error. The use of the APSD as a self-report measure is not ideal; the parent and teacher reports usually have better reliability and perhaps future research would benefit from assessing the impact of gender and ethnicity on these versions of the measure.

Our study contributes to the research on juvenile psychopathic traits and ethnicity in non-North American samples, as literature on female juvenile offenders, particularly in the area of psychopathy, is quite scant. Given that only females were investigated, there is still a possibility that differences across ethnicity may exist for males. This is a viable possibility given research suggesting different developmental pathways of psychopathy for males and females. To our knowledge, this is the first study examining this topic in Portugal, and it lends support to the literature on psychopathy in adolescents and supports viewing psychopathy as a universal and inter-culturally consistent construct. We hope to

add to the slowly growing body of research on ethnic/cultural differences in the assessment of psychopathic traits. The study of psychopathy in youths may reveal important insights into the etiology of this disorder and might be useful for earlier treatment interventions, risk assessment and case management of juvenile offenders.

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6. Manuscrito V

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Psychological and behavioral adjustment in female youths with high or
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Abstract

The aim of the present study was to analyze the role of psychopathic traits in female juvenile delinquency. Using a sample of 236 young females from the Juvenile Detention Centers of the Portuguese Ministry of Justice and schools in the Lisbon area, a group of female youths with high psychopathic traits ($n = 118$; $M = 15.84$ years of age; range = 14–18 years of age) and a group of female youths with low psychopathic traits ($n = 118$; $M = 15.77$ years of age; range = 14–18 years of age) were formed based on the Portuguese version of the Antisocial Process Screening Device – Self-report (APSD-SR). The results showed that young females with high psychopathic traits start engaging in criminal activities and come into contact with the justice system earlier in life; exhibit higher levels of behavioral problems, conduct disorder, delinquent behaviors and serious criminality; and demonstrate lower levels of self-esteem and pro-social behavior. The importance of some variables in predicting group membership (high *versus* low psychopathic traits) was established through a binary logistic regression. Our findings reinforce the importance of the psychopathy construct for the early identification of potentially high-risk female youths and for the assessment of female youths who have already come into contact with the judicial system.

Key words: Female juvenile delinquency; Psychopathic traits; Conduct disorder; Behavioral problems; Self-esteem

Juvenile delinquency can take various forms and be understood in distinct ways. Antisocial behaviors in youths are intrinsically related to their inability or unwillingness to conform to the norms of a particular society and respect the authority or rights of other individuals. These behaviors can take on less severe forms (e.g., school absenteeism) or have markedly serious aspects (e.g., homicide); such acts are often related and do not occur in isolation (Farrington, Loeber, & Kalb, 2001; Frick, 1998). Although many youths are sporadically involved in antisocial or illegal activities, only a small minority commit serious and violent acts in a persistent manner. That small minority, however, accounts for a substantial portion of committed delinquent acts (e.g., Loeber & Farrington, 2001; Office of Juvenile Justice and Delinquency Prevention, 1995).

Interest in the study of juvenile delinquency and the development of new theories and research hypotheses has recently been renewed (e.g., Moffitt, Caspi, Rutter, & Silva, 2006; Patterson & Yoerger, 2002). Prominent authors in this research area (e.g., Farrington, Loeber, & Kalb, 2001) emphasize the need to encourage research that studies persistent and serious delinquent youths to accumulate consistent scientific evidence that can then substantiate interventions, in terms of both their therapeutic efficacy and cost-benefit relationship. Research conducted in recent decades has led to the conclusion that serious antisocial behaviors are concentrated in male youths and that when such behaviors are initiated at an early age, they are highly stable over the life times of affected individuals (Hawkins, Laub, & Lauritsen, 1998; Lipsey & Derzon, 1998).

Unfortunately, significantly less research has been conducted with regard to female youths. Females under the age of 18 comprise one of the fastest growing segments of the juvenile justice population, with their arrests accounting for 27% of total arrests during 1999 (American Bar Association & National Bar Association, as cited in Leve & Chamberlain, 2004; Porter, 2000). In recent years, violence among young females has

increased both in terms of the number of offenses committed as well as their severity (Cauffmann, Lexcen, Goldweber, Shulman, & Grisso, 2007; Thomas, 2005). Theoretical and empirical models describing the development of antisocial behavior among girls have been scarce, and risk factors have been identified primarily for males (Wong, Slotboom, & Bijleveld, 2010). Not much is known about the precursors, etiological factors and correlates of female delinquency. This dearth of knowledge on developmental trajectories is partly attributable to the lower base rate of criminal activity among females relative to males, particularly among youths.

The application of the psychopathy construct to adolescents in the context of juvenile delinquency has recently been gaining importance in research despite its long history in the biomedical and psychological sciences (Vaughn & Howard, 2005). Evidence has been accumulating that associates this construct among male youths with more stable and frequent antisocial behaviors, more serious and violent delinquent behaviors, early onset of criminal activity, early arrests by police and early convictions (e.g., Forth & Book, 2010; Kruh, Frick, & Clements, 2005; Van Baardewijk, Vermeiren, Stegge, & Doreleijers, 2011). Psychopathy is generally conceptualized as a syndrome that remains present throughout the lifetime of the affected individual and encompasses a constellation of extreme interpersonal, emotional, behavioral and lifestyle traits. Adult men diagnosed as psychopaths tend to more frequently demonstrate proactive violent behaviors motivated by instrumental reasons such as material gains and revenge (e.g., Cornell et al., 1996; Porter & Woodworth, 2007; Serin, 1991). Psychopathic traits, which can be defined from the dimensional point of view, refer to a manipulative, deceitful, callous and remorseless pattern that has come to be associated with a more serious, persistent and violent early-onset type of antisocial behavior in adult men with a

preference for exciting and dangerous activities (e.g., Andershed et al., 2002; Frick et al., 2003; Vitacco et al., 2002).

In the past, the study of psychopathy by forensic psychologists and psychopathologists focused almost exclusively on adult men (Verona & Vitale, 2006; Verona, Sadeh, & Javdani, 2010). However, researchers (e.g., Lynam, 1996, 1997; Frick, 1998) have recently been trying to modify the nomological network of psychopathy and to adapt the existing psychopathy research instruments to children, adolescents and women. These authors argue that children who exhibit a combination of impulsivity, hyperactivity, attention deficit, and conduct disorder are affected by a particularly deleterious conduct disorder variant that makes them similar to adult psychopaths. The many investigations that have now been dedicated to adolescent psychopathy suggest support for the existence of similar correlates as seen in adult samples. For example, youths with higher psychopathic traits are generally more prone to use excessive and disproportional violence in their crimes (Fritz, Wiklund, Kuposov, Klinteberg, & Ruchkin, 2008; Lindberg, Laajasalo, Holi, Putkonen, Weizmann-Henelius, & Häkkänen-Nyholm, 2009). However, the feasibility of the downward extension of this construct to children and adolescents is still controversial (Seagrave & Grisso, 2002; Sevecke, Lehmkuhl, & Krischer, 2009), and juveniles encounter a number of specific additional factors that must be considered. For example, research indicates that some potential jurors feel that juveniles labeled as psychopaths deserve greater punishments and are at more risk of future criminality (Boccaccini, Murrie, Clark, & Cornell, 2008).

Although there is an increasing amount of evidence that corroborates the utility of the psychopathy construct in male adolescents, very few studies have specifically addressed psychopathy in female youths. There is, however, some evidence that psychopathy is expressed differently in girls and women (Charles, Acheson, Mathias,

Furr, & Dougherty, 2012). A close examination of the studies that have investigated the role of psychopathic traits in female youths reveals that they include relatively small sample sizes of adjudicated girls, who constitute approximately 11% to 22% of total samples (Frick, 1998, Frick, O'Brien, Wootton, & McBurnett, 1994). We can conclude that, although psychopathic personality traits can be detected in female samples, whether psychopathy in girls has the same structure and behavioral correlates as psychopathy in boys remains unclear. For example, Vincent, Vitacco, Grisso, and Corrado (2003) tried to identify subtypes of offenders based on the Psychopathy Checklist: Youth Version (PCL:YV), but although their sample consisted of 441 adolescents (326 boys, 115 girls), all girls were excluded from the analysis due to the "limited evidence for the validity of the PCL:YV in girls."

Frick and colleagues (1999) have proposed a developmental trajectory to psychopathy that is especially applicable to youths with early-onset conduct problems (Moffitt, 1993; Moffitt & Caspi, 2001). These authors suggested that the antisocial behavior of youths with high scores on callous-unemotional (CU) traits is qualitatively different from that of youths who exhibit conduct problems but not CU traits. In a series of studies, they have demonstrated that the antisocial and aggressive behaviors of children who score high on CU traits are less strongly related to adversity factors, such as poor parenting or low intelligence, and more strongly related to thrill and adventure seeking (Frick, Kimonis, Dandreaux, & Farrel, 2003), a reward-dominant response style, and deficits in processing negative emotional stimuli (Kimonis, Frick, Fazekas, & Loneyet, 2006; Loney, Frick, Clements, Ellis, & Kerlinet, 2003).

After reviewing the limited available research on antisocial girls, Silverthorn and Frick (1999) suggested that childhood- and adolescent-onset pathways cannot be applied to girls without some important modifications. These authors proposed that antisocial

girls exhibit a third developmental pathway, which they called the “delayed-onset” pathway. Their model assumes that many of the pathogenic mechanisms that may contribute to the development of antisocial behavior in girls, such as cognitive and neuropsychological deficits, a dysfunctional family environment, and/or the presence of a CU interpersonal style, could be present in childhood but do not lead to severe and overt antisocial behavior until adolescence. They therefore proposed that the delayed-onset pathway for girls is analogous to the childhood-onset pathway in boys and that there is no analogous pathway in girls to the adolescent-onset pathway in boys.

Charles et al. (2012) examined whether the relationship between psychopathic traits, specifically CU traits, and adjustment differed between girls and boys who were at risk for antisocial behavior in a sample of children ($n = 116$ boys, $n = 118$ girls) whose biological fathers had past or current alcohol or drug problems. Boys were generally rated higher on measures of CU traits, but these traits were more prominently related to adjustment problems among girls. These authors suggest that the expression of psychopathic traits may have more negative effects on adjustment among girls than boys and that CU traits may impact adjustment in girls by impairing interpersonal relationships.

The APSD is currently the most researched questionnaire measure of juvenile psychopathy (Johnstone & Cooke, 2004; Patrick, 2010; Sharp & Kine, 2008). In terms of its factorial structure, the research carried out thus far suggests that the juvenile psychopathy construct that has accumulated the most consistent evidence is the tridimensional one, which contains the callous/unemotional, impulsive and narcissistic trait dimensions. The literature has highlighted the role of callous/unemotional traits, defined as an affective (e.g., absence of guilt, restraint of emotional displays) and interpersonal (e.g., lack of empathy) style, which emerges as a distinct dimension; it has

been found that such traits can enable the identification of a more severe and aggressive type of juvenile delinquent (Caputo, Frick, & Brosky, 1999; Kruh et al., 2005) in a way that the other impulsivity and narcissism dimensions cannot. Few studies have investigated how youth psychopathy measures function across gender, but preliminary evidence indicates that they may function similarly in both boys and girls, although the factor structure may be somewhat different; a two-factor solution may be more justifiable in girls (Frick, Barry, & Bodin, 2000).

Verona et al. (2010) consider that, in contrast to the adult literature, research on the relative prevalence rates of psychopathic traits in boys and girls is inconclusive, with some researchers noting generally higher psychopathic tendencies among boys than girls and others finding no gender differences. Comparisons of parent or teacher psychopathy rating scales indicate that boys are, on average, rated higher than girls on psychopathic traits; consistent with this finding, a survey of child clinical psychologists demonstrated lower ratings for girls than boys on criteria compiled from several widely used youth psychopathy measures. However, according to Verona et al. (2010), other investigations of youth prevalence rates only report gender differences on certain aspects of psychopathy or fail to observe any significant gender differences at all.

Some of the most interesting common characteristics between psychopathic traits and antisocial behaviors (Forth & Book, 2010) are their strong mutual association and their high stability from childhood to adulthood (Farrington, 1989; Huesmann, Eron, Lefkowitz, & Walder, 1984; Moffitt, 1993). The co-morbidity of psychopathic traits with other disorders is high and may even be considered the rule (Frick, 1998). There has been increasing evidence that minors diagnosed with co-morbid combinations of Disruptive Behavior Disorders and Attention Deficit (DSM-IV-TR; American Psychiatric Association, 2000) exhibit a particularly severe and aggressive type of antisocial behavior

that is similar to that of adults with psychopathy (Barry, Frick, DeShazo, McCoy, Ellis, & Loney, 2000; Leistico, Salekin, DeCoster, & Rogers, 2008; Lynam, 1996, 1998).

After analyzing the relationship between juvenile psychopathy and externalizing psychopathology as defined in terms of disruptive behaviors, Salekin, Leistico, Neumann, DiCicco and Duros (2004) concluded that there were moderately high correlations ($r = .36 - .49$) between them. Sevecke and Kosson (2010) demonstrated the existence of a retrospective link between psychopathy in adults and conduct disorder in childhood, such as the early onset of antisocial behavior, chronic violence, various crimes and impulsivity. Myers, Burket and Harris (1995) studied the relationship between psychopathy and certain forms of psychopathology in hospitalized adolescents, finding statistically significant positive correlations among psychopathy, conduct disorder and antisocial behaviors. Frick, Barry and Bodin (2000) found strong and significant correlations ($R = .52 - .65; p \leq .001$) between the dimensions of the APSD (impulsivity, narcissism and callous/unemotional traits) and conduct disorder.

Low self-esteem is a construct that has been classically associated with juvenile delinquency, but its relation to psychopathic traits is under-investigated and remains unclear. For a long time, psychologists, sociologists and criminologists have considered self-esteem to be significantly correlated with antisocial behavior (Caldwell, Beutler, Ross, & Silver, 2006; Mason, 2001) but have not investigated its relation to psychopathic traits, especially among young females. Low self-esteem can lead young people to associate with other young people who exhibit antisocial behaviors. Barnow, Lucht and Freyberger (2005) showed that teenagers with low self-esteem are more frequently rejected by their peers and that this rejection produces a vicious cycle that amplifies violent behavior. Other empirical evidence (e.g., Baumeister, Smart, & Boden, 1996;

Toch, 1993) shows that young people with low self-esteem tend to engage in antisocial behaviors more frequently and that this leads to increases in their self-esteem.

Juvenile delinquency and juvenile psychopathy are important areas of study. There is a scientific need for information on the characteristics of delinquent female youths from a variety of cultures. Unfortunately, there is a lack of research on this topic, especially among European samples. To our knowledge, this is the first study examining psychopathic traits in a sample of Portuguese female adolescents. Bearing in mind the theoretical framework mentioned above, two groups were formed (based exclusively on rates of psychopathic traits) to test our two hypotheses: a) we expect that young females with high psychopathic traits will demonstrate significantly higher values for conduct disorder, behavioral problems, delinquent behaviors and serious crimes as well as lower values for self-esteem and pro-social behavior; and b) we expect that scores obtained for behavioral problems, delinquent behaviors, and crime seriousness measurements will be significantly associated with membership in the high psychopathic traits group.

Method

Participants

The sample was composed of 236 female participants recruited from forensic and school contexts; of this total, 118 participants formed the group with high psychopathic traits (High APSD-SR; $M = 15.84$ years of age; $SD = 1.31$ years; range = 14–18 years of age), and 118 participants formed the group with low psychopathic traits (Low APSD-SR; $M = 15.77$ years of age; $SD = 1.15$ years; range = 14–18 years of age).

Table 1 presents data regarding the origin, number and respective percentage of participants in each APSD-SR group.

Table 1

Frequency and percentage of participants for the Low APSD-SR and High APSD-SR groups

	Low APSD-SR	High APSD-SR	<i>N</i>	Percentage
Forensic sample	25	68	93	39.41%
School sample	93	50	143	60.59%
Total sample	118	118	236	100%

These groups were formed based on the median ($Mdn = 9$) calculated from the total scores of the female participants in the Portuguese validation of the APSD-SR (Pechorro, 2011; Pechorro, Marôco, Poiares, & Vieira, 2013), specifically the scores of the females in the community and present forensic samples. The aim of forming these groups was to study a mixed sample of youths, focusing on psychopathic traits from a dimensional point of view without necessarily taking the origin of the participants (forensic *versus* community) into account. The APSD was chosen because it is currently the most researched questionnaire measure of juvenile psychopathy (e.g., Patrick, 2010; Sharp & Kine, 2008). The APSD-SR mean scores were 10.53 ($SD = 5.39$) for the sample, 6.60 ($SD = 1.71$) for the low psychopathic traits group, and 14.46 ($SD = 4.94$) for the high psychopathic traits group.

The participants had an average age of 15.86 years ($SD = 1.37$ years) and an average of 8.24 years of schooling ($SD = 2.16$ years). The ethnic distribution of the participants was as follows: white European (53.8%), African (25%), mixed ethnicity (16.5%), and gypsy (4.7%). The vast majority of the participants came from an urban background (99%) with a low socio-economic status (56%), and some were taking psychiatric drugs (12%).

Instruments

The Antisocial Process Screening Device – Self-report (APSD-SR; Frick & Hare, 2001; Muñoz & Frick, 2007) is a multi-dimensional, 20-item measure designed to assess psychopathic traits in adolescents. Originally named the Psychopathy Screening Device (PSD), it was modeled after the Psychopathy Checklist – Revised (PCL-R; Hare, 2003). Each item is scored on a 3-point ordinal scale (Never = 0, Sometimes =1, Often = 2); higher scores represent an increased presence of the traits in question. The total score, as well as that for each dimension, is obtained by adding the values of the respective items. Some studies (e.g., Frick et al., 1994) reported two main factors: callous/unemotional traits (CU, tapping interpersonal and affective dimensions of psychopathy, such as lack of guilt and absence of empathy) and an impulsivity/conduct problems factor (I-CP, tapping behavioral aspects of conduct problems and impulse control problems). Another study (Frick, Barry, & Bodin, 2000) in a community sample reported three main factors: callous/unemotional traits factor (CU) and an I-CP factor, which was subdivided into two further factors, namely, narcissism (Nar) and impulsivity (Imp). Higher scores indicate an increased presence of the characteristics associated with each factor.

The Portuguese validation of the APSD self-report (Pechorro, 2011; Pechorro, Marôco, Poiares, & Vieira, 2013) was used. A Principal Component Analysis (PCA) using a criterion of greater than or equal to .30 as the level of loading significance was conducted on the present female sample (KMO measure of sampling adequacy = .81; Bartlett Test of Sphericity $p \leq .001$). The PCA revealed a two-factor solution (I-CP and CU) by both the eigenvalue and scree test criteria, accounting for 27% of the common variance in scale items. The internal consistency for the present study, estimated by Cronbach's alpha, was as follows: APSD-SR Total = .77; APSD-SR I-CP = .80; APSD-

SR CU = .56; APSD-SR Narcissism = .73; and APSD-SR Impulsivity = .51. The results were similar to those obtained by Pechorro et al. (2013).

The Strengths and Difficulties Questionnaire – Self-response (SDQ-SR; Goodman, Meltzer, & Bailey, 1998) is a short behavioral questionnaire aimed at pre-adolescents and adolescents that is composed of 25 items rated on a 3-point ordinal scale (Not true = 0, Somewhat true = 1, and Certainly true = 2). The SDQ consists of five dimensions: Emotional symptoms (ES), Conduct problems (CP), Hyperactivity (H), Peer problems (PP), and Pro-social behavior (P). The scores for emotional symptoms, conduct problems, hyperactivity and peer problems are summed to generate a total difficulties score (TDS) ranging from 0 to 40; the pro-social score is not incorporated into the TDS because the absence of pro-social behaviors is conceptually different from the presence of psychological difficulties. Internal consistency for the present study, estimated by Cronbach's alpha, was as follows: SDQ-SR TDS = .65; SDQ-SR P = .61. The official Portuguese translation of the SDQ-SR was used (Pechorro, 2011; Pechorro, Poiares, & Vieira, 2011).

The Adapted Self-Reported Delinquency Scale (ASRDS; Carroll, Durkin, Houghton, & Hattie, 1996; Carroll, Houghton, Durkin, & Hattie, 2009) is a self-reported measure consisting of 38 items that assesses adolescent involvement in illegal and antisocial activities. The ASRDS score can be obtained by adding the items from a 3-point ordinal scale (Never = 0, Sometimes = 1, Frequently = 2), where higher scores signify greater involvement in criminal activities. A Portuguese version of the ASRDS was used. Pechorro (2011) was able to demonstrate psychometric properties that justify its use among the population of Portuguese adolescents in terms of factorial validity, internal consistency (Cronbach's $\alpha = .96$), temporal stability ($r = .88$; $p \leq .01$), discriminant validity (Λ Wilks = .51; $\chi^2 = 508.88$; $p \leq .001$), divergent validity ($r = -.13$;

$p \leq .01$), convergent validity ($r = .66$; $p \leq .01$), concurrent validity ($r_{pb} = .40$; $p \leq .01$), retrospective validity ($r = -.44$; $p \leq .01$), cutoff score (CS = 16, sensibility = 86.4%, specificity = 85.5%, ROC = .86), corrected item-total correlation (range = .32 – .80.) and average inter-item correlation (.38). Internal consistency for this study, estimated by Cronbach's alpha, was .94.

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1989) is a brief self-report measure that evaluates self-esteem in adolescents and adults. The RSES can be scored by simply adding the ten items on a 4-point ordinal scale (Strongly disagree = 0, Disagree = 1, Agree = 2, Strongly agree = 3) after reversing the appropriate items (namely, items 2, 5, 6, 8 and 9). Higher scores indicate higher levels of self-esteem. A Portuguese version of the RSES was used (Pechorro, 2011). Pechorro, Marôco, Poiares and Vieira (2011) found psychometric properties that justify the use of the RSES on the Portuguese adolescent community and forensic populations, namely, in terms of internal consistency (Cronbach's $\alpha = .79$), unidimensional factorial structure (35.55% of variance), temporal stability ($r_s = .86$; $p \leq .01$), discriminant validity (Λ Wilks = .961; $\chi^2 = 29.806$; $p \leq .001$), divergent validity ($r = .10$; *ns*), corrected item-total correlation (range = .27 – .62.) and average inter-item correlation (.27). Internal consistency for the present study, estimated by Cronbach's alpha, was .77.

The Marlowe-Crowne Social Desirability Scale's (MCSDS; Crowne & Marlowe, 1960) short composite (MCSDS-SF) version was designed by Ballard (1992) based on the original Marlowe-Crowne scale; it is recognized as a composite sub-scale and is likely to be the most widely used of all the subscales that have been derived from the original MCSDS. A Portuguese version of the MCSDS-SF, which was especially translated and adapted for adolescents, was used (Pechorro, 2011). Pechorro, Vieira, Poiares and Marôco (2012) found psychometric properties that justify the use of the MCSDS-SF in

the Portuguese adolescent community and forensic populations, namely, in terms of internal consistency (Kuder-Richardson = .61), unidimensional factorial structure, temporal stability ($r_s = .76$; $p \leq .001$), discriminant validity (Λ Wilks = .988; $\chi^2 = 8.848$; $p \leq .001$), and divergent validity ($r = .10$; *ns*). Internal consistency for the present study (using a 12-item version of the MCSDS-SF), estimated by the Kuder-Richardson coefficient, was .60.

The delinquency seriousness classification from official reports was guided by the Sellin-Wolfgang Index of Crime Seriousness (ICS; Wolfgang, Figlio, Tracey, & Singer, 1985, as cited in White, Moffitt, Caspi, Jeglum-Bartusch, Needles, & Stouthamer-Loeber, 1994). Level 0 consisted of no delinquency. Level 1 consisted of minor delinquencies committed at home, such as stealing minor amounts of money from the parents' wallets. Level 2 consisted of minor delinquencies outside the home, including the shoplifting of something worth less than €5, vandalism and minor fraud (e.g., not paying bus fare). Level 3 consisted of moderately serious delinquencies such as any thefts worth over €5, gang fighting, carrying weapons, and joyriding. Level 4 consisted of serious delinquencies such as car theft and breaking and entering. Level 5 consisted of having performed at least two of each of the level 4 behaviors.

In addition, a questionnaire was constructed to describe the socio-demographic and criminal characteristics of the participants and to analyze the moderating effects of these variables. This questionnaire includes questions about the participants' ages, nationalities, ethnic groups, rural *versus* urban origins, completed levels of schooling, socio-economic status, parents' marital status, numbers of siblings/half-siblings, the taking of psychiatric drugs, age of first transgression, age of first problem with the law, and age of first incarceration in a Juvenile Detention Center. Socio-economic status was

measured by a combination of the parents' levels of education and professions, appropriate to the Portuguese reality (Simões, 1994).

Procedures

The age range for youth participation in the study was previously set between 12 and 20 years because this is the age range when young people are amenable to detention under the Portuguese judicial system's Educational Guardianship Act (*Lei Tutelar-Educativa*), although it is very rare for girls under the age of 14 or above the age of 18 to be detained in Juvenile Detention Centers (*Centros Educativos*) in Portugal. Despite the relative scarcity of girls admitted to Portuguese Juvenile Detention Centers, we chose to use female participants because there is a general lack of studies about psychopathic traits and female juvenile delinquency. Each questionnaire was preceded by an informed consent form in which participants were informed of the voluntary and confidential nature of participating in the study. The first author of this study consulted the available official reports, diagnosed DSM-IV-TR Conduct Disorder (American Psychiatric Association, 2000) and defined the ratings for the classification of delinquency seriousness.

Questionnaire collection in the forensic context was carried out individually after obtaining authorization from the General Directorate of Reintegration and Prison Services – Ministry of Justice (*Direção-Geral de Reinserção e Serviços Prisionais – Ministério da Justiça*). All the detainees in the three existing Juvenile Detention Centers that admit girls were informed about the nature of the study and were asked to participate. The main author of this study personally collaborated with the directors of each Detention Center to motivate young people to participate in the study, answering any questions that arose regarding participation. No incentives were provided to encourage participation, but the

fact that Detention Center directors were personally involved in encouraging participation might have contributed to increasing the participation rate (in the Portuguese cultural reality, detained youths hold director figures in high regard). The participation rate was approximately 96%. Not all young people agreed or were able to participate; reasons for this included refusal to participate (6%), inability to participate due to not understanding the language (1%) and inability to participate due to security issues (1%). The participants were mostly convicted of serious and violent crimes (89.2%) and were sentenced to an average of 19.2 months of detention ($SD = 5.25$ months). All the questionnaires of those who participated were completed appropriately.

The collection of questionnaires in the school context took place after having obtained permission from the Directorate General of Education, Ministry of Education (*Direção-Geral de Educação – Ministério da Educação*). Twelve elementary and secondary schools in the greater Lisbon area were randomly selected, and four agreed to participate. Reasons for non-participation included the systematic failure to respond to the collaboration requests of the researcher, alleged internal school organization issues that made collaboration impossible, and the refusal to collaborate due to the forensic content of the questionnaire. The schools that agreed to participate requested that the participation of students be authorized in advance through written consent signed by their parents or guardians. Questionnaire collection took place in small groups of participants (e.g., groups of 4 or 5 participants). Approximately 13% of participants were ultimately excluded because they were not within the established age range or returned incomplete, blank or illegible questionnaires.

The questionnaire data that were considered valid (i.e., appropriately completed by participants within the selected age range) were analyzed using SPSS v21 (IBM SPSS, 2012). Following data entry, 10% of the questionnaires were randomly selected to

evaluate the quality of their entry. The quality was considered to be very good because practically no entry errors were detected (99.7% of entries were correct). Then, the high (High APSD-SR) and low (Low APSD-SR) psychopathic traits groups were formed. Participants in both groups (High APSD-SR = 118 participants; Low APSD-SR = 118 participants) were approximately matched on age, socio-economic status and ethnicity *a posteriori* to control for the possible confounding effects of these variables (i.e., to obtain no statistically significant differences between the groups with regard to these variables).

MANOVA was used to jointly analyze the multiple dependent variables. Because the homogeneity of variance/covariance assumption was met (Box's $M = 14.986$; $F = 1.471$; $p = .143$) and group sizes were identical, the appropriate multivariate statistic was used. Univariate ANOVAs were used to compare groups when the assumptions of normality (skewness and kurtosis between -2 and 2) and homogeneity of variance were validated; Welch's ANOVA was used when the assumptions of normality were validated but group variances were heteroscedastic. Mann-Whitney's U test was used when the variables were ordinal or when the data clearly violated both the assumptions of the normality and homogeneity of variance (Tabachnick & Fidell, 2007). The Chi-square test was used to compare nominal variables. Point biserial correlations were used to analyze the association between nominal dichotomous variables and scale variables, Spearman Rho was used to analyze associations between ordinal variables, and Pearson r was used to analyze correlations between scale variables. Binary logistic regression was also used (coding of the dependent variable: Low APSD-SR Group = 0, High APSD-SR Group = 1). Effect size and power calculations were made (as described in Marôco, 2011) to clarify the degree of accuracy/reliability of the statistical judgments and the strength of the relationships among the variables; the following values were obtained: SDQ-SR TDS scale ($\eta_p^2 = .19$; power = 1), SDQ-SR P scale ($\eta_p^2 = .12$; power = 1), RSES ($\eta_p^2 = .05$;

power = .94), ASRDS ($r = -.48$; power = .95), MCSDS-SF ($\eta_p^2 = .20$; power = 1), and ICS ($r = -.47$; power = .95).

Results

In the initial data treatment phase, the High APSD-SR and Low APSD-SR groups were compared in terms of socio-demographic variables. The results showed statistically significant differences between the groups regarding their completed levels of schooling ($F_W = 32.409$; $p \leq .001$) and the taking of psychiatric drugs ($\chi^2 = 7.942$; $p \leq .01$). No statistically significant differences were found between the two groups with regard to age ($F = 1.409$; $p = .236$), ethnicity ($\chi^2 = .153$; $p = .794$), socio-economic status ($U = 5155$; $p = .341$), parents' marital status ($\chi^2 = 3.198$; $p = .561$), number of siblings/half-siblings ($U = 5868$; $p = .06$), and rural *versus* urban origin ($\chi^2 = 1.004$; $p = 1$). The analysis of these variables showed that the high psychopathic traits group contained participants with fewer years of schooling and participants who were taking more psychiatric drugs.

The results of the criminal variables were then analyzed. Statistically significant differences were found between the High APSD-SR and Low APSD-SR groups with regard to engagement in illegal activities ($\chi^2 = 32.812$; $p \leq .001$), age of onset of criminal activities ($F_W = 10.021$; $p \leq .01$), problems with the law ($\chi^2 = 32.812$; $p \leq .001$), age of first problem with the law ($F = 4.988$; $p \leq .05$), entry into a Juvenile Detention Center ($\chi^2 = 32.812$; $p \leq .001$), and diagnosis of DSM-IV-TR conduct disorder ($\chi^2 = 53.449$; $p \leq .001$). The analysis of these criminal variables showed that participants from the high psychopathic traits group were more highly involved in illegal activities, began their involvement with criminal activities earlier in life, had more problems with the law, were

younger when they first had problems with the law, and had entered a Juvenile Detention Center proportionately more often.

A MANOVA was conducted to assess if there were differences between the two groups (Low APSD-SR and High APSD-SR) in terms of a linear combination of dependent variables. There were statistically significant differences in the dependent variables of the two groups (Wilks' Lambda = .652; $F = 30.771$; $p \leq .001$; $\eta_p^2 = .348$; power = 1). Follow-up univariate ANOVAs and *U* Mann-Whitney tests showed that statistically significant differences were found with regard to all variables (see Table 2).

Table 2

Descriptive statistics, ANOVAS and U Tests for the SDQ-SR TDS, SDS-SR P, ASRDS, ICS, RSES, and MCSDS-SF

	Low APSD-SR	High APSD-SR	<i>p</i> value*
SDQ-SR TDS			$F = 55.609$
<i>M</i> (<i>SD</i>)	11.45 (4.24)	15.52 (4.15)	$p \leq .001$
SDQ-SR P			$F = 32.102$
<i>M</i> (<i>SD</i>)	8.88 (1.26)	7.84 (1.53)	$p \leq .001$
ASRDS			$U = 3150.5$
<i>MR</i> (<i>IR</i>)	86.20 (7)	150.80 (15)	$p \leq .001$
ICS			$U = 3546.5$
<i>MR</i> (<i>IR</i>)	89.56 (0)	147.44 (2)	$p \leq .001$
RSES			$F = 12.291$
<i>M</i> (<i>SD</i>)	21.94 (4.66)	19.81 (4.68)	$p \leq .001$
MCSDS-SF			$F = 56.808$
<i>M</i> (<i>SD</i>)	19.52 (2.05)	17.42 (2.22)	$p \leq .001$

Note. SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; TDS = Total Difficulties Score; P = Pro-social Behavior; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; RSES = Rosenberg Self-Esteem Scale; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form.

*ANOVA or *U* Mann-Whitney Test (Exact sig. 2-tailed); *M* = Mean; *SD* = Standard-deviation; *MR* = Mean Rank; *IR* = Interquartile Range

To assess the significance of the measured constructs, namely, behavioral problems, delinquent behaviors, crime seriousness, self-esteem and social desirability, we conducted a binary logistic regression using the Enter method (Tabachnick & Fidell,

2007). Tolerance and VIF were used to demonstrate the absence of multicollinearity (Leech, Barrett & Morgan, 2008). The variables that exhibited multicollinearity problems (e.g., crime seriousness) and the variables for which statistically significant values were not obtained in the model (e.g., self-esteem) were removed from the equation despite the fact that both were significant when not in the equation. The proportional-by-chance accuracy rate was 50%. The variables shown in Table 3, when considered together, were statistically significant with regard to group membership.

Table 3

Binary logistic regression coefficients for the Low APSD-SR and High APSD-SR groups

	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>Exp(B)</i>	<i>p value</i>
SDQ-SR TDS	.173	.045	14.665	1.189	<i>p</i> ≤ .001
SDQ-SR P	-.605	.140	18.723	.546	<i>p</i> ≤ .001
ASRDS	.082	.019	17.846	1.086	<i>p</i> ≤ .001
MCSDS-SF	-.328	.085	15.060	.720	<i>p</i> ≤ .001
Constant	7.824	2.017	15.042	2500.046	<i>p</i> ≤ .001

Note. SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; TDS = Total Difficulties Score; P = Pro-social Behavior; ASRDS = Adapted Self-Report Delinquency Scale; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form

The two highest odds ratios (above 1) were SDQ-SR TDS, at 1.189, and ASRDS, at 1.086; these values indicate that the odds of belonging to the high psychopathic traits group improved by 1.19 for each unit increase in SDQ-SR TDS and by 1.09 for each unit increase in ASRDS (Leech et al., 2008). The model was also used to classify study participants, and an overall correct classification of 79.2% was observed, demonstrating the usefulness of the model for the classification of new observations. The model also demonstrated high sensitivity (81.4%) and good specificity (77.1%).

The correlations of the APSD-SR total score, the APSD-SR I-CP and the APSD-SR CU with the other measures and variables were also tested to analyze how they were

related. Regarding the APSD-SR total score, statistically significant correlations were found, specifically with SDQ-SR TDS ($r = .54; p \leq .001$), RSES ($r = -.19; p \leq .01$), ASRDS ($r = .63; p \leq .001$), ICS ($r_s = .62; p \leq .001$), MCSDS-SF ($r = -.36; p \leq .001$), DSM-IV-TR Conduct Disorder diagnosis ($r_{pb} = .60; p \leq .001$), age of crime onset ($r = -.48; p \leq .001$), and age of first problem with the law ($r = -.34; p \leq .001$). Regarding the APSD-SR I-CP, the following correlations were found: SDQ-SR TDS ($r = .58; p \leq .001$), RSES ($r = -.20; p \leq .01$), ASRDS ($r = .65; p \leq .001$), ICS ($r_s = .61; p \leq .001$), MCSDS-SF ($r = -.40; p \leq .001$), DSM-IV-TR Conduct Disorder diagnosis ($r_{pb} = .58; p \leq .001$), age of crime onset ($r = -.45; p \leq .001$), and age of first problem with the law ($r = -.26; p \leq .01$). Regarding the APSD-SR CU, the following correlations were found: SDQ-SR TDS ($r = .12; p = .06$), RSES ($r = -.05; p = .44$), ASRDS ($r = .22; p \leq .001$), ICS ($r_s = .22; p \leq .001$), MCSDS-SF ($r = -.04; p = .56$), DSM-IV-TR Conduct Disorder diagnosis ($r_{pb} = .29; p \leq .001$), age of crime onset ($r = -.28; p \leq .01$), and age of first problem with the law ($r = -.32; p \leq .01$).

Additionally, comparisons between the forensic and school samples were conducted (see Table 4).

Table 4

Descriptive statistics, ANOVAS and U Tests for the SDQ-SR TDS, SDS-SR P, ASRDS, ICS, RSES, MCSDS-SF, and APSD-SR

	School sample	Forensic sample	<i>p</i> value*
SDQ-SR TDS			$F = 24.627$
<i>M (SD)</i>	12.33 (.37)	15.26 (.47)	$p \leq .001$
SDQ-SR P			$F_w = .736$
<i>M (SD)</i>	8.29 (.13)	8.46 (.15)	$p = .392$
ASRDS			$U = 777$
<i>MR (IR)</i>	77.43 (6)	181.65 (19)	$p \leq .001$
ICS			$U = 1625$
<i>MR (IR)</i>	83.36 (0)	172.53 (2)	$p \leq .001$
RSES			$F = 2.09$
<i>M (SD)</i>	21.24 (.43)	20.32 (.42)	$p = .15$
MCSDS-SF			$F_w = .878$
<i>M (SD)</i>	18.58 (.22)	18.3 (.21)	$p = .35$
APSD-SR			$F_w = 61.077$
<i>M (SD)</i>	8.38 (.29)	13.84 (.64)	$p \leq .001$

Note. SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; TDS = Total Difficulties Score; P = Pro-social Behavior; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; RSES = Rosenberg Self-Esteem Scale; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form; APSD-SR = Antisocial Process Screening Device – Self-report

*ANOVA or *U* Mann-Whitney Test (Exact sig. 2-tailed); $F_w = F$ Welch; *M* = Mean; *SD* = Standard-deviation; *MR* = Mean Rank; *IR* = Interquartile Range

Discussion

The application of the psychopathy construct to youths has been gaining importance in the literature. The aim of the present study was to analyze the role of psychopathic traits in a mixed sample of Portuguese female adolescents. We hypothesized that young females with high psychopathic traits would exhibit significantly higher values for conduct disorder, behavioral problems, delinquent behaviors and serious crimes as well as lower values for self-esteem and pro-social behavior. We also hypothesized that scores for behavioral problems, delinquent behaviors, and crime seriousness measurements would be associated with membership in the high psychopathic traits group.

When comparing the members of the high psychopathic traits group with those of the low psychopathic traits group in terms of socio-demographic variables, the high APSD-SR group was found to contain participants with fewer years of schooling and participants who were taking more psychiatric drugs. When comparing the two groups with regard to the criminal variables, statistically significant differences were found for all the analyzed variables: participants from the high APSD-SR group were proportionately more involved in illegal activities, became involved in criminal activities earlier in life, had had proportionately more problems with the law, were younger when they first had problems with the law, and had entered a Juvenile Detention Center proportionately more often. These data are consistent with studies linking the psychopathy construct to the earlier onset of criminal activity and earlier encounters with the police and the judicial system (Forth & Book, 2010; Kruh et al., 2005; Van Baardewijk et al., 2011).

Conduct disorder refers to persistent and pervasive behavior that indicates disregard for peoples' rights, social norms and laws and causes significant impairments in functioning. Frick et al. (1994) described a sub-type of conduct disorder in which the child or adolescent lacks a sense of guilt, has a low capacity for empathy, manipulates others and is callous and unemotional. This type of functioning generally seems to pose the greatest risks and challenges with regard to adapting to society (Lindberg, 2012; Pardini & Loeber, 2007). The present study found that proportionately more participants in the high APSD-SR group were diagnosed with conduct disorder (DSM-IV-TR; American Psychiatric Association, 2000) and obtained significantly higher values for the total difficulties score of the SDQ-SR TDS and significantly lower values for pro-social behavior (SDQ-SR P). These findings reinforce the literature that supports the consistent

association of psychopathy constructs with conduct disorder (e.g., Barry et al., 2000; Leistico et al., 2008; Lynam, 1996; Myers et al., 1995; Salekin et al., 2004).

In a comparison of the groups with regard to the ASRDS and ICS, the high psychopathic traits group obtained significantly higher values for self-reported delinquent behaviors (with a greater frequency and diversity of these behaviors in this group) and crime seriousness. The high correlations found between the APSD-SR and the ASRDS and ICS reinforce the association between psychopathy and delinquent behaviors described in the literature (e.g., Sevecke & Kosson, 2010; Van Baardewijk et al., 2011). The findings regarding psychopathic traits and their association with the age of the onset of criminal conduct or the first problems with the law (Forth & Book, 2010) were corroborated by our study because statistically significant negative moderate correlations were found.

With regard to the RSES and MCSDS-SF, the high psychopathic traits group obtained significantly lower values for self-esteem. These findings are consistent with the literature, which classically associates low self-esteem with antisocial behaviors (e.g., Caldwell et al., 2006; Mason, 2001); our findings associate high psychopathic traits with low self-esteem. With regard to social desirability, which was used to measure potentially biased responses, it may seem that these results are counter-intuitive because higher scores for social desirability could be expected from youths with high psychopathic traits who attempt to portray more positive images of themselves. However, Lilienfield and Fowler (2006) have shown that psychopaths frequently and reliably report the presence of socially devalued characteristics, such as antisocial behaviors, hostility and weak impulse control. Psychopaths are frequently and incorrectly considered to be more adept at manipulating their questionnaire answers than non-psychopaths, but there is no

consistent empirical evidence that supports such a claim, only a few specific clinical observations.

From the results discussed above, we can conclude that there is some homogeneity between the low and high APSD-SR groups regarding their socio-demographic characteristics. However, we did find some heterogeneity in the criminal characterization of female youths belonging to the high and low psychopathic traits groups, which was also manifested in terms of the constructs measured by the psychometric instruments. We can consider that the psychopathy construct is useful in the characterization of female youths, allowing variables analyzed from this perspective to highlight a number of issues that characterize this group. There is therefore evidence that supports the initial hypothesis that young people with high psychopathic traits show significantly higher values for conduct disorder, behavioral problems, delinquent behaviors and serious crimes, as well as lower values for self-esteem and pro-social behavior.

The binary logistic regression model reinforced the role of the interrelationship among psychopathic traits, behavioral problems (e.g., Frick et al., 2000; Lindberg, 2012) and delinquent behavior variables (e.g., White et al., 1994), which are considered to be related but different constructs. The evidence in this case also mostly confirms our hypothesis.

It should, however, be highlighted that not all minors who exhibit severe antisocial behavior and are diagnosed with conduct disorder should be considered to be potential psychopaths; such a classification should be reserved for a distinct subgroup and be used only after suitable assessment has been conducted (Lynam, 1996). Some caution is advised regarding the use of self-reported measures of juvenile psychopathy for clinical or forensic decision-making in the absence of full clinical assessment (Seagrave & Grisso, 2002; Sharp & Kine, 2008). Given today's harsher juvenile justice system, a middle-to-

late adolescent charged with a serious offense and who is psychometrically identified as psychopathic would have a very high likelihood of being tried and sentenced as an adult, which could lead to long prison sentences or even the death penalty (Seagrave & Grisso, 2002). Keeping this in mind, we must also stress the importance of the psychopathy construct for the early identification of potentially high-risk young people and for the rigorous assessment of young people who have already come into contact with the judicial system, thus promoting an empirically grounded foundation to guide interventions.

It is necessary to note several limitations of our study. First, the use of self-reported measures of psychopathy was a limitation. Second, the low internal consistency of some scales and dimensions (e.g., APSD-SR CU) were limitations in terms of measurement reliability. Third, the fact that our study was cross-sectional limited the certainty with regard to the differences that were found between groups. Fourth, the ultimate inclusion of reviewed official police reports or interviews (e.g., parents, teachers) to verify the severity of delinquent behavior would have been advisable. It is recommended that future research in this area use rating scales (e.g., PCL:YV) or measures tapping psychopathy that show better internal consistency as well as longitudinal research methodology, which allows for participants to be studied over time with regard to the stability of the traits.

Our study contributes to the research on juvenile psychopathic traits in European samples, and is, to our knowledge, the first study examining psychopathic traits in a sample of female Portuguese adolescents. We hope to promote the investigation of this important construct, which may help to identify unique etiological pathways in the development of antisocial behavior (Kotler & McMahon, 2005). The identification of persistent and serious juvenile delinquents allows for the improvement of therapeutic interventions in terms of their cost-benefit relationship given that this identification

enables the sometimes very scarce available resources to be focused particularly on this group. The benefits of focusing interventions on these individuals should be assessed in the future with regard to recidivism rates.

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7. Discussão

A presente dissertação enquadra-se no âmbito do constructo de traços psicopáticos em delinquentes juvenis do género masculino e do género feminino. A investigação deste tema encontra-se atualmente em rápido crescimento a nível internacional, pelo que se torna premente fazer a sua investigação no contexto específico da realidade portuguesa. A relativa novidade do tema faz com que exista amplo espaço para se efetuarem estudos inovadores com potencial relevância a nível internacional e para se publicarem os resultados em periódicos de qualidade reconhecida de forma a disponibilizá-los à comunidade científica.

No enquadramento teórico inicialmente efetuado colocámos as seguintes questões de investigação: Será que os jovens que se iniciam precocemente na atividade criminal têm níveis mais elevados de traços psicopáticos, independentemente do género a que pertençam? Será que existem diferenças nos traços psicopáticos entre jovens provenientes de diversas etnias, independentemente do género a que pertençam? Será o constructo da psicopatia aplicável às raparigas portuguesas em contexto forense tal como é aplicável aos rapazes? Os artigos publicados que apresentámos procuraram colocar hipóteses de investigação mais específicas às questões de investigação, pelo que iremos agora relembrar essas hipóteses e proceder à discussão geral dos resultados dos estudos e respetivas conclusões.

Estudo I: Traços psicopáticos e idade de início da atividade criminal em rapazes

A investigação do constructo da psicopatia em rapazes adolescentes tem vindo a ganhar importância crescente na literatura, mas existe ainda uma grande escassez de estudos quanto à sua relação com a idade de início da atividade criminal. O objetivo deste

estudo foi analisar o papel desempenhado pelos traços psicopáticos na idade de início da atividade criminal em delinquentes juvenis do gênero masculino. Foi colocada a hipótese de que os participantes que se iniciaram precocemente na atividade criminal teriam valores mais altos nas medidas de psicopatia, na delinquência autorrelatada e na gravidade dos crimes cometidos, quando comparados com os participantes de início tardio e com os não-delinquentes. Adicionalmente foi colocada a hipótese das pontuações em traços psicopáticos estarem significativamente associadas com a idade de início da atividade criminal, idade do primeiro problema com a lei, idade da primeira detenção, delinquência autorrelatada, gravidade dos crimes cometidos e perturbação do comportamento.

A análise das variáveis sociodemográficas indicou que os grupos de início precoce e de início tardio tinham um nível de escolaridade mais baixo, pais que estavam mais frequentemente divorciados/separados, mais irmão/meios-irmãos e maior toma de medicamento psiquiátricos. Adicionalmente, mais participantes do grupo de início precoce foram diagnosticados com perturbação do comportamento (DSM-IV-TR; American Psychiatric Association, 2000).

As comparações entre os três grupos relativamente às medidas de psicopatia, mais especificamente a dimensão impulsividade-problemas de comportamento (APSD-SR I-CP), a dimensão de traços calosos/não-emocionais (APSD-SR CU), e a pertença à categoria psicopática (CATS), demonstraram que o grupo de início precoce obteve as pontuações mais altas, seguido pelo grupo de início tardio e finalmente pelo grupo não delinquente. Tais evidências reforçam a literatura que suporta a associação entre traços psicopáticos e o início precoce na atividade criminal (Carroll et al., 2009; Moffitt et al., 2002). Não se está a afirmar que a psicopatia desencadeia o início mais precoce na atividade criminal, mas ambas as variáveis podem reforçar-se mutuamente (e em

combinação com outras variáveis, tais como características familiares e crenças desviantes) para produzir delinquentes persistentes ao longo da vida.

O grupo de início precoce também obteve as pontuações mais altas em delinquência autorrelatada (ASRDS) e gravidade de crimes cometidos (ICS), seguido do grupo de início tardio. Tais resultados confirmam os obtidos no estudo longitudinal efetuado por Tolan e Thomas (1995) e são consistentes com a revisão de literatura efetuada por Krohn et al. (2001). Estes sujeitos não só cometeram crimes com mais frequência como também cometeram crimes mais graves. São os sujeitos que demonstram ter os comportamentos antissociais mais severos entre os jovens detidos.

Relativamente à deseabilidade social (MCSDS-SF), os resultados parecem ser, à primeira vista, contraintuitivos no sentido de que se poderia esperar que os jovens com início criminal precoce e traços psicopáticos altos poderiam tentar apresentar um retrato mais positivo deles próprios às outras pessoas. Todavia, Lilienfeld e Fowler (2006) já haviam demonstrado que os psicopatas relatam de forma válida as suas características negativas, tais como comportamentos antissociais, hostilidade e fraco controlo dos impulsos. É um erro assumir que os psicopatas são especialistas em manipular provas de avaliação psicológica dado que não existem evidências psicológicas consistentes que apoiem tal afirmação. Portanto, deve-se concluir que obtivemos resultados que apoiam a nossa hipótese inicial de que os participantes que se iniciam precocemente na atividade criminal pontuam mais alto em traços psicopáticos, pertença à categoria psicopática, delinquência autorrelatada, gravidade de crimes e perturbação do comportamento, do que os participantes de início tardio e os não-delinquentes.

Os resultados relativos às associações dos traços psicopáticos com a idade do início na atividade criminal, idade do primeiro problema com a lei, idade da primeira detenção num centro educativo demonstraram correlações negativas e estatisticamente

significativas. Tais resultados são consistentes com estudos prévios (e.g., Salekin et al., 2006; Vincent et al., 2003). A associação dos traços psicopáticos com a frequência de comportamento delituosos e a gravidade de crimes cometidos demonstrou a existência de correlações positivas fortes e estatisticamente significativas consistentes com estudos prévios (e.g., Brandt et al., 1997; Campbell, Porter, & Santor, 2004), o que implica que os jovens com traços psicopáticos mais elevados demonstram um tipo mais grave de comportamento antissocial que dificulta em muito a adaptação à sociedade (Lindberg, 2012; Pardini & Loeber, 2007). Portanto, tais resultados confirmam parcialmente a segunda hipótese colocada.

A nossa investigação corrobora a relação entre os traços psicopáticos e a atividade criminal em jovens. Os nossos resultados também corroboram a teoria de Moffitt (1993) segundo a qual os delinquentes de início precoce são qualitativamente diferentes dos de início tardio e dos não-delinquentes, e a teoria de Gottfredson e Hirschi (1990) de que existe uma grave falta de autocontrolo nos delinquentes de início precoce. Todavia, é importante salientar que nem todos os menores que demonstram comportamentos antissociais graves e um diagnóstico de perturbação do comportamento devem ser considerados potenciais psicopatas, sendo que tal classificação deve ser reservada para um subgrupo distinto de jovens após uma rigorosa avaliação (Lynam, 1996). O constructo da psicopatia tem utilidade na identificação precoce de jovens que estejam em risco e de jovens que já tenham entrado em contacto com o sistema judicial.

O presente estudo é uma contribuição para a investigação dos traços psicopáticos em jovens europeus, e mais particularmente o primeiro a investigar em jovens portugueses a relação com a idade de início na atividade criminal. Com este estudo esperamos promover a investigação de traços psicopáticos na realidade portuguesa, o que pode ajudar a identificar trajetórias etiológicas específicas no desenvolvimento do

comportamento antissocial (Kotler & McMahon, 2005). Para projetar intervenções específicas para jovens nos vários pontos das suas trajetórias criminais é necessário entender de que forma os delinquentes de início precoce e de início tardio se diferenciam. Entender o padrão de desenvolvimento único de cada grupo permitirá desenhar intervenções para prevenir ou alterar a progressão de cada indivíduo na trajetória criminal.

Estudo II: Traços psicopáticos e idade de início da atividade criminal em raparigas

A relação entre a idade de início na atividade criminal e os traços psicopáticos em raparigas é uma área importante de estudo que tem sido muito pouco investigada. O objetivo do presente estudo consistiu em analisar o papel dos traços psicopáticos na idade de início na atividade criminal de jovens do sexo feminino. Foi colocada a hipótese de que as participantes que se iniciaram precocemente obteriam pontuações mais altas nas medidas de psicopatia, na delinquência autorrelatada e gravidade de crimes cometidos, e de que os traços psicopáticos estariam significativamente associados com a idade de início da atividade criminal, idade do problema com a lei e frequência e gravidade dos crimes cometidos.

A análise das variáveis sociodemográficas permitiu-nos concluir que o grupo de início precoce na atividade criminal continha uma maior proporção de participantes com níveis de escolaridade mais baixos, cujos pais eram mais frequentemente divorciados/separados ou falecidos, que tinham mais irmãos/meios-irmãos e tinham mais frequentemente nacionalidades estrangeiras. A análise das variáveis criminais entre o grupo de início e o grupo de início tardio evidenciou que as participantes do grupo de início precoce haviam tido o primeiro problema com a lei (contactos com a polícia e tribunais) e haviam sido detidas em centro educativo mais cedo na vida. Além disso,

proporcionalmente mais participantes do grupo de início precoce (95.5% vs. 72.7%) tinham sido diagnosticadas com perturbação do comportamento (DSM-IV-TR; APA, 2000).

As comparações entre os três grupos relativamente às medidas de psicopatia (nomeadamente APSR-SR I-CP, APSD-SR CU e CATS) revelaram que o grupo de início precoce obteve as pontuações mais elevadas, seguido do grupo de início tardio. Estas evidências reforçam a literatura que suporta a existência de uma associação consistente dos traços psicopáticos com o início precoce na atividade criminal em rapazes e raparigas. Tal como Moffitt et al. (2002), os dados obtidos revelaram que o início precoce na atividade criminal é geralmente acompanhado por um aumento dos traços psicopáticos. Não se afirma que são os traços psicopáticos que desencadeiam um início precoce na atividade criminal, mas estas duas variáveis podem reforçar-se mutuamente, em conjunto com outras tais como eventos de vida negativos, abuso de substâncias e pares delinquentes (Wong et al., 2010), para produzir delinquentes persistentes ao longo da vida do género feminino.

Nas comparações relativamente à delinquência autorrelatada e à gravidade dos crimes cometidos o grupo de início precoce também obteve as pontuações mais altas, seguido do grupo de início tardio. Tais resultados corroboram os obtidos no estudo longitudinal de Tolan e Thomas (1995) e são consistentes com a revisão de literatura efetuada por Krohn, Thornberry, Rivera e Le Blanc (2001) em que concluíram que os delinquentes de início precoce tinham 40 vezes mais probabilidade de se tornarem criminosos persistentes e cometiam entre 40% a 700% mais crimes. As participantes de início precoce na atividade criminal não só cometeram crimes mais frequentemente, mas também cometeram crimes mais graves. Estas jovens são as que demonstraram as formas mais graves de comportamento antissocial de todas as detidas em centro educativo.

Nas comparações relativas à desejabilidade social, poderá parecer que os resultados são contraintuitivos pois seria expectável que as jovens com início precoce e traços psicopáticos altos procurassem simular uma melhor adaptação social. Todavia, Lilienfeld e Fowler (2006) já haviam demonstrado que os psicopatas frequentemente relatam de forma válida a presença de características socialmente indesejáveis, tais como comportamentos antissociais, hostilidade e fraco controlo de impulsos. Frequentemente considera-se erroneamente que os psicopatas são mais capazes de manipular as respostas nos questionários, todavia não existem evidências empíricas sólidas e consistentes que suportem tal posição. Apenas umas poucas observações clínicas e estudos (e.g., Ray et al., 2013) demonstraram pontualmente que os psicopatas têm alguma capacidade de manipular medidas de desejabilidade social. Há também de ter em conta que alguma precaução é necessária na interpretação dos resultados da escala MCSDS-SF devido ao baixo valor obtido no coeficiente Kuder–Richardson.

As associações dos traços psicopáticos com a idade de início da atividade criminal e a idade do primeiro problema com a lei revelaram ser estatisticamente significativas, mas apenas marginalmente significativas relativamente para a idade de primeira detenção em centro educativo. Os nossos resultados confirmam estudos prévios (e.g., Brandt et al., 1997; Salekin et al., 2006; Vincent et al., 2003). As associações dos traços psicopáticos com os comportamentos delinquentes autorrelatados e com a gravidade de crimes cometidos revelaram correlações fortes em linha com estudos prévios (e.g., Brandt et al., 1997; Campbell et al., 2004), podendo-se concluir que as raparigas com traços psicopáticos altos demonstram ter comportamentos antissociais mais graves.

A nossa investigação apoia claramente a relação entre as pontuações em psicopatia e o comportamento criminal em raparigas. Todavia, há que salientar que nem todas as raparigas com comportamentos antissociais graves e diagnóstico de perturbação

do comportamento devem ser consideradas potenciais psicopatas, devendo tal classificação ser reservada para um grupo distinto de jovens após adequada avaliação psicológica (Lynam, 1996). O constructo da psicopatia é importante e relevante para a identificação precoce dos jovens em risco e dos jovens que já entraram em contacto com o sistema judicial, promovendo assim uma base empírica para potenciais intervenções.

Esperamos contribuir para a investigação sobre a relação entre idade de início da atividade criminal e traços psicopáticos em raparigas europeias, sendo que este é o primeiro estudo feito em Portugal de que temos conhecimento. É possível que este tipo de investigação auxilie a identificar trajetórias diferentes que levem ao desenvolvimento de comportamentos antissociais (Kotler & McMahon, 2005). Para se projetarem intervenções específicas para os jovens delinquentes é necessário entender as diferenças fundamentais entre os se iniciam precocemente e os que se iniciam tardiamente. Desta forma será potencialmente possível prevenir ou alterar a progressão de cada indivíduo na trajetória delinquencial.

Estudo III: Traços psicopáticos e etnicidade em rapazes

A investigação do constructo da psicopatia em rapazes adolescentes e da sua relação com a etnicidade tem vindo a ser desenvolvida na literatura internacional, mas existe uma quase total escassez de estudos em Portugal quanto a este tema. O objetivo do presente estudo consistiu em analisar diferenças a nível dos traços psicopáticos e variáveis relacionadas em rapazes de diferentes etnias provenientes de contexto forense. Colocaram-se as seguintes hipóteses: a) não existem diferenças significativas relativamente aos traços psicopáticos entre os diversos grupos étnicos; b) os traços psicopáticos estão significativamente associados com problemas comportamentais,

perturbação do comportamento, delinquência autorrelatada, gravidade dos crimes cometidos, idade de início da atividade criminal e idade do primeiro problema com a lei.

Ao compararmos as variáveis sociodemográficas dos participantes do grupo europeu branco com as dos participantes do grupo de minorias étnicas, os resultados demonstraram que a única diferença encontrada foi que os participantes do grupo europeu eram proporcionalmente mais oriundos de meio rural. Foi particularmente importante notar que não foram encontradas diferenças significativas no nível socioeconómico. Comparando os dois grupos relativamente às variáveis criminais foram encontradas as seguintes diferenças: os participantes do grupo das minorias étnicas tinham uma idade de início da atividade criminal mais precoce e uma idade do primeiro problema com a lei mais precoce.

Ao compararmos o grupo de europeus com o grupo de minorias étnicas relativamente aos instrumentos utilizados (APSD-SR I-CP, APSD-SR CU, CATS, DSM-IV-TR CD, SDQ-SR TDS e SDQ-SR P), não foram encontradas diferenças estatisticamente significativas. Tais resultados são consistentes com a maioria da literatura que sugere não haverem grandes diferenças étnicas a nível de traços psicopáticos, psicopatia, problemas de comportamento e problemas comportamentais (e.g., McCoy & Edens, 2006; Skeem et al., 2004), mesmo em amostras não norte-americanas.

Apesar de não terem sido encontradas diferenças relativamente à gravidade de crimes cometidos (ICS), foram encontradas diferenças relativamente à delinquência autorrelatada (ASRDS). Tal sugere que os jovens provenientes de minorias étnicas se envolveram mais frequentemente numa maior diversidade de atividades antissociais e delituosas, mas que essas atividades não eram mais graves desde o ponto de vista criminal. Relativamente à desejabilidade social (MCSDS-SF), não foram encontradas

diferenças entre os dois grupos, apesar de ser conveniente salientar que a consistência interna da escala obteve um valor relativamente baixo.

As correlações moderadas encontradas entre a pontuação total do APSD-SR, o SDQ-SR TDS e o diagnóstico de perturbação de comportamento reforçam a literatura que sustenta a associação consistente entre traços psicopáticos e os problemas de comportamento, que são considerados constructos diferentes mas relacionados (e.g., Frick, 1998; Frick, Barry, & Bodin, 2000; Lynam, 1996) e a perturbação do comportamento (Barry, Frick, DeShazo, McCoy, Ellis, & Loney, 2000; Leistico et al., 2008; Lynam, 1996; Myers, Burket, & Harris, 1995; Salekin, Leistico, Neumann, DiCicco, & Duros, 2004).

As correlações altas encontradas entre a pontuação total do APSD-SR e o ASRDS e o ICS reforçam a associação entre psicopatia e comportamentos delituosos (e.g., Sevecke & Kosson, 2010; Van Baardewijk et al., 2011) e gravidade de crimes cometidos (e.g., White et al., 1994) descrita na literatura. As correlações moderadas negativas estatisticamente significativas encontradas entre os traços psicopáticos e a idade de início da atividade criminal e idade de primeiro problema com a lei são consistentes com a maioria da literatura sobre o tema (e.g., Forth & Book, 2010). É importante salientar que a correlação mais forte foi a respeitante à idade de início da atividade criminal, que é a medida mais pura de atividade criminal entre as utilizadas. Todavia, à medida que o nível de intervenção externa aumentava (idade do primeiro problema com a lei seguida da idade da primeira detenção em centro educativo), a força da correlação ia diminuindo. No caso dos participantes do grupo de minorias étnicas, a variável idade da primeira detenção em centro educativo nem sequer atingiu um nível estatisticamente significativo.

Devemos concluir que existem evidências que suportam a nossa hipótese inicial de que não existem diferenças estatisticamente significativas entre os grupos étnicos no

que diz respeito aos traços psicopáticos. Os resultados obtidos das correlações reforçam o papel da inter-relação entre traços psicopáticos e problemas de comportamento, perturbação de comportamento, delinquência autorrelatada, gravidade dos crimes cometidos, idade de início da atividade criminal e idade do primeiro problema com a lei. Existem também evidências no nosso estudo que confirmam a segunda hipótese que foi colocada. O APSD é útil com jovens portugueses do género masculino, independentemente da etnia a que pertencem, mas é necessária mais investigação relativamente a outros instrumentos que avaliam o constructo da psicopatia (e.g., PCL:YV, YPI).

O nosso estudo contribui para a investigação da relação entre os traços psicopáticos e a etnicidade em amostras não norte-americanas. Tanto quanto é do nosso conhecimento, este é o primeiro estudo a investigar este tema em Portugal. O nosso estudo fornece apoio à literatura sobre psicopatia na adolescência. Esperamos ajudar a promover a investigação deste importante constructo nos países do sul da Europa e contribuir para o crescente conhecimento respeitante às diferenças étnicas e culturais na avaliação dos traços psicopáticos. O estudo da psicopatia juvenil pode revelar descobertas importantes sobre a etiologia desta perturbação e pode ser útil para as intervenções precoces, avaliação de risco e gestão de casos de delinquentes juvenis. Existem, portanto, razões importantes para investigar este constructo entre jovens delinquentes.

Estudo IV: Traços psicopáticos e etnicidade em raparigas

A investigação do constructo da psicopatia em raparigas adolescentes é relativamente pouco frequente mesmo a nível internacional, e quando se trata de estudar a sua relação com a etnicidade torna-se tão escassa que é virtualmente inexistente. O objetivo do presente estudo consistiu em analisar as diferenças entre os traços

psicopáticos e variáveis relacionadas em raparigas de diferentes etnias provenientes de contexto forense e escolar. Colocaram-se as seguintes hipóteses: a) não existem diferenças significativas entre os grupos étnicos relativamente aos traços psicopáticos; b) os traços psicopáticos, independentemente dos grupos étnicos, estão significativamente associados a problemas comportamentais, perturbação do comportamento, delinquência autorrelatada, gravidade dos crimes cometidos, idade de início da atividade criminal e idade do primeiro problema com a lei.

Nas comparações feitas relativamente à amostra forense quanto às variáveis sociodemográficas os resultados demonstraram que o grupo de minorias étnicas tinha mais participantes com baixo nível de escolaridade, mais irmãos/meios-irmãos e cujos pais eram mais frequentemente separados/divorciados ou falecidos. É particularmente importante salientar que não se encontraram diferenças estatisticamente significativas no nível socioeconómico porque os efeitos associados com o baixo nível socioeconómico podem ser erradamente atribuídos a características étnicas. Também é importante salientar que, quando comparando os dois grupos quanto às variáveis criminais, não se encontraram diferenças significativas relativamente à idade de início da atividade criminal, idade do primeiro problema com a lei e idade da primeira detenção em centro educativo.

Nas comparações feitas relativamente à amostra escolar quanto às variáveis sociodemográficas os resultados demonstraram que a única diferença encontrada foi que o grupo das minorias étnicas tinha mais participantes com mais irmãos/meios-irmãos. Novamente, é importante salientar que não foram encontradas diferenças significativas no nível socioeconómico porque uma tendência excessiva em estudar indivíduos detidos corre o risco de reduzir o escopo das investigações a jovens simultaneamente

provenientes de minorias étnicas e com baixo nível socioeconómico, sobre-representados neste tipo de amostras.

Nas comparações efetuadas relativamente à amostra forense e à amostra escolar entre o grupo de participantes europeus e o grupo de participantes de minorias étnicas quanto à dimensão de impulsividade-problemas de comportamento da psicopatia, dimensão traços calosos/emocionais da psicopatia, pertença à categoria psicopática, total de dificuldades comportamentais, comportamento pro-social, delinquência autorrelatada, gravidade de crimes cometidos e desejabilidade social não foram encontradas diferenças estatisticamente significativas. Tais resultados reforçam a maioria da literatura que sugere que não existem diferenças grandes e estáveis entre grupos étnicos relativamente aos traços psicopáticos (e.g., McCoy & Edens, 2006; Skeem et al., 2002), mas também em problemas de comportamento, delinquência autorrelatada e gravidade dos crimes cometidos, mesmo em amostra não norte-americanas. Também não foram encontradas diferenças a nível de desejabilidade social (i.e., na forma como os participantes de caracterizam a si mesmos em termos de exagerarem os seus pontos forte e negarem os seus pontos fracos). Portanto, devemos concluir que existem evidências suficientes que suportem a nossa hipótese inicial, apesar de alguma precaução ser aconselhável devido ao baixo poder associado aos resultados estatísticos obtidos.

As correlações moderadas encontradas entre a pontuação total de traços psicopáticos e o total de dificuldades comportamentais e o diagnóstico de perturbação do comportamento reforçam a literatura que apoia a associação consistente entre os traços psicopáticos e os problemas de comportamento, que são constructos diferentes mas relacionados (e.g., Frick, 1998; Freick et al., 2000; Lynam, 1996) and conduct disorder (Barry et al., 2000; Leistico et al., 2008; Lynam, 1996; Myers, Burket, & Harris, 1995; Salekin et al., 2004). As correlações altas encontradas entre a pontuação total de traços

psicopáticos, a delinquência autorrelatada e a gravidade de crimes cometidos reforçam a associação entre psicopatia e comportamentos delituosos (e.g., Sevecke & Kosson, 2010; Van Baardewijk et al., 2011) e entre psicopatia e gravidade dos crimes (e.g., White et al., 1994) descrita na literatura. As ligações entre os traços psicopáticos e a idade de início da atividade criminal e a idade do primeiro problema com a lei descritas na literatura (e.g., Forth & Book, 2010) também foram corroboradas pelo nosso estudo dado que encontramos correlações negativas moderadas estatisticamente significativas.

Devemos concluir que existem evidências que suportam a nossa hipótese inicial de que não existem diferenças significativas entre grupos étnicos relativamente aos traços psicopáticos, mas novamente há que salientar o baixo poder estatístico associado aos resultados do nosso estudo. Os resultados obtidos relativamente às correlações efetuadas reforçam o papel da inter-relação de traços psicopáticos com problemas de comportamento, perturbação do comportamento, delinquência autorrelatada, gravidade dos crimes cometidos, idade de início da atividade criminal e idade do primeiro problema com a lei. Existem também, portanto, evidências que confirmam maioritariamente a segunda hipótese que foi colocada. O APSD é útil na avaliação de raparigas, independentemente da sua etnicidade.

O nosso estudo procura contribuir para a investigação sobre os traços psicopáticos e a etnicidade em amostras europeias de raparigas provenientes de contexto forense e contexto escolar, dado que a literatura sobre psicopatia em delinquentes juvenis do género feminino é muito escassa. Tanto quanto temos conhecimento o nosso estudo é o primeiro a investigar este tópico em Portugal, e fornece apoio à literatura que considera a psicopatia juvenil como um constructo interculturalmente consistente. O estudo da psicopatia juvenil pode revelar descobertas importantes a nível da etiologia desta perturbação e ser

útil em termos de intervenções precoces, avaliação de risco e gestão de casos de delinquentes juvenis, pelo que é um tema que urge continuar a investigar.

Estudo V: Características psicológicas e comportamentais de raparigas com traços psicopáticos altos ou baixos

A investigação da psicopatia em raparigas adolescentes tem vindo a aumentar, mas pode ainda ser considerada pouco frequente mesmo a nível internacional. O objetivo do presente estudo consistiu em analisar o papel dos traços psicopáticos numa amostra mista forense e escolar constituída exclusivamente por raparigas. Foram colocadas as seguintes hipóteses: a) as raparigas com traços psicopáticos elevados apresentam níveis significativamente mais altos de perturbação do comportamento, problemas comportamentais, comportamentos delituosos autorrelatados e gravidade de crimes cometidos, bem como níveis mais baixos de autoestima e de comportamentos pro-sociais; b) as pontuações em problemas comportamentais, comportamentos delituosos autorrelatados e gravidade dos crimes cometidos estão significativamente associados à pertença ao grupo de traços psicopáticos altos.

Na comparação do grupo de traços psicopáticos altos (APSD-SR alto) com o de traços psicopáticos baixos (APSD-SR baixo) relativamente às variáveis sociodemográficas evidenciou-se que o grupo de traços altos tinha proporcionalmente mais participantes com menor escolaridade e mais participantes a tomar medicamentos psiquiátricos. Comparando os dois grupos relativamente às variáveis criminais foram encontradas diferenças significativas em todas elas, nomeadamente: as participantes do grupo APSD-SR alto tinham-se iniciado precocemente em atividades criminais, tinham tido mais precocemente o primeiro problema com a lei e tinham sido mais precocemente detidas em centro educativo. Tais dados são consistentes com os estudos que ligam o

constructo da psicopatia com o início precoce na atividade criminal e com problemas mais precoces com a polícia e o sistema judicial (Forth & Book, 2010; Kruh et al., 2005; Van Baardewijk et al., 2011).

Os resultados evidenciaram que proporcionalmente mais participantes no grupo APSD-SR alto tinham diagnóstico de perturbação do comportamento (DSM-IV-TR; American Psychiatric Association, 2000) e obtiveram valores significativamente mais altos em problemas comportamentais (SDQ-SR TDS), além de valores mais baixos em comportamento pro-social (SDQ-SR P). Os nossos dados reforçam a literatura que apoia a existência duma associação consistente entre psicopatia e perturbação do comportamento (e.g., Barry et al., 2000; Leistico et al., 2008; Lynam, 1996; Myers et al., 1995; Salekin et al., 2004).

Na comparação dos grupos relativamente ao ASRDS e ao ICS, o grupo APSD-SR alto obteve valores significativamente mais altos em comportamentos delituosos autorrelatados (maior frequência e diversidade destes comportamentos) e gravidade dos crimes cometidos. As correlações altas encontradas entre o APSD-SR e o ASRDS e o ICS reforçam a associação entre psicopatia e comportamentos delituosos descritos na literatura (e.g., Sevecke & Kosson, 2010; Van Baardewijk et al., 2011). Os resultados obtidos relativamente à associação entre traços psicopáticos e idade de início na atividade criminal e idade de primeiro problema com a lei estiveram em linha com a literatura existente (Forth & Book, 2010) dado que encontramos correlações negativas moderadas estatisticamente significativas.

Relativamente à autoestima (RSES), o grupo APSD-SR alto obteve valores significativamente mais baixos que são consistentes com a literatura, dado que esta classicamente associa a baixa autoestima aos comportamentos antissociais (e.g., Caldwell et al., 2006; Mason, 2001). O nosso estudo evidencia a associação entre autoestima baixa

e traços psicopáticos altos. Relativamente à desejabilidade social (MCSDS-SF), os resultados obtidos poderiam parecer contraintuitivos à primeira vista porque seria de esperar que os jovens com traços psicopáticos altos tentassem transmitir uma imagem mais positiva de si próprios. Todavia, Lilienfeld e Fowler (2006) já haviam demonstrado que os psicopatas podem relatar de forma fiável as suas características socialmente indesejáveis, como comportamentos antissociais, hostilidade e fraco controlo de impulsos.

A partir dos resultados acima discutidos, podemos concluir que existe alguma homogeneidade entre as participantes dos grupos APSD-SR alto e baixo relativamente às variáveis sociodemográficas. Todavia, encontramos alguma heterogeneidade nas participantes dos grupos APSD-SR alto e baixo relativamente às variáveis criminais e aos instrumentos psicométricos utilizados. Podemos considerar que o constructo da psicopatia é útil na caracterização de jovens do género feminino, sendo que as variáveis analisadas desta perspetiva tornam salientes um conjunto de problemáticas associadas. Existem, portanto, evidências que apoiam a nossa hipótese inicial de que as raparigas com traços psicopáticos altos têm valores mais altos em perturbação do comportamento, problemas comportamentais, comportamentos delituosos autorrelatados e gravidade de crimes cometidos, bem como valores mais baixos em autoestima e em comportamento pro-social. O modelo de regressão logística binária reforçou o papel da inter-relação entre traços psicopáticos, problemas comportamentais (e.g., Frick et al., 2000; Lindberg, 2012) e comportamentos delituosos (e.g., White et al., 1994), que são considerados constructos diferentes mas relacionados. Também neste caso as evidências confirmam maioritariamente as hipóteses colocadas.

Deve-se, todavia, salientar que nem todos os menores que demonstram comportamentos antissociais graves e diagnóstico de perturbação do comportamento

devem ser considerados potenciais psicopatas. Tal classificação deve ser reservada para um subgrupo distinto e deve ser apenas utilizada após uma criteriosa avaliação (Lynam, 1996). É também recomendável alguma precaução quanto à utilização exclusiva de medidas em formato de autorresposta para fins de avaliação forense ou clínica (Seagrave & Grisso, 2002; Sharp & Kine, 2008). Dado que a justiça juvenil tem tendência a tornar-se mais severa, um adolescente acusado de crimes graves que tenha simultaneamente uma avaliação psicológica que indique a presença de psicopatia pode ver a sua pena drasticamente aumentada. Em certos Estados norte-americanos pode mesmo ser julgado como adulto e ser sentenciado a prisão perpétua ou até à pena de morte (Seagrave & Grisso, 2002). Tendo tal em mente, devemos igualmente salientar a importância do constructo da psicopatia para a identificação precoce de jovens em risco e para a avaliação rigorosa de jovens que já tenham tido contacto com o sistema judicial. Desta forma fundamenta-se empiricamente as intervenções que venham a ser feitas.

O nosso estudo contribui para o estudo da psicopatia juvenil em amostras europeias, e é, tanto quanto é do nosso conhecimento, o primeiro a investigar os traços psicopáticos numa amostra mista forense e escolar de raparigas portuguesas. Esperamos ajudar a promover a investigação deste importante constructo que pode levar à descoberta de novas etiologias subjacentes às trajetórias delinquentiais (Kotler & McMahon, 2005). Devemos salientar que os meios de avaliação que permitam melhorar a identificação e a caracterização dos delinquentes juvenis graves e persistentes favorecem as intervenções em termos de custo/benefício, pelo que urge aumentar a investigação a eles associada.

Conclusões, limitações e investigações futuras

Os estudos efetuados no âmbito da presente dissertação permitiram-nos chegar a diversas conclusões. Os jovens, rapazes ou raparigas, que se iniciam precocemente na

atividade criminal têm níveis mais elevados de traços psicopáticos e constructos relacionados (e.g., perturbação do comportamento, gravidade dos crimes cometidos). Os jovens, rapazes ou raparigas, pertencentes a etnias diversas não demonstram diferenças significativas entre si relativamente aos traços psicopáticos. O constructo da psicopatia é aplicável às raparigas portuguesas em contexto forense e em contexto escolar. Independentemente da etnicidade ou do género, os traços psicopáticos tendem a estar significativamente associados a perturbação do comportamento, problemas comportamentais, comportamentos delituosos, gravidade dos crimes cometidos, idade de início da atividade criminal, idade do primeiro problema com a lei e idade da primeira detenção em Centro Educativo. A presente dissertação fornece apoio adicional à literatura científica internacional relativa à investigação dos traços psicopáticos em jovens, contribuindo para o crescente número de evidências que indicam que o constructo da psicopatia é universal e interculturalmente consistente.

Todavia, é necessário apontar diversas limitações aos nossos estudos. A utilização de medidas de psicopatia em formato de autorresposta pode ser considerada uma limitação. Também a baixa consistência interna de algumas escalas (e.g., MCSDS-SF, APSD-SR CU) pode ter causado problemas a nível da fiabilidade de medição. A escala de psicopatia utilizada (APSD-SR) não foi concebida para evitar possíveis problemas tautológicos que possam surgir quando se estuda as associações entre psicopatia e crime, o que pode ter reforçado as correlações encontradas. A opção pela utilização do APSD no formato de autorresposta não foi provavelmente o ideal dado que o formato de *rating scale* para pais/professores geralmente tem melhor fiabilidade.

Relativamente às raparigas, as estatísticas sugerem que o nosso estudo teve alguma falta de poder estatístico, muito provavelmente devido à relativamente pequena dimensão das amostras utilizadas. O pequeno tamanho das amostras femininas é um

problema típico deste tipo de estudos forenses, dada a desproporção existente face aos jovens delinquentes do género masculino. Também deveríamos ter tido em conta problemas como a perturbação da hiperatividade com défice de atenção dado que a literatura sugere que esta poderá ser particularmente relevante nas raparigas (e.g., Sevecke & Kosson. 2010).

O fato de o nosso estudo ser predominantemente transversal limitou as certezas acerca das diferenças na idade de início criminal que foram encontradas, pelo que seria recomendável que futuras investigações nesta área utilizassem uma metodologia longitudinal que permita o estudo dos participantes ao longo do tempo no sentido de avaliar a estabilidade dos traços. Seria também recomendável que as investigações futuras nesta área utilizassem *rating scales* (e.g., PCL:YV) e medidas com melhor consistência interna. A eventual inclusão de informação adicional, proveniente de fontes como relatórios policiais, judiciais e entrevistas com pais para confirmar e caracterizar os comportamentos delituosos seria também aconselhável.

Como sugestões para investigação futura salientamos que continuam por validar na população forense portuguesa a maioria dos instrumentos psicométricos especificamente concebidos para avaliar o constructo da psicopatia juvenil, dos quais destacamos a PCL:YV, o YPI e a CPS. Adicionalmente, seria interessante e útil a validação para a população juvenil portuguesa de medidas independentes direcionadas a explorar cada uma das dimensões atualmente atribuídas ao constructo da psicopatia juvenil, nomeadamente traços calosos/não-emocionais, narcisismo e impulsividade. Tais instrumentos poderão vir a dar um contributo significativo para a identificação precoce e eventual intervenção nos jovens em risco e nos jovens que já entraram em contato com o sistema judicial, aumentando a eficiência do trabalho efetuado pelos profissionais e pelas instituições e desta forma contribuindo para uma melhor gestão dos recursos disponíveis.

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9. Anexos

Anexo A

Primeira página do artigo I: Psychopathic traits and age of crime onset in male juvenile delinquents

Psychopathic traits and age of crime onset in male juvenile delinquents

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Abstract

The aim of this study was to examine the role of psychopathic traits in the crime onset age of male juvenile delinquents. A group of early crime onset ($n = 102$), a group of late crime onset ($n = 102$), and a non-delinquent group ($n = 102$) were formed from a sample of 306 male youths from Portuguese juvenile detention centres and schools. Results showed that early crime onset participants scored higher on psychopathic measures, self-reported delinquency, crime seriousness and conduct disorder than late crime onset participants, and the non-delinquent participants psychopathic-traits scores showed significant associations with age of crime onset, age at first encounter with the law, age of first incarceration, self-reported delinquency, seriousness of crime and conduct disorder.

Keywords

Juvenile delinquency, psychopathic traits, conduct disorder, behaviour problems, crime onset

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Anexo B

Primeira página do artigo II: Age of crime onset and psychopathic traits in female
juvenile delinquents

Age of Crime Onset and Psychopathic Traits in Female Juvenile Delinquents

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**Pedro Pechorro¹, Rui Abrunhosa Gonçalves²,
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Abstract

The aim of this study was to analyze the role of psychopathic traits in the age of crime onset of female juvenile delinquents. Using a sample of 132 young females from the Juvenile Detention Centers of the Portuguese Ministry of Justice and from schools in the Lisbon region, a group of early crime onset ($n = 44$), a group of late crime onset ($n = 44$), and a nondelinquent school group ($n = 44$) were formed. Results showed that early crime onset participants score higher on psychopathy measures, self-reported delinquency, and crime seriousness than late crime onset participants and school participants. Psychopathic-traits scores were significantly associated with age of crime onset, age at first trouble with the law, and frequency and seriousness of crime.

Keywords

female juvenile delinquency, psychopathic traits, crime onset

The timing of the onset of antisocial behavior is one of the most critical pieces of information in understanding maladaptive behaviors, substance use, alcoholism, delinquency, and criminal justice system involvement. Antisocial behaviors that emerge during early and middle childhood are often harbingers of sustained antisocial behavior that persist through adolescence and endure into adulthood (DeLisi, Beaver, Wright, & Vaughn, 2008; Vaughn & Howard, 2005). Females below age 18 comprise one of the fastest growing segments of the juvenile-justice population, with their

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Anexo C

Primeira página do artigo III: Examining ethnic differences in self-reported
psychopathic traits among Portuguese male juvenile offenders

Examining Ethnic Differences in Self-Reported Psychopathic Traits Among Portuguese Male Juvenile Offenders

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**Pedro Pechorro¹, Carlos Poiares², Ricardo Barroso³,
Cristina Nunes⁴, and Saul Neves Jesus⁴**

Abstract

The aim of the present study was to analyze differences regarding psychopathic traits and related constructs in male youths of diverse ethnic backgrounds. The participants were 216 male youths from the Juvenile Detention Centers of the Portuguese Ministry of Justice (White Europeans group: $n = 108$; ethnic minorities group: $n = 108$). Psychopathy was measured by the Antisocial Process Screening Device and the Child and Adolescent Taxon Scale. The results showed that no differences were found between ethnic groups regarding psychopathic traits and psychopathy taxon. Independent of ethnic group membership, psychopathic trait scores were significantly associated with behavioral problems, conduct disorder, self-reported delinquency, seriousness of criminal activity, age of criminal activity onset, and age at first trouble with the law. The present study adds support to the literature regarding youth psychopathic traits and supports the psychopathy construct as universally and interculturally consistent.

Keywords

juvenile delinquency, psychopathic traits, ethnicity, conduct disorder, behavior problems

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Anexo D

Primeira página do artigo IV: Psychopathic traits and ethnicity in female youths



Psychopathic traits and ethnicity in female youths

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Abstract

The aim of the present study was to analyze the differences regarding psychopathic traits and related constructs in female youths of diverse ethnic backgrounds. Using a sample of 88 young females from the Juvenile Detention Centers of the Portuguese Ministry of Justice (white Europeans group: $n = 44$, ethnic minorities group: $n = 44$), and a sample of 130 young females from the schools of the Lisbon region (white Europeans group: $n = 65$, ethnic minorities group: $n = 65$) results showed that almost no differences were found within the forensic group and the school group. Independently of ethnic group membership, psychopathic traits scores were significantly associated with behavioral problems, conduct disorder, self-reported delinquency, crime seriousness, age of crime onset, and age at first trouble with the law.

Keywords

Female juvenile delinquency, psychopathic traits, ethnicity, conduct disorder, behavior problems

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Anexo E

Carta de aceitação do artigo V: Psychological and behavioral adjustment in female youths with high or low psychopathic traits

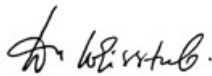
Dear Prof. Pedro Pechorro,

This will confirm the formal acceptance of your manuscript, entitled "Psychological and behavioural adjustment in female youths with high or low psychopathic traits", for publication by the International Journal of Law and Psychiatry (IJLP) in 2014.

We are pleased with the revisions and they have been accepted by the Editorial Board of reviewers.

We look forward to your publication. Thank you for your efforts. We will be in touch with you in due course to invite your collaboration for the upcoming 34th Congress of the [IALMH](#).

Kind regards,

A handwritten signature in black ink, appearing to read 'D. N. Weisstub'.

David N. Weisstub, LLD, CH (France) KT (Holland) GO (Italy)
Editor-in-Chief of International Journal of Law and Psychiatry (IJLP)
Philippe-Pinel Professor of Legal Psychiatry and Biomedical Ethics
Honorary Life President of the International Academy of Law and Mental Health (IALMH)

Anexo F

Questionário e instrumentos

TERMO DE CONSENTIMENTO INFORMADO

Versão Centro Educativo

Concordo em participar neste estudo de doutoramento de Pedro Fernandes dos Santos Pechorro a decorrer no presente Centro Educativo.

Foi-me dada uma explicação da natureza e objectivos deste estudo e concedida a possibilidade de perguntar e esclarecer todos os aspectos que me pareceram pertinentes.

Foi-me dada a informação de que os dados obtidos por este questionário são confidenciais.

Concordo em que os dados recolhidos sejam analisados pelos investigadores envolvidos no estudo.

Sei que a minha participação é voluntária e que sou livre de desistir deste estudo se for esse o meu desejo.

Local _____

Data _____

Não deixes nenhuma pergunta por responder

Questionário Sócio-demográfico

1. Qual é a tua data de nascimento? _____; Idade: _____ anos

2. Qual é o teu sexo?

Masculino Feminino

3. Qual é a tua raça/etnia?

Branco Negro Mulato Cigano

Outra. Qual? _____

4. Qual é a tua nacionalidade?

Portuguesa Países da Europa Países de África

Outra. Qual? _____

5. Em que localidade moras habitualmente? _____

6. Que escolaridade tens já completa? _____

7. Que escolaridade têm os teus pais?

Pai

- Sem estudos/analfabeto
- 1º Ciclo (4º ano)
- 2º Ciclo (6º ano)
- 3º Ciclo (9º ano)
- Ensino Secundário (12º ano)
- Ensino Superior/Universitário
- Não sei

Mãe

- Sem estudos/analfabeto
- 1º Ciclo (4º ano)
- 2º Ciclo (6º ano)
- 3º Ciclo (9º ano)
- Ensino Secundário (12º ano)
- Ensino Superior/Universitário
- Não sei

8. Que profissão têm os teus pais?

Pai _____

Não sei

Mãe _____

Não sei

9. Assinala a situação que corresponde melhor à situação dos teus pais:

- O meu pai e a minha mãe estão casados / vivem juntos
- O meu pai e a minha mãe estão divorciados / separados
- O meu pai já faleceu
- A minha mãe já faleceu

10.1. Com quem vives habitualmente em tua casa?

10.2. Quantas pessoas vivem em tua casa ao todo (incluindo tu)?

- Somos _____ pessoas.

11. Tens quantos irmãos ao todo (incluindo tu)?

- Somos _____ irmãos.

12. Estás a tomar medicamentos para os “nervos” ou “cabeça” (psiquiátricos)?

- Não Sim

13. Já te envolveste em actividades ilegais (contra a lei)?

- Não Sim

13.2. Se respondeste Sim, que idade tinhas quando te envolveste pela primeira vez nessas actividades ilegais?

- Tinha _____ anos.

14. Já tiveste problemas com a lei (policia, esquadra, etc.)?

- Não Sim

14.2. Se respondeste Sim, que idade tinhas quando tiveste problemas pela primeira vez com a lei?

- Tinha _____ anos.

15. Já estiveste internado num Centro Educativo (“reformatório”) do Ministério da Justiça?

Não Sim

15. Se respondeste Sim, que idade tinhas quando estiveste internado pela primeira vez num Centro Educativo?

Tinha _____ anos.

RSES

De seguida tens afirmações que se referem a sentimentos gerais que tens acerca de ti próprio. Lê atentamente e responde assinalando a opção correcta para cada uma delas.

	Totalmente falso	Em parte falso	Totalmente verdade	Em parte verdade
1. De um modo geral estou satisfeito comigo próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Por vezes penso que não presto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sinto que tenho algumas boas qualidades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sou capaz de fazer coisas tão bem como a maioria das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sinto que não tenho motivos para me orgulhar de mim próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Por vezes sinto-me um inútil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sinto que sou uma pessoa de valor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Deveria ter mais respeito por mim próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. De um modo geral sinto-me um fracassado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tenho uma boa opinião de mim próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SDQ - SR

Para cada umas das afirmações seguintes assinala a opção de resposta correcta.
 Responde a todas as afirmações o melhor que puderes baseando-te na forma como as coisas te corriam nos últimos 6 meses antes de entrares nos Centros Educativos...

	Falso	Muitas vezes verdade	Por vezes verdade
1. Tento ser simpático com as outras pessoas. Preocupo-me com o que sentem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sou irrequieto, não consigo ficar quieto muito tempo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tenho muitas dores de cabeça, de barriga ou vómitos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gosto de partilhar com os outros (comida, jogos, canetas, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irrito-me e perco a cabeça muitas vezes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Estou quase sempre sozinho, jogo sozinho.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Normalmente faço o que me mandam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Preocupo-me muito com as coisas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gosto de ajudar se alguém está magoado, aborrecido ou doente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Não sossego, estou sempre a mexer as pernas ou as mãos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tenho pelo menos um bom amigo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ando sempre à pancada. Consigo obrigar os outros a fazer o que eu quero.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ando muitas vezes triste, desanimado ou a chorar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Os meus colegas geralmente gostam de mim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Estou sempre distraído. Tenho dificuldades em me concentrar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fico nervoso em situações novas. Facilmente fico inseguro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sou simpático para as crianças mais pequenas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Sou muitas vezes acusado de mentir ou enganar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Os outros jovens metem-se comigo, ameaçam-me ou intimidam-me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Gosto de ajudar os outros (pais, professores ou outros jovens).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Penso nas coisas antes de as fazer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Tiro coisas que não são minhas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Dou-me melhor com adultos do que com os da minha idade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Tenho muitos medos, assusto-me facilmente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Geralmente acabo o que começo. Tenho uma boa capacidade de atenção.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APSD - SR

Lê cada uma das questões seguintes e decide se te descreve.
 Responde assinalando a opção correcta para cada questão.
 Responde da forma como eras antes de entrares nos Centros Educativos.

	Falso	Por vezes verdade	Muitas vezes verdade
1. Culpas os outros pelos teus erros?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Envolves-te em actividades ilegais (contra a lei)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Preocupas-te com o teu desempenho na escola ou no trabalho?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fazes as coisas sem pensares nas conseqüências?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pareces ser falso às outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. És bom a mentir?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. És bom a manter as promessas que fazes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Gabas-te muito das coisas que fazes ou tens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ficas facilmente aborrecido?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Enganas ou usas as pessoas para teres o que queres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Gozas ou divertes-te à custa das outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sentes-te mal ou culpado quando fazes alguma coisa de errado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fazes coisas arriscadas ou perigosas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fazes-te de simpático para conseguires as coisas que queres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ficas zangado quando te corrigem ou castigam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pensas que és melhor ou mais importante que os outros?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Deixas as coisas que tens a fazer sempre para o último minuto?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Preocupas-te com os sentimentos dos outros?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Mostras os teus sentimentos às outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Tens mantido a amizade com os mesmos amigos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASDS

Os jovens fazem muitas coisas diferentes e podem quebrar algumas regras de vez em quando. Lê atentamente as questões e responde assinalando a opção correcta para cada uma delas. Nos últimos 12 meses antes de entrares nos Centros Educativos tu...

1

Nunca
Algumas vezes
Muitas vezes

1. Roubaste mais de 10 €?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Arrombaste uma casa com intenção de roubar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Roubaste menos de 10 €?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Roubaste coisas de outras pessoas (exemplo: telemóvel)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Roubaste coisas numa loja?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduziste um carro ou mota a mais de 120 km/h?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Passaste um semáforo vermelho quando conduzas um carro ou mota?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Roubaste um carro ou mota?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Participaste em corridas de carros ou motas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Guiaste sem teres carta de condução?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Guiaste um carro ou mota roubados?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Compraste bebidas alcoólicas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Bebeste bebidas alcoólicas em sítios públicos (exemplo: em discotecas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fumaste haxixe ("ganza") ou marijuana ("erva")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Usaste drogas duras (exemplo: ecstasy, cocaína ou heroína)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Vendeste drogas a outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Guiaste um carro ou mota quando estavas bêbado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Participaste num roubo usando a força ou uma arma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Usaste a força para conseguir coisas de outras pessoas (exemplo: dinheiro)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Estiveste envolvido num acidente de carro ou mota e a seguir fugiste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Andaste armado ou usaste algum tipo de arma (exemplo: faca, pistola)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Estragaste de propósito material da escola (exemplo: cadeira, porta)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Estragaste de propósito coisas públicas (exemplo: jardim, caixote do lixo)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Estragaste de propósito coisas de outras pessoas (exemplo: carro, partir vidros)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Ateaste de propósito um fogo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASDS

Os jovens fazem muitas coisas diferentes e podem quebrar algumas regras de vez em quando. Lê atentamente as questões e responde assinalando a opção correcta para cada uma delas. Nos últimos 12 meses antes de entrares nos Centros Educativos tu...

2

Nunca
Algumas vezes
Muitas vezes

26. Abanaste ou bateste em máquinas de venda automática (exemplo: de bebidas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Pintaste graffitis em sítios públicos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Envolvete-te em lutas entre grupos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Bateste em alguém?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Foste suspenso ou expulso da escola?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Viste filmes pornográficos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Fizeste telefonemas a ameaçar ou insultar alguém?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Não pagaste bilhete (exemplo: nos transportes públicos)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Faltaste às aulas sem justificação?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Fugiste de casa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MCSDS SF

Em seguida encontra uma série de frases que se referem a traços e atitudes pessoais.

Lê cada uma delas e decide se essa frase é Falsa ou Verdadeira fazendo uma cruz na opção que melhor corresponde ao que pensas de ti.

	Falso	Verdade
1. Por vezes, quando não consigo o que quero fico chateado.	<input type="checkbox"/>	<input type="checkbox"/>
2. Já me aconteceu desistir de fazer certas coisas por pensar que não tinha capacidade para as fazer.	<input type="checkbox"/>	<input type="checkbox"/>
3. Já senti vontade de me revoltar contra as pessoas com mais autoridade do que eu, apesar de saber que elas tinham razão.	<input type="checkbox"/>	<input type="checkbox"/>
4. Ouço sempre com muita atenção todas as pessoas com quem falo, sejam elas quem forem.	<input type="checkbox"/>	<input type="checkbox"/>
5. Já fingi estar doente para me safar de uma situação.	<input type="checkbox"/>	<input type="checkbox"/>
6. Já me aproveitei de outras pessoas para meu benefício pessoal.	<input type="checkbox"/>	<input type="checkbox"/>
7. Quando cometo um erro estou sempre disposto a admitir que o cometi.	<input type="checkbox"/>	<input type="checkbox"/>
8. Por vezes, tento vingar-me em vez de perdoar e esquecer.	<input type="checkbox"/>	<input type="checkbox"/>
9. Sou sempre simpático, mesmo se as pessoas são mal-educadas para mim.	<input type="checkbox"/>	<input type="checkbox"/>
10. Nunca me aborreci quando as pessoas tinham ideias contrárias às minhas.	<input type="checkbox"/>	<input type="checkbox"/>
11. Houve alturas em que tive bastante inveja da boa sorte dos outros.	<input type="checkbox"/>	<input type="checkbox"/>
12. Por vezes, fico irritado com as pessoas que insistem em me pedir favores.	<input type="checkbox"/>	<input type="checkbox"/>
13. Nunca disse coisas para magoar os sentimentos de outra pessoa.	<input type="checkbox"/>	<input type="checkbox"/>

Escala Taxionómica para Crianças e Adolescentes - CATS

Rating scale

Não Sim

	Não	Sim
1. Má adaptação durante a escolaridade básica (pelo menos um problema menor de disciplina ou de assiduidade).	<input type="checkbox"/>	<input type="checkbox"/>
2. Problema de álcool na adolescência.	<input type="checkbox"/>	<input type="checkbox"/>
3. Problema de agressividade na infância (pelo menos uma agressão física menor ocasional antes dos 15 anos).	<input type="checkbox"/>	<input type="checkbox"/>
4. Problema de comportamento antes dos 15 anos. [DSM IV TR PC 3 ou + itens]	<input type="checkbox"/>	<input type="checkbox"/>
5. Suspensão ou expulsão da escola.	<input type="checkbox"/>	<input type="checkbox"/>
6. Preso antes dos 16 anos.	<input type="checkbox"/>	<input type="checkbox"/>
7. Alcoolismo parental.	<input type="checkbox"/>	<input type="checkbox"/>
8. Viveu com ambos os progenitores biológicos até aos 16 anos (excepto por morte de progenitor).	<input type="checkbox"/>	<input type="checkbox"/>

DSM IV TR Perturbação do Comportamento

Rating scale (os seguintes itens referem-se à forma como sujeito funcionou até aos 15 anos ou, não tendo acesso a essa informação, à forma como funcionou até recentemente). [Basta assinalar 3 itens Sim]

	Não	Sim
1. Com frequência insulta, ameaça ou intimida as outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>
2. Com frequência inicia lutas físicas.	<input type="checkbox"/>	<input type="checkbox"/>
3. Utilizou uma arma que pode causar graves prejuízos físicos aos outros (por exemplo: pau, tijolo, garrafa partida, faca, arma de fogo).	<input type="checkbox"/>	<input type="checkbox"/>
4. Manifestou crueldade física para com as pessoas.	<input type="checkbox"/>	<input type="checkbox"/>
5. Manifestou crueldade física para com os animais.	<input type="checkbox"/>	<input type="checkbox"/>
6. Roubou confrontando-se com a vítima (por exemplo: roubo por esticção, extorsão, roubo à mão armada).	<input type="checkbox"/>	<input type="checkbox"/>
7. Forçou alguém a ter uma actividade sexual.	<input type="checkbox"/>	<input type="checkbox"/>
8. Lançou deliberadamente fogo com intenção de causar prejuízos graves.	<input type="checkbox"/>	<input type="checkbox"/>
9. Destruiu deliberadamente a propriedade alheia (por meios diferentes do incêndio).	<input type="checkbox"/>	<input type="checkbox"/>
10. Arrombou a casa, a propriedade ou o automóvel de outra pessoa.	<input type="checkbox"/>	<input type="checkbox"/>
11. Mentiu com frequência para obter ganhos ou favores ou para evitar obrigações (por exemplo: "vigariza" os outros).	<input type="checkbox"/>	<input type="checkbox"/>
12. Rouba objectos de certo valor sem confrontação com a vítima (por exemplo: roubo em lojas mas sem arrombamento, falsificações).	<input type="checkbox"/>	<input type="checkbox"/>
13. Com frequência permanece fora de casa de noite apesar da proibição dos pais, iniciando este comportamento antes dos 13 anos de idade	<input type="checkbox"/>	<input type="checkbox"/>
14. Fuga de casa durante a noite, pelo menos duas vezes, enquanto vive em casa dos pais ou seus substitutos (ou uma só vez, mas durante um período prolongado).	<input type="checkbox"/>	<input type="checkbox"/>
15. Faltas frequentes à escola, com início antes dos 13 anos.	<input type="checkbox"/>	<input type="checkbox"/>

Dados Processuais

Data: _____

Nome: _____

Crimes pelos quais está acusado ou foi condenado:

Data da Decisão Judicial: _____

- Medida Cautelar de Guarda
- Perícia da Personalidade
- Medida de Internamento
- Fins-de-Semana

Duração: _____

Regime

- Aberto
- Semi-aberto
- Fechado

Data de Início da Medida: _____

TERMO DE CONSENTIMENTO INFORMADO

Versão escolar

Concordo em participar neste estudo de doutoramento de Pedro Fernandes dos Santos Pechorro a decorrer na presente escola.

Foi-me dada uma explicação da natureza e objectivos deste estudo e concedida a possibilidade de perguntar e esclarecer todos os aspectos que me pareceram pertinentes.

Foi-me dada a informação de que os dados obtidos por este questionário são anónimos e confidenciais.

Concordo em que os dados recolhidos sejam analisados pelos investigadores envolvidos no estudo.

Sei que a minha participação é voluntária e que sou livre de desistir deste estudo se for esse o meu desejo.

Local _____

Data _____

Não deixes nenhuma pergunta por responder

Questionário Sócio-demográfico

1. Tens quantos anos?

Tenho _____ anos.

2. Qual é o teu sexo?

Masculino Feminino

3. Qual é a tua raça/etnia?

Branco Negro Mulato Cigano

Outra. Qual? _____

4. Qual é a tua nacionalidade?

Portuguesa Países da Europa Países de África

Outra. Qual? _____

5. Em que localidade moras habitualmente? _____

6. Que escolaridade tens já completa? _____

7. Que escolaridade têm os teus pais?

Pai

- Sem estudos/analfabeto
- 1º Ciclo (4º ano)
- 2º Ciclo (6º ano)
- 3º Ciclo (9º ano)
- Ensino Secundário (12º ano)
- Ensino Superior/Universitário
- Não sei

Mãe

- Sem estudos/analfabeta
- 1º Ciclo (4º ano)
- 2º Ciclo (6º ano)
- 3º Ciclo (9º ano)
- Ensino Secundário (12º ano)
- Ensino Superior/Universitário
- Não sei

8. Que profissão têm os teus pais?

Pai _____

Não sei

Mãe _____

Não sei

9. Assinala a situação que corresponde melhor à situação dos teus pais:

- O meu pai e a minha mãe estão casados / vivem juntos
- O meu pai e a minha mãe estão divorciados / separados
- O meu pai já faleceu
- A minha mãe já faleceu

10.1. Com quem vives habitualmente em tua casa?

10.2. Quantas pessoas vivem em tua casa (incluindo tu)?

- Somos _____ pessoas.

11. Tens quantos irmãos (incluindo tu)?

- Somos _____ irmãos.

12. Estás a tomar medicamentos para os “nervos” ou “cabeça” (psiquiátricos)?

- Não Sim

13. Já te envolveste em actividades ilegais (contra a lei)?

- Não Sim

13.2. Se respondeste Sim, que idade tinhas quando te envolveste pela primeira vez nessas actividades ilegais?

- Tinha _____ anos.

14. Já tiveste problemas com a lei (policia, esquadra, etc.)?

- Não Sim

14.2. Se respondeste Sim, que idade tinhas quando tiveste problemas pela primeira vez com a lei?

- Tinha _____ anos.

15. Já estiveste internado num Centro Educativo (“reformatório”) do Ministério da Justiça?

Não Sim

15. Se respondeste Sim, que idade tinhas quando estiveste internado pela primeira vez num Centro Educativo?

Tinha _____ anos.

RSES

De seguida tens afirmações que se referem a sentimentos gerais que tens acerca de ti próprio. Lê atentamente e responde assinalando a opção correcta para cada uma delas.

	Totalmente falso	Em parte falso	Totalmente verdade	Em parte verdade
1. De um modo geral estou satisfeito comigo próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Por vezes penso que não presto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sinto que tenho algumas boas qualidades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sou capaz de fazer coisas tão bem como a maioria das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sinto que não tenho motivos para me orgulhar de mim próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Por vezes sinto-me um inútil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sinto que sou uma pessoa de valor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Deveria ter mais respeito por mim próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. De um modo geral sinto-me um fracassado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tenho uma boa opinião de mim próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SDQ - SR

Para cada afirmação assinala a opção de resposta correcta.
Responde a todas as afirmações o melhor que puderes baseando-te na forma como as coisas te correram nos últimos 6 meses...

Muitas vezes verdade
Por vezes verdade
Falso

1. Tento ser simpático com as outras pessoas. Preocupo-me com o que sentem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sou irrequieto, não consigo ficar quieto muito tempo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tenho muitas dores de cabeça, de barriga ou vómitos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gosto de partilhar com os outros (comida, jogos, canetas, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irrito-me e perco a cabeça muitas vezes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Estou quase sempre sozinho, jogo sozinho.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Normalmente faço o que me mandam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Preocupo-me muito com as coisas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gosto de ajudar se alguém está magoado, aborrecido ou doente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Não sossego, estou sempre a mexer as pernas ou as mãos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tenho pelo menos um bom amigo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ando sempre à pancada. Consigo obrigar os outros a fazer o que eu quero.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ando muitas vezes triste, desanimado ou a chorar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Os meus colegas geralmente gostam de mim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Estou sempre distraído. Tenho dificuldades em me concentrar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fico nervoso em situações novas. Facilmente fico inseguro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sou simpático para as crianças mais pequenas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Sou muitas vezes acusado de mentir ou enganar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Os outros jovens metem-se comigo, ameaçam-me ou intimidam-me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Gosto de ajudar os outros (pais, professores ou outros jovens).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Penso nas coisas antes de as fazer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Tiro coisas que não são minhas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Dou-me melhor com adultos do que com os da minha idade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Tenho muitos medos, assusto-me facilmente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Geralmente acabo o que começo. Tenho uma boa capacidade de atenção.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APSD - SR

Lê cada uma das questões seguintes e decide se te descreve.
Responde assinalando a opção correcta para cada questão.

	Falso	Por vezes verdade	Muitas vezes verdade
1. Culpas os outros pelos teus erros?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Envolves-te em actividades ilegais (contra a lei)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Preocupas-te com o teu desempenho na escola ou no trabalho?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fazes as coisas sem pensares nas conseqüências?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pareces ser falso às outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. És bom a mentir?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. És bom a manter as promessas que fazes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Gabas-te muito das coisas que fazes ou tens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ficas facilmente aborrecido?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Enganas ou usas as pessoas para teres o que queres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Gozas ou divertes-te à custa das outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sentes-te mal ou culpado quando fazes alguma coisa de errado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fazes coisas arriscadas ou perigosas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fazes-te de simpático para conseguires as coisas que queres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ficas zangado quando te corrigem ou castigam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pensas que és melhor ou mais importante que os outros?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Deixas as coisas que tens a fazer sempre para o último minuto?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Preocupas-te com os sentimentos dos outros?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Mostras os teus sentimentos às outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Tens mantido a amizade com os mesmos amigos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASDS

Os jovens fazem muitas coisas diferentes e podem quebrar algumas regras de vez em quando. Lê atentamente as questões e responde assinalando a opção correcta para cada uma delas. Nos últimos 12 meses...

1

Nunca *Algumas vezes* *Muitas vezes*

1. Roubaste mais de 10 €?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Arrombaste uma casa com intenção de roubar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Roubaste menos de 10 €?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Roubaste coisas de outras pessoas (exemplo: telemóvel)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Roubaste coisas numa loja?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduziste um carro ou mota a mais de 120 km/h?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Passaste um semáforo vermelho quando conduzas um carro ou mota?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Roubaste um carro ou mota?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Participaste em corridas de carros ou motas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Guiaste sem teres carta de condução?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Guiaste um carro ou mota roubados?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Compraste bebidas alcoólicas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Bebeste bebidas alcoólicas em sítios públicos (exemplo: em discotecas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fumaste haxixe ("ganza") ou marijuana ("erva")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Usaste drogas duras (exemplo: ecstasy, cocaína ou heroína)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Vendeste drogas a outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Guiaste um carro ou mota quando estavas bêbado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Participaste num roubo usando a força ou uma arma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Usaste a força para conseguir coisas de outras pessoas (exemplo: dinheiro)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Estiveste envolvido num acidente de carro ou mota e a seguir fugiste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Andaste armado ou usaste algum tipo de arma (exemplo: faca, pistola)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Estragaste de propósito material da escola (exemplo: cadeira, porta)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Estragaste de propósito coisas públicas (exemplo: jardim, caixote do lixo)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Estragaste de propósito coisas de outras pessoas (exemplo: carro, partir vidros)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Ateaste de propósito um fogo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASDS

Os jovens fazem muitas coisas diferentes e podem quebrar algumas regras de vez em quando. Lê atentamente as questões e responde assinalando a opção correcta para cada uma delas. Nos últimos 12 meses...

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Nunca
Algumas vezes
Muitas vezes

	Nunca	Algumas vezes	Muitas vezes
26. Abanaste ou bateste em máquinas de venda automática (exemplo: de bebidas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Pintaste graffitis em sítios públicos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Envolveste-te em lutas entre grupos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Bateste em alguém?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Foste suspenso ou expulso da escola?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Viste filmes pornográficos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Fizeste telefonemas a ameaçar ou insultar alguém?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Não pagaste bilhete (exemplo: nos transportes públicos)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Faltaste às aulas sem justificação?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Fugiste de casa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MCSDS - SF

Em seguida encontra uma série de frases que se referem a traços e atitudes pessoais.

Lê cada uma delas e decide se essa frase é Falsa ou Verdadeira fazendo uma cruz na opção que melhor corresponde ao que pensas de ti.

	Falso	Verdade
1. Por vezes, quando não consigo o que quero fico chateado.	<input type="checkbox"/>	<input type="checkbox"/>
2. Já me aconteceu desistir de fazer certas coisas por pensar que não tinha capacidade para as fazer.	<input type="checkbox"/>	<input type="checkbox"/>
3. Já senti vontade de me revoltar contra as pessoas com mais autoridade do que eu, apesar de saber que elas tinham razão.	<input type="checkbox"/>	<input type="checkbox"/>
4. Ouço sempre com muita atenção todas as pessoas com quem falo, sejam elas quem forem.	<input type="checkbox"/>	<input type="checkbox"/>
5. Já fingi estar doente para me safar de uma situação.	<input type="checkbox"/>	<input type="checkbox"/>
6. Já me aproveitei de outras pessoas para meu benefício pessoal.	<input type="checkbox"/>	<input type="checkbox"/>
7. Quando cometo um erro estou sempre disposto a admitir que o cometi.	<input type="checkbox"/>	<input type="checkbox"/>
8. Por vezes, tento vingar-me em vez de perdoar e esquecer.	<input type="checkbox"/>	<input type="checkbox"/>
9. Sou sempre simpático, mesmo se as pessoas são mal-educadas para mim.	<input type="checkbox"/>	<input type="checkbox"/>
10. Nunca me aborreci quando as pessoas tinham ideias contrárias às minhas.	<input type="checkbox"/>	<input type="checkbox"/>
11. Houve alturas em que tive bastante inveja da boa sorte dos outros.	<input type="checkbox"/>	<input type="checkbox"/>
12. Por vezes, fico irritado com as pessoas que insistem em me pedir favores.	<input type="checkbox"/>	<input type="checkbox"/>
13. Nunca disse coisas para magoar os sentimentos de outra pessoa.	<input type="checkbox"/>	<input type="checkbox"/>