

VICTIMIZATION IN CHILDHOOD AND THE DISPLAY OF ANTISOCIAL BEHAVIOR IN
PSYCHOPATHY IN ADULTHOOD

By

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Abstract

Previous research suggests that childhood victimization is associated with an increased risk of antisocial behavior and psychopathic characteristics. Hence, this study's aim was to replicate this previous research with a sample of college students, to show that severity of childhood maltreatment is associated with more antisocial behavior and psychopathic characteristics in young adulthood. More specifically, this study utilized a retrospective self-report survey to assess the association between child abuse and neglect on antisocial behavior and psychopathy in young adulthood. Results indicated that childhood victimization was not significantly associated with antisocial behavior or psychopathy among a sample of young adults enrolled in college, thus not supporting the main study hypotheses. However, results did suggest that men tend to report more symptoms of antisocial behavior than women, supporting previous research examining gender differences. Future studies should look at the potential mediating and moderating factors that may influence these higher patterns of risk for victims of childhood maltreatment in order to inform intervention programs that target such victims in efforts to reduce rates of antisocial behavior and psychopathic characteristics, which end up being very costly to society.

Keywords: childhood maltreatment, antisocial behavior, psychopathy.

Victimization In Childhood and The Display of Antisocial Behavior in Psychopathy in Adulthood

Previous research suggests that the prevalence of victimization and maltreatment in childhood is a causal factor in developing behavioral and mental problems in adulthood. Afifi et al. (2019) have showed that there is an association between antisocial behavior and physical child maltreatment was at 47% and 45% for women and men. While conducting a metanalysis study consisting of 23,973 youth, Carvalho et al. (2019), revealed that child maltreatment is a predictor of psychopathic behaviors in adulthood. The effects of maltreatment vary depending on frequency, duration, and severity (Kerig & Becker, 2015). Abuse and neglect violate the average acceptable environment that needs to support a child cognitively, emotionally, and socially. Violent environments affect a child's capacity for self-control, basic trust, empathy, social understanding, and emotional regulation (Horwitz et al., 2001). The primary objective of this study was to examine the association between childhood maltreatment and two forms of deviant behavior: antisocial behavior and psychopathy. This study also examined gender differences across these deviant behaviors.

Long-Term Negative Effect of Child Maltreatment

Child maltreatment research has come a long way since the issue of child abuse gained public recognition when the first paper on physical abuse was published in the early 1960s (Kempe et al., 1962). The Psychology field currently recognizes a range of behaviors as child maltreatment, including physical, sexual, and/or emotional abuse or medical, educational, or material neglect of a child or children. Child maltreatment can be inflicted by a caregiver, relatives, childcare providers, or even strangers (Chan, 2019). Studies have shown that childhood experiences of abuse and neglect are associated with behavioral and psychological consequences,

including stress-related disorders, risky behaviors, poor self-esteem, personality disorders such as antisocial personality disorder, and others (Browne & Finkelhor, 1986; Horwitz et al., 2001).

Physical child abuse occurs when a caregiver or parent causes physical injury to a child or children leaving red marks, cuts, and bruises (McCarthy, et al., 2016). Perpetrators of physical abuse may not intend harm, but instead think that they are instilling discipline; however, the effects of physical harm, whether intentional or not, can have profound effects on development across the lifespan. (Kaufman & Torbey, 2019). Studies have demonstrated children who experience physical abuse tend to display a variety of internalizing and externalizing disorders, such as depression, anxiety, and conduct problems (Ammerman, et al., 1986).

Emotional child abuse involves using words and actions that are emotionally damaging to a child, and is a behavior driven by the abuser's desire to exert power and dominance over the victim. This form of maltreatment is one of the most difficult to recognize because it coexists with other forms of abuse, and it involves acts of commission or omission which are not visible (Center for Substance Abuse Treatment, 2000). It tends to affect the victims' self-esteem by making them doubt their perceptions causing them to feel trapped and afraid to speak. The main concern regarding emotional child abuse is its negative affect on a child's self-esteem. Studies of emotional development in abuse children have demonstrated that the detrimental effects can persist into adulthood (Schulz, et al., 2017).

Aside from physical and emotional child abuse, studies showed that children can often experience neglect. Neglect is an ongoing inability to meet and satisfy a child's basic needs (Nikulina, et al., 2011). This can include medical neglect (not taking a child to regular preventative care appointments or not seeking medical treatment when the child is ill), educational neglect (not sending a child to school), or material neglect (not satisfying the basic

human needs for shelter, food, or hygienic care for the child). Any of these forms of neglect can affect a child's mental and physical health and can lead to long term consequences, including poverty, substance misuse, crime in adulthood (Nikulina et al., 2011). Child neglect is the most common form of child maltreatment (NCANDS, 2010).

Studies have shown that more than 1.25 million children per year suffer from child abuse and neglect (Gelles & Perlman, 2012). Neglect is the most common type reported to Child Protective Services (CPS), followed by physical child abuse. Neglect affected seven children per 1,000 in 2017, compared to two children per 1,000 for physical abuse, one child per 1,000 for sexual abuse, and one child per 1,000 for psychological or emotional abuse. The proportion of children who have been neglected has climbed from 49% in 1990 to 75% in 2017, whereas those who have been sexually abused have decreased from 17 to 9% and those who have been physically abused have decreased from 27% to 18% (McCarthy, et al., 2016).

Maltreatment of young children is more common than maltreatment of older children. Children under the age of one year have the highest rate of child maltreatment, and 25% of victims are under the age of three. In 2017, 15 per 1000 children aged 3 and under were maltreated, compared to 10 per 1000 for children aged 4 to 7, 8 per 1000 for children aged 8 to 11, 7 per 1000 for children aged 12 to 15, and 5 per 1000 for children aged 16 to 17 (McCarthy, et al., 2016).

The effects of maltreatment on a child's life can be far reaching. It is especially traumatic and shattering when a parent, relatives, or caregiver, the person who is supposed to provide protection and safety, becomes a danger (Schulz, et al., 2017). Child maltreatment deprives children of the tools they need to cope with the stress of daily life and learn new skills to develop into strong, resilient, and successful adults. A child who has been abused or neglected may

experience a wide range of negative emotional symptoms, including depression and suicidal ideation, isolation, or aggressive behavior towards peers or other community members (McCarthy, et al., 2016). They may have problems focusing on school as they get older, use drugs or alcohol, attempt to flee, defy discipline, or abuse others. They may experience interpersonal relationship troubles as adults, as well as despair and suicidal conduct or vandalism. Child maltreatment can affect a child's physical and mental health and can lead to long-term adverse consequences, such as antisocial behavior, conduct disorder, psychopathy, and other behavioral problems (Ammerman, et al., 1986).

Studies have demonstrated that childhood antisocial behaviors persist over time. Study of official court records have demonstrated that 50% - 70% of youth who are arrested for delinquency acts during childhood are also arrested in adulthood (Loeber, 1991). Another study has also found that children with highly developed antisocial behavior had a 42% - 44% chance of displaying chronic antisocial behavior during adulthood (Robins, 1966). Another study found that antisocial behavior was at 47% and 45% for males and females, respectively, as a result of child maltreatment (Afifi et al., 2019). Essentially, the study indicated higher tendencies for women to develop antisocial tendencies from childhood maltreatment compared to men. These findings are consistent with previous research (Gibbon et al. 2020), demonstrating that there is a strong correlation between child maltreatment and antisocial behavior.

Defining Antisocial Behavior and Psychopathy

Antisocial behavior is classified as a mental disorder in which an individual demonstrates intentionally aggressive tendencies towards people, property, and/or animals. These tendencies can also be associated with violation of social norms, deception, and lies creating disruptive peer relations (American Psychiatric Association, 2013). Antisocial behavior can take forms of

vandalism, theft, substance abuse, reckless endangerment, and assault (Burt, 2009). Antisocial behavior is characterized by overt hostility, covert, and intentional aggression toward others.

Antisocial behavior often displayed a continuum of repeated misconduct, defiance of authority, and other's rights, and recklessness. According to Afifi, et al. (2019), antisocial behavior can vary depending on the individual. There are three types of antisocial behaviors: personal antisocial behavior, nuisance antisocial behavior, and environmental antisocial behavior.

Personal antisocial behaviors describe individuals that target a specific individual or group, such as bullying. Nuisance antisocial behaviors are more adverse than personal antisocial behaviors and commonly affect the public or community, such as public drinking. Individuals with this disorder have symptoms such as shouting or making unnecessary noise that cause disturbance.

Environmental antisocial behavior is when an individual's behavioral traits affect the environment or communal areas, such as graffiti.

Psychopathy is a psychological trait marked by dangerous, impulsive activities as well as a callous, unemotional, and exploitative interpersonal attitude (American Psychiatric Association, 2013). Psychopathy is characterized by the lack of empathy, sympathy, responsibility, self-control, impulsivity, and the presence of poor judgement, pathological lying, manipulative behavior, untruthfulness, juvenile delinquency, and incapacity to love (Scott et al., 2001). Several studies have demonstrated that there are at least two major varieties of psychopathy. Primary psychopathy is marked by low anxiety and is assumed to be caused by a genetic predisposition, whereas secondary psychopathy is marked by high anxiety and is thought to emerge from environmental adversity (Docherty et al., 2016). Reduced brain response to others' emotions, particularly anguish, is strongly linked to primary psychopathy (Docherty et al., 2016). Psychopaths who are primary are emotionless, heartless, manipulative, have little to no

fear or anxiety, and no remorse or guilt (Hicks and Patrick, 2006). In contrast to the unemotional qualities of primary psychopathy, secondary psychopathy is characterized by neurotic behavior and anxiety.

Gender Differences in Antisocial Behavior and Psychopathy

Antisocial behavior varies disproportionately across gender including the subtypes. A study examining the association between gender and antisocial behaviors among adolescents has found that there is a difference between males and females in terms of antisocial behaviors (Tedor et al., 2018). Mobarake (2015) showed that males displayed antisocial behaviors such as increased violence and recidivism compared females. According to the study, the feminine gender often tends to care for others, be affectionate, and sustain more interpersonal relations than males, thus reducing the chances of antisocial behaviors and criminal engagements. In contrast, the study found out that attributes linked to males such as increased competitiveness for achieving higher social ranks expose them to deviant behaviors. Males engage in behaviors such as theft and vandalism to gain higher social positions which ultimately leads to significant damages to society and incarceration. The observations that males are more prone to antisocial behaviors may also be related to how society treats them as well as how they are brought up. Based on Tedor et al (2018) study conducted in the United States and Japan, males have been seen to engage in deviant behaviors and criminal activities more than females. For instance, males may in drug and alcohol abuse earlier than females in general populations.

Research has consistently shown that in females and males higher in psychopathy, males tend to display higher levels of emotional processing deficits compared to females (Efferson & Glenn, 2018). Although males and females exhibit psychopathic traits, the proportions differ across subtypes and traits. Laskey and Bates (2018) argued that both males and females with

high psychopathy scores exhibit criminal activity. However violent recidivism is more prevalent in males than in females. Females exhibiting high levels of psychopathic traits trend to be aggressive, but their aggression is more internalized than those for males. Aggressive psychopathic behavior for males is characterized with selfishness and ill-intentions. Females also do not express emotional processing deficits as do their males (Laskey & Bates, 2018). Therefore, there is a gender difference in terms of cognitive processes.

A study demonstrated that males with psychopathic traits display a higher extent of emotional processing deficits compared to females and are likely to demonstrate passive avoidance errors or response perseveration (Efferson and Glenn, 2018). Besides, females and males respond differently to moral violations and unfairness, which is an important attribute in studying gender differences in psychopathy. Furthermore, other studies have found that males exhibit higher levels of primary psychopathy than females. Nevertheless, females tend to exhibit higher anxiety compared to males (Laskey & Bates, 2018).

Whereas most studies have identified gender differences to be high for primary psychopathy, there is a slight difference for secondary psychopathy for males and females. These findings contribute to the understanding of how males and females differ in terms of their behaviors that could result in deviance and the approaches appropriate in addressing crime in society. According to Carvalho et al. (2019), women diagnosed with secondary psychopathy tend to express significantly higher behavioral tendencies such as impulsivity than men. However, both males and females with secondary psychopathy experienced high levels of anxiety and low self-control. When it comes to violent recidivism, which is involvement in violent acts more than once, males score higher than females and exhibit more criminal activity.

Costs of Antisocial Behavior and Psychopathy to Society

Research has shown that child maltreatment, antisocial behavior, and psychopathy all result in high costs to society. Aggressive behaviors of males in workplaces and in society, in general, bear a significant cost to society in the form of court fines and hospital bills for victims (Chernyak-Hai et al., 2018). Psychopathy is associated with destructive and extensive antisocial behaviors, especially in the criminal justice system. People with such disorders often return to criminal activities such as theft and vandalism despite excessive spending in rehabilitation centers (Moraga et al., 2019). Strong evidence suggests that psychopathy influences moral sensibility and criminals with the disorder show no remorse to their actions.

While evaluating the cost of antisocial behavior in the United States, Beauchaine and McNulty (2013), expose that the cost of antisocial behavior for individuals who had been abused as children was 10 times greater than for those who had not been abused. Consequently, the cost of crimes committed by juveniles with conduct disorder was high, estimated between \$32,500 to \$80,000 depending on the nature of crime. The costs increase for incarcerated individuals between 19 and 24 years old to \$1.2 million (Carvalho et al., 2019).

Previous Research on Child Maltreatment and Antisocial Behavior

Studies have demonstrated that maltreated children are at high risk for developing antisocial behavior in adolescence and adulthood (Cicchetti et al., 2012; Jaffee et al., 2004). Theorists believe that the development of antisocial behavior may be the result of modeling the aggressive or antisocial behaviors of parents, relatives, or caregivers, thus repeating the same cycle of violence to which they have been exposed (Jaffee et al., 2004). More recent studies have found that children who were physically abused or neglected are more likely to engage in antisocial behavior during childhood. In contrast, children who were emotionally abused are more likely to engage in antisocial behavior during adolescence and/or adulthood (Esposti,

2019). There is a need for more studies to examine to delineate the mediating and moderating factors resulting in the variation of child maltreatment effects across the lifespan. Studies have shown the association between conduct disorder during childhood and mental health problems in adult life. Research has shown that maltreated children who are diagnosed with conduct disorders during childhood tend to go on to develop mental health problems such as antisocial behavior, antisocial personality disorder, and psychopathy (Morcillo, et al., 2012).

Maltreatment in early childhood also has strong associations with poor adaptive outcomes. Conduct disorder (CD) is among the maladaptive outcomes of corporal punishments often characterized by violation of social norms and rights of others (Goulter et al., 2020). Youths with CD often have callous-unemotional symptoms which increases the propensity of developing antisocial behavior in adolescence and adulthood. Goulter et al. (2020) also posit that the callous-unemotional traits among CD children may become problematic due to the inability to express negative emotional responses. The absence of negative emotions leads CD youths to become unresponsive to maltreatment resulting in harsher treatment by caregivers. Additionally, the lack of empathy increases the propensity for CD youth engaging in extreme aggression and violence if the symptoms devolve into anti-sociality. However, good parenting has a positive effect in preventing CD youth from developing antisocial traits. Consequently, parenting style may become a determinant in CD traits devolving into antisocial behavior (Schulz et al., 2017).

Previous Research on Child Maltreatment and Psychopathy

An estimated 1.2% of men in the U.S and 0.2%-0.7% of women report psychopathic traits. These rates are much higher for incarcerated populations, as shown in a study by DeAngelis where 15%-25% of incarcerated Americans had psychopathy (DeAngelis, 2022). Previous research suggests that the severity of child maltreatment has a direct link to both

antisocial and psychopathy disorder in adulthood. By demonstrating that children who experienced maltreatment during childhood are an immense risk to developing personality disorders. Other studies indicate that it is possible that neglect during childhood may be a factor for the development of psychopathic traits during adulthood (Verona et al., 2001). Many studies have found that early life stress in the form of child maltreatment and/or neglect is linked to a significant increase in vulnerability to serious mental and other medical disorders. Children who have been physically or sexually abused are more likely to develop depression, suicidality, post-traumatic stress disorder, antisocial personality disorder, psychopathic features, or psychopathy, according to research (Beauchaine & McNulty, 2013). Particularly children who are maltreated have different perceptions of crime and their rewards. The social learning theory can assist in explaining the propensity of maltreated children becoming antisocial and having related consequences of psychopathy.

Social learning stipulates that a child who is a victim of child maltreatment learns to conform; thus, disrupting the ecological balance of doing the right thing as the individual learns to embrace the maltreatment positively. Similarly, an individual is likely to conform to criminal activity when interacting with individuals engaging in criminal activity; thus, they become delinquents too behavior (Ontario Ministry of Children, Community and Social Services, 2022). When a parent neglects their child to the extent that they lack discipline and the distinction of right from wrong, then they will conform to their definitions of what they believe is right, including criminal activity.

There is a link between childhood maltreatment and eventual antisocial behavior and psychopathy symptomology in child and adolescent samples, as well as in adult criminal offenders, according to Kerig and Becker (2012). Child abuse deprived children of stable mental

development that is useful for adaptive functioning. In these conditions, victims of child maltreatment become vulnerable to cognitive, interpersonal, and emotional factors that lead to antisociality and other mental health problems. Also, child abuse detaches children from familial care and the sense of morality thus reducing their capacities to become trustworthy, empathetic, and social understanding. Maltreated children in school find it hard to engage in positive peer-relationships since they lack trust and feel insecure. Therefore, they become predisposed to high-risk behaviors such as drug abuse and gang involvement.

Secondary psychopathy is linked to outbursts of rage and violent behavior in response to negative occurrences in interpersonal relationships (Hicks and Patrick, 2006). The aggressiveness found in secondary psychopathy stems from negative interpersonal experiences during early developmental phases, such as abusive treatment from others (Mealey, 1995). Antisocial personality disorder and narcissistic personality disorder are both strongly linked to secondary psychopathy, which is defined by high levels of anxiety. Traumatic experiences during childhood, such as being the victim of abuse or neglect, are thought to be potential causes of secondary psychopathy, because characteristics of secondary psychopathy are thought to be driven more by environmental factors (Hicks & Patrick, 2006). Primary psychopathy, on the other hand, is linked to genetic predisposition and marked by low anxiety.

One plausible reason why child maltreatment is thought to be linked more directly to secondary psychopathy is that victims of abuse and neglect tend to demonstrate a change in behaviors, attitude, and remorse. Victims lose their sense of morality at young age since they witness or participate in recurrent violence. Consequently, such children have little empathy or affection and are disinterested in maintaining positive peer relationships (Carvalho et al., 2019). Secondary psychopathy is associated with adverse environmental experiences, and child abuse is

a leading cause to the outcome. Carvalho and researchers (2019) note that victims of child maltreatment exhibit deficient emotions regulation which lead to other externalizing symptoms of secondary psychopathy.

Environmental distractions have a relatively high effect on the emotional experience of a child. Due to the environmental stressors caused by child maltreatment, victims develop excessive negative emotions and high levels of anxiety (Mealey, 1995). They also tend to be emotional dire stressed, aggressive, and hostile, which are predominantly the characteristics of secondary psychopathy. On the other hand, those with primary psychopathy have low empathy, remorse, and anxiety as the differentiating criterion between primary psychopathy and secondary psychopathy are the signs and symptoms.

The Present Study

This study builds on previous studies that have shown that childhood maltreatment is associated with neurological changes that are associated with antisocial behavior and psychopathic characteristics. The current study examined the long-term consequences of child maltreatment, particularly in relation to emotional and behavioral problems, during adulthood, by investigating the following:

1. Whether individuals who have experienced more maltreatment during childhood would report more antisocial behaviors in adulthood.
2. Whether individuals who have experienced more maltreatment during childhood would report more symptoms of psychopathy in adulthood.
3. Whether there are gender differences in endorsement of antisocial behavior and psychopathic characteristics.

Taking under consideration the results from previous studies, it was hypothesized that more maltreatment in childhood would be associated with higher rates of antisocial behavior and psychopathic characteristics in young adulthood and that male participants would report more symptoms of antisocial behavior and psychopathy than females.

Method

Participants

Participants in this study were all students at Purchase College, who were enrolled in the study via the Psychology Participant Pool ($N = 45$). The Psychology Participant Pool recruits students enrolled in Introduction to Psychology to participate in studies in exchange for course credit. Participant ages ranged between 18 - 22 ($M = 19.18$, $SD = 0.98$). Participant gender and racial/ethnic identities are shown in Table 1.

Table 1.

Demographic Characteristics of the Sample

Demographic Characteristic	<i>n</i>	%
Gender		
Male	11	24.45
Female	25	55.56
Non-Binary	9	20.00
Race/Ethnicity		
Black or African/ Caribbean American	3	6.67
White or Caucasian	27	60.00
Asian or Asian American	4	8.89
Hispanic or Latinx	9	20.00

Multiracial

2

4.44

Measures

Child Maltreatment. The Conflict Tactic Scale: Parent-Child Version – Revised (CTCSPC-R; Sierau, S. et al., 2018) was used in this study to examine child maltreatment and neglect inflicted by parents. This measure asks participants to reflect on their childhood relationships with their parents and self-report whether or not their parents engaged in specific behaviors. The CTCSPC-R has 22 items, such as, “[Did your parent ever] put you in “time out” or send you to your room” and “[Did your parent ever] shout, yell, or scream at you”. Participants answered these questions on a scale of 0 (Never) to 4 (often). The validity of the CTCSPC-R has been assessed among children and adolescents (Sierau et al., 2018) and adults (Straus & Hamby, 1997). These studies examined the factor structure of the CTCSPC-R and the construct and criterion-related validity. The results demonstrated that the measures of CTCSPC-R are valid and reliable for measuring child maltreatment of young adults.

Psychopathy. The Levenson Psychopathy Scale (LSRP) can measure on two scales, secondary psychopathy (Psychopathic Lifestyle) and primary psychopathy (Psychopathic Effect) in a noninstitutionalized population (Levenson et al., 1995). The LSRP has 26 items, such as, “For me, what is right is whatever I can get away with” and “Love is overrated”. Young adults answer these questions on a 4-point Likert Scale, 0 indicating (strongly disagree) to 4 (strongly agree). The study by Levenson et al. (1995) measured the scale’s validity by comparing the LSRP subscales to the Antisocial Action Scale (Levenson et al., 1995) and Trait Anxiety (Julian, 2011) for primary and secondary psychopathy, respectively. All the three scales were correlated

with each other and with distinction and boredom susceptibility, indicating that the LSRP is valid and reliable in measuring psychopathy symptoms of young adults.

Antisocial Behavior. The Brief Antisocial Behavior Scale (B-ABS; Pilatti et al., 2021) was used to assess antisocial behavior in the current study. The B-ABS has 13 items such as, “I have stolen equipment or money from slot, game, electronic or vending machines (e.g., tobacco, snacks)” and “I have forged signatures, medical prescriptions or other documents”. Young adults answer these questions on a scale of 0 (Never or almost never) to 3 (Very frequently). In a study by Pilatti et al. (2021), college students from Argentina, Spain, and the USA participated in a study to validate this measure. The results showed that the 13-item B-ABS met the high-quality criteria for factors such as discrimination and response endorsement variability among the participating countries (Pilatti et al., 2018). In other words, the B-ABS is reliable and valid in measuring antisocial behavior.

Procedure

Participants were invited to participate in the study to receive participation credit for their course. Before proceeding to the survey, participants completed an informed consent form. Once the informed consent form was completed, participants were first asked to answer demographic questions, followed by a battery of questionnaires regarding their childhood experiences and mental and behavioral health symptoms. At the end of the survey, participants were debriefed about the purpose of the study. As this study revolved around highly sensitive subjects, participants were also given links to resources for crisis navigation if completion of the study elicited unwanted emotions or memories. Data was stored on a password protected computer with no individual identities to preserve anonymity for all participants.

Results

Descriptive Statistics

Participants completed three measures that were relevant to this study. Average scores on these measures by gender identity are shown in Table 2.

Table 2

Gender Differences in Study Variables

	Childhood Maltreatment	Antisocial Behavior	Psychopathy
Male	39.64	16.36	1.93
Female	36.36	13.76	1.93
Non-Binary	39.77	14.00	1.89

Inferential Analysis

The first research question of the study investigated whether individuals who experienced more maltreatment during childhood would report more antisocial behavior in adulthood. A Pearson's correlation analysis was conducted using the sum score for the CTS and the mean score for the ABS. Results indicated that childhood victimization was not significantly correlated with antisocial behavior, $r = 0.09$, $p = 0.27$. These results did not support the predicted hypothesis that participants who experienced more childhood victimization would report more antisocial behavior.

The second research question of the study investigated whether individuals who have experienced more victimization during childhood demonstrate higher rates of psychopathy in adulthood. Another Pearson's correlation analysis was. Results indicated that childhood victimization was not significantly correlated with psychopathy, $r = -0.02$, $p = 0.56$. These

results did not support the predicted hypothesis that participants who experienced more childhood victimization would report higher rates of characteristics of psychopathy.

The third research question of the study investigated whether antisocial behavior and psychopathy differ by gender. It was hypothesized that male participants would report more antisocial behavior and more characteristics of psychopathy. Two separate analyses of variance (ANOVAs) were conducted to examine whether antisocial behavior and psychopathy differ between genders. In the first ANOVA, ASB scores were entered as the dependent variable and gender was entered as the independent variable. The results of this analysis indicated that there is a trend toward significance, showing that males engage in more antisocial behavior than females or non-binary individuals, $F(2,41) = 2.90, p = 0.07$. In the second ANOVA, psychopathy score was entered as the dependent variable and gender was entered as the independent variable. Results indicated that psychopathy did not differ significantly different by gender, $F(2,41) = 0.05, p = .95$. These results supported the hypothesis that males would report more antisocial behavior but did not support the hypothesis that male participants would report more characteristics of psychopathy. Gender differences are shown for antisocial behavior in Figure 1 and for Psychopathy in Figure 2.

Figure 1

Antisocial Behavior by Gender

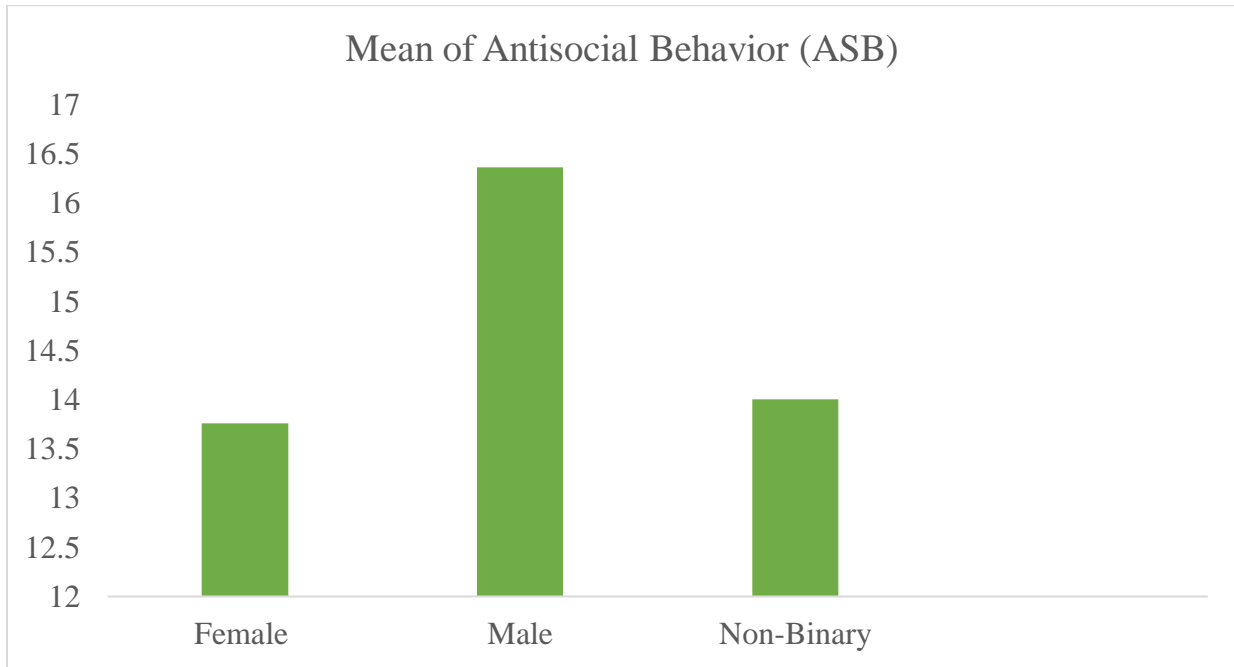
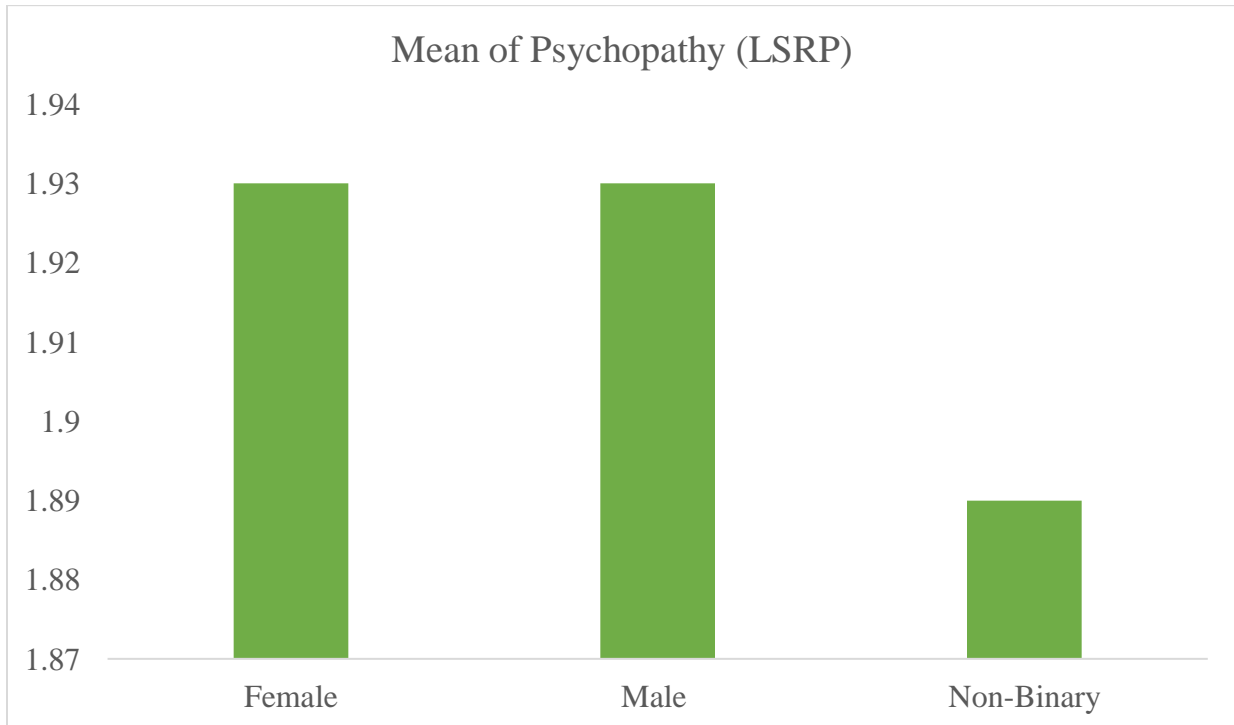


Figure 2

Psychopathy Characteristics by Gender



Discussion

A substantial body of research indicates that adults who were exposed to childhood maltreatment (abuse or neglect) face higher risks of developing behavioral and mental problems, including antisocial behaviors and psychopathic characteristics (Beauchaine & McNulty, 2013; Gibbon et al., 2020). This study attempts to contribute to this body of research by replicating earlier work to examine the rates of antisocial and psychopathic behavior among adult participants from Purchase College who have a history child maltreatment during childhood. The study also looked at gender differences in antisocial behaviors and psychopathic characteristics, uniquely contributing to the research base by including individuals who identify as non-binary.

In order to fulfill the purpose of this research, the investigator adopted three key questions. The first research question looked at whether individuals who experienced more victimization during childhood would display higher antisocial behaviors in adulthood. The second question wanted to determine whether individuals who have experienced more victimization during childhood had higher rates of psychopathy in adulthood. The third research question looked at gender differences in the incidence of antisocial and psychopathic behaviors among the sample. From these questions the researcher hypothesized that exposure to childhood victimization predicted higher antisocial and psychopathic behavior levels in young adulthood. It was also hypothesized that antisocial and psychopathic behaviors would be highest in males, compared to females and individuals who identify as non-binary.

The results suggested that exposure to childhood victimization was not significantly correlated with antisocial behavior or psychopathy, but that males did report higher rates of antisocial behavior. In contrast, there was not a significant gender difference in psychopathic

characteristics; however, individuals who identified as non-binary were notably lower in these characteristics than males or females.

Implications

The findings from this study contradict those from previous studies that identified a significant association between exposure to maltreatment in childhood and the incidence of antisocial and psychopathic behavior. For instance, Morcillo et al. (2012) found that antisocial behavior, antisocial personality disorder, and psychopathy are more prevalent in adults who experienced childhood maltreatment. These may be individuals who experienced treatment like corporal punishment intended to rectify them when they violate existing social norms that define the value and belief systems of adults (Goulter et al., 2020). In contrast, the results show that such experiences in childhood do not always predict the occurrence of antisocial and psychopathic behavior in adulthood. The absence of statistical significance for antisocial and psychopathic variables raises questions about the relevance of the study design and contextual factors.

Comparing the results of this study to those of previous researchers, however, shows that the absence of a strong relationship between childhood maltreatment and antisocial and psychopathic behavior in adulthood may be due to outside factors that affected the tools used to measure the relationship. Almost all previous studies have demonstrated that children experience maltreatment, and for this reason, mental problems will be common among them (Ammerman et al., 1982). Based on the understanding, the findings of this current study might suggest bias in previous studies. It is important to know that researchers and other stakeholders in mental health issues have strong convictions about childhood maltreatment exposing individuals to negative conduct behavior in later life. Considering these observations, it is important to point out that the current study had its weaknesses that did not allow studying the influences of

external factors as was the case with previous studies. Despite such limitations, the uniqueness of these findings shows the importance of studying the relationship in detail by incorporating many factors thought to influence the occurrence of antisocial and psychopathic behaviors among adults who were maltreated as children.

The second issue of concern regarding the current findings is the perception of participants about what they consider to be negative behavior conduct. Depending on the prevalent beliefs about antisocial and psychopathic behavior, many people are likely to opt for a less risky option by rating themselves poorly on the mental conduct score. However, the differences in the findings compared to previous studies may also point towards shift in the relationship or mere absence of it. For example, Schulz (2019) showed that child maltreatment predicts antisocial and psychopathic outcomes when a parent, relative, or caregiver, who is supposed to provide protection and safety, becomes a danger. However, these experiences do not always translate to adverse conduct behavior and/or antisocial behavior outcomes in adulthood. In the same capacity, Cicchetti et al. (2012) demonstrated that childhood maltreatment experiences might increase the risk of developing conduct behavioral problems in adulthood, but do not guarantee such outcomes. On the other hand, Jaffee et al. (2004) showed that antisocial and psychopathic behaviors might develop as learned outcomes from witnessing child maltreatment. Therefore, the absence of a positive association between childhood maltreatment and negative conduct behavior in adulthood may suggest the population studied suffered no adverse outcomes from such exposures.

Given the possibility based on the findings that no relationship exists between childhood maltreatment experiences and the development of antisocial and psychopathic behaviors in later life, the implications for theory and practice are substantial. The findings indicate a possible shift

in the school of thought about the suggested relationship. If future studies manage to provide support to the findings of the current study, it would represent a significant shift in theory towards framework that accounts for a lack of relationship between the variables compared. Such would be the case given that violation of social norms, deception, lies creating disruptive peer relations, vandalism, theft, substance abuse, reckless endangerment, assault, and anxiety (Burt, 2009) associated with antisocial behavior and psychopathy occur not only in adults exposed to childhood maltreatment. Therefore, practice in the field will also shift to respond to the differences, while looking at possible alternative factors that trigger the development of antisocial and psychopathic behavior. Age is a likely candidate to begin with because the results show more males than females to have negative behaviors.

The differences in the results of the current and previous studies are likely to jolt psychologists and psychiatrics into action. This would be the case because the findings challenge the popular belief about there being an automatic relationship between maltreatment experiences in childhood and negative conduct behavior in adulthood. There is also a need to rethink the definition of child maltreatment as applied to different contexts and situations that determine their experiences. Such experiences, based on the reviews of previous studies, elevate the risk of antisocial and psychopathic behavior during adulthood. On this account, society needs to move from perceiving negative conduct behaviors among adults as solely an outcome of childhood maltreatment experiences. Instead, psychologists should consider integrating the influence of individual and environmental factors in predicting the development of such outcomes. Overall, looking at the relationship from an alternative perspective may shed light into the differences, hence informing new methods or approaches of studying the variables involved.

Limitations of the Study

This study has some limitations, which might affect using its findings to reflect the overall prevalence of antisocial and psychopathic behaviors in the general population. It is important to repeat that the results in this study differ from those of the previous research on the same topic. The differences may be due to the sample size. First, because of challenges in getting an appropriately screened sample, the study used a convenience sample. This means participants who took part in the survey included anyone who was available for the research. Even with such freedom in sampling, this study only managed to have a response rate of forty-five individuals. The study did not screen these individuals for previous exposure to childhood maltreatment. In addition, research did not screen the survey questionnaires to ensure only cases with childhood maltreatment experiences appeared in the analysis. The danger of using such a sample is bias in the results, which might be the reason for the differences in between the findings of the current study and previous ones.

Second, the study used more female participants than males. This is a limitation because gender is a factor known to affect the prevalence of antisocial and psychopathic behavior in adults exposed to childhood maltreatment. The findings show a high prevalence of antisocial and psychopathic behaviors in males than in females, but the large number of females who participated in the study might have influenced this trend. On the other hand, there is a possibility that the scales used were problematic. For instance, the scale on the perceived childhood victimization generated similar responses for all the gender groups, because the words used were negative. For example, the antisocial behaviors and psychopathy scales employed ‘perceived unwanted’ references to behavior that influenced participants to choose low ratings for each behavioral conduct reported as negative. In simpler terms, the scales’ wording discouraged participants from giving actual ratings of their perceived behavior. Overall, the

study's limitations stemmed from the absence of an appropriate sampling framework, selection criteria, and negative wording of statements in the scales used. These factors introduced bias into the results.

Future Directions

The results of this study are different from what the majority of the articles discuss in the literature review found. Future studies should look at the potential factors that causes these differences and try to control them so that they can harmonize the results on the relationship between childhood maltreatment and negative behaviors in adulthood. Future studies should also use larger sample sizes and try to employ a suitable criterion to ensure equal number of men and women and those surveyed are victims of childhood maltreatment. It is also important to explore the relationship in a different social context. In addition, future studies on the topic must try to use a more friendly scale that encourages participants to answer the questions with high confidence of truth-telling. Overall, future directions focus on eliminating the challenges of the current study to support or denounce the results.

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APPENDIX A

Self-Report Surveys

The following surveys will be administered to all participants in the proposed study via Qualtrics (hosted on MTurk), a web-based survey platform that will allow the research team to collect data confidentially and remotely.

1. Demographics Questionnaire

Instructions: To the extent that you are comfortable, please answer the following questions about yourself. Please remember that all information will be kept strictly confidential by the study researchers. You may skip any questions that you would prefer not to answer.

Survey Item:	Response Options:
What gender do you identify with?	<ol style="list-style-type: none"> 1. Male 2. Female 3. Non-Binary 4. Other [<i>please specify</i>]_____
What is your age (in years)?	<i>Slider bar between 18 - 100</i>
What is your sexual orientation?	<ol style="list-style-type: none"> 1. Homosexual [Gay/Lesbian] 2. Bisexual 3. Heterosexual [Straight]

	4. Other [<i>please specify</i>]_____
What racial or ethnic group(s) do you identify with?	1. Black or African/Caribbean American 2. White or Caucasian 3. Asian or Asian American 4. Hispanic or Latinx 5. Other [<i>please specify</i>]_____

2. Conflict Tactics Scale: Parent-Child Version - Revised (CTSPC-R)

Citation: Sierau, S., White, L. O., Klein, A. M., Manly, J. T., von Klitzing, K., & Herzberg, P. Y. (2018). *Assessing psychological and physical abuse from children’s perspective: Factor structure and psychometric properties of the picture-based, modularized child-report version of the Parent-Child Conflict Tactics Scale–Revised (CTSPC-R)*. PLoS one, 13(10), e0205401.

From what you remember, how often did your primary parent:	Never	Rarely	Sometimes	Often	Don’t remember
1. Explain to you why you did something wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Put you in “time out” or send you to your room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Shake you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hit you on the bottom with something hard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Give you something else to do [when you were doing something that you shouldn't have been doing].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Shout, yell, or scream at you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Punch or kick you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Spank you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Grab you around the neck and choke you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Say bad words to you (like swear words or call you names).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Beat you up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tell you that you would be sent away or actually kick you out of the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Burn you on purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Threaten you with spanking or hitting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Hit you with something hard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Slap you on the hand, arm, or leg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Take away your favorite toy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Pinch you when you did something wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Threaten you with a knife or gun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Throw or knock you down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Call you dumb or lazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Slap you on the face.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Levenson Psychopathy Scale

Citation: Levenson, M.; Kiehl, K.; Fitzpatrick, C. (1995). Assessing psychopathic attributes in a noninstitutionalized populatio". *Journal of Personality and Social Psychology*, 68, 151-158.

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1. Success is based on survival of the fittest; I am not concerned about the losers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I find myself in the same kinds of trouble, time after time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For me, what's right is whatever I can get away with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am often bored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In today's world, I feel justified in doing anything I can get away with to succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I find that I am able to pursue one goal for a long time..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My main purpose in life is getting as many goodies as I can.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I don't plan anything very far in advance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Making a lot of money is my most important goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I quickly lose interest in tasks I start.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I let others worry about higher values; my main concern is with the bottom line.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Most of my problems are due to the fact that other people just don't understand me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. People who are stupid enough to get ripped off usually deserve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Before I do anything, I carefully consider the possible consequences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Looking out for myself is my top priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have been in a lot of shouting matches with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I tell other people what they want to hear so that they will do what I want them to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When I get frustrated, I often "let off steam" by blowing my top.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I would be upset if my success came at someone else's expense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Love is overrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I often admire a really clever scam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I make a point of trying not to hurt others in pursuit of my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I enjoy manipulating other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I feel bad if my words or actions cause someone else to feel emotional pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Even if I were trying very hard to sell something, I wouldn't lie about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Cheating is not justified because it is unfair to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Brief Antisocial Behavior Scale

Citation : Pilatti, A., Ortet, G., & Ibáñez, M. I. (2021). Preliminary validity and reliability evidence of the Brief Antisocial Behavior Scale (B-ABS) in young adults from four countries.

PloS one, 16(2), e0247528.

	Never or almost never	Sometimes	Frequently	Very Frequently
1. I have stolen equipment or money from slot, game, electronic or vending machines (e.g., tobacco, snacks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have taken a vehicle (bicycle, motorbike, car) from someone else and kept it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have forged signatures, medical prescriptions or other documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have struggled or fought to get away from the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have bought or accepted as presents cheap goods that I knew had been stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I have stolen things from newsstands or corner shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have broken windows and glass doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have broken, scratched or damaged things of public use (in streets, cinemas, dance halls, railway carriages, buses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have annoyed, insulted, or fought with strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have paid with fake coins or paid less than the bus, train, or metro fare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have scratched cars or broken rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I have carried weapons (such as knives or clubs) in case I needed them in a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have spray painted walls, traffic signs or pointing signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

