



Published in final edited form as:

Int J Offender Ther Comp Criminol. 2000 February ; 44(1): 46–58.

Psychopathy Among Mexican American Gang Members: A Comparative Study

Avelardo Valdez, Ph.D.[Professor and Director],

Hispanic Research Center, University of Texas at San Antonio, 6900 North Loop 1604 West, San Antonio, Texas 78249-0650, USA

Charles D. Kaplan, Ph.D.[Professor], and

Department of Psychiatry, Maastricht University, Postbus 616, 6200 MD Maastricht, The Netherlands

Edward Codina, Ph.D.[Research Associate]

Hispanic Research Center, University of Texas at San Antonio, 6900 North Loop 1604 West, San Antonio, Texas 78249-0650, USA

Abstract

High-risk Mexican American males were assessed for levels of psychopathy. The Hare Psychopathy Checklist–Screening Version was compared in a random sample of gang members with a matched community sample of violent non-gang members and samples of forensic and psychiatric patients and undergraduate students. Analysis involved t-test, chi-square, and Cronbach's alpha statistics. More than half of the gang sample were categorized as low, 44% as moderate, and only 4% as high on psychopathy. The gang members had higher scores on the total, affective, and behavioral scores than the non-gang members. High scores on adolescent antisocial behavior, poor behavioral controls, and lack of remorse were found in both samples. Gang members scored twice as high as non-gang members on lack of empathy. Both samples were lower on psychopathy than the forensics and higher than psychiatric patients and undergraduates. The results provide grounds for early intervention efforts for this high-risk population.

The most publicized reports of youth violence in the United States have been associated with gangs. The percentage of students reporting street-gang presence at school nearly doubled between 1989 and 1995, increasing from 15.3% to 28.4% (U.S. Department of Justice, 1996). Current research indicates that gang violence is on the increase, especially among minorities residing in economically depressed urban communities (Maxson & Klein, 1995). Vigil (1988) has argued that involvement in gang activities for Mexican Americans is explained by a constellation of ecological, socioeconomic, and psychological factors. Researchers have shown that normal peer friendship and emotional support activities are combined with antisocial features to enhance the gang members' sense of recognition, respect, and toughness within socially marginalized communities (Bourgois, 1995; Jankowski, 1991). Membership in a gang culminates in the acquisition of a distinct adolescent identity based on involvement in street life and delinquent behavior. The psychodynamics of this identity process are reinforced within the activities of the gang.

Adolescent gang identities emerging in this high-risk context are complex, and indeed, youth express behaviors ranging from normal to extreme antisocial behavior and personality disorders. There are gang members with normal psychological characteristics who experience the gang as an extension of neighborhood-based peer groups. These members participate in deviant activities as a means of maintaining their gang status. On the other end of the continuum are youth predisposed to violence, whose deviant behavior is rewarded

within the gang structure (Moore, 1978; Vigil, 1988). Individuals involved with Mexican American gangs will probably combine traits expressing both extremes of this continuum.

The issue of psychopathology in gang populations is a controversial one. Contemporary social scientists have recognized that although some members of gangs evidently suffer from psychopathology, the overall significance of this dimension in the explanation of the high-risk behavior of this special population is not great (Short, 1997). Rather, these social scientists report a remarkable normalcy of the population, given their pathogenic social environments. The practical conclusion drawn by these researchers is that there is a far greater service need for educational and employment skills than there is for therapy (Klein, 1995).

Quite another viewpoint can be found in earlier social science research on gangs and violent behavior. Gang members, in general, and leaders in particular are characterized as impulsive and sociopathic, lacking moral knowledge and empathy for others (Yablonsky, 1962). The conclusion drawn from research is the need for socially based treatment, such as therapeutic communities for this population (Yablonsky, 1962, 1965). A criticism of both views is that gang members have rarely been tested with modern standardized psychopathology assessment instruments, nor have they been systematically compared with non-gang members on psychopathological traits. This is a critical point because there is accumulating evidence that sophisticated neuropsychological testing can be relevant in differentiating delinquents from nondelinquents (Moffitt, Lynam, & Silva, 1994). Moreover, there is an absence of psychopathological data on special populations such as Mexican American gang members that could be compared to data for other groups.

Psychopathological research on diverse populations will contribute to answering the controversial question of whether psychopathology in this population is merely a discrete and secondary occurrence or a hidden dimension that has causal relevance for explaining violent behavior. Members of the gang population are highly likely to be referred to correctional settings in the course of their maturation. Thus, it is both clinically and socially significant to have more research results drawn from the collection and comparative analysis of standardized psychometric tests. These results are essential for assessing the rehabilitation and treatment needs of members of this population before they are arrested, and for planning early intervention activities.

Psychopathy, sociopathy, and the Antisocial Personality Disorder (ASPD) have been widely and interchangeably used constructs applied to populations at high risk for violence and subsequent incarceration (American Psychiatric Association, 1994; Dix, 1980; Hare, 1970; Hare, Hart, & Harpur, 1991; Hare & McPherson, 1984). Although the criteria in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (American Psychiatric Association, 1994) are the most widely used standards for assessing ASPD, they provide no guidelines for assessing the symptoms (Hare & Hart, 1995). Furthermore, these criteria have been criticized for their neglect of affective and interpersonal symptoms that have long been associated with the construct of psychopathy (Widiger & Corbitt, 1995). The revised Psychopathy Checklist (PCL-R) is a semistructured interview that has been developed to assess psychopathy in forensic populations. The PCL-R grew out of a widespread dissatisfaction with the *DSM* and other prior measurement procedures. Originally developed solely for research purposes, the PCL-R is now used in both clinical and research settings with diverse populations including adolescents (Brandt, Kennedy, Patrick, & Curtin, 1997; Hare et al., 1991; Hart, Cox, & Hare, 1995; Myers, Burket, & Harris, 1995). The instrument is recognized as a reliable clinical diagnostic alternative to the *DSM-IV* ASPD and has been shown to be an essential part of a thorough screening treatment planning protocol for the heterogeneous ASPD population that appears in correctional settings (Gacono, 1998). The

PCL is suitable specifically for identifying aggressive individuals lacking the ability to have feelings and affection for others (Craft, 1965; McCord & McCord, 1964). These individuals are characterized as lacking the emotional responses of shame and guilt. Individuals with these characteristics tend to violate social norms through criminal activity and substance use and have a poor response to treatment and rehabilitation (Hart et al., 1995; Ogloff, Wong, & Greenwood, 1990).

The aim of our study is to compare and contrast PCL data on community samples of Mexican American gang members and non-gang members and standard comparison samples of forensic/nonpsychiatric, civil psychiatric, and undergraduate student individuals. We have been engaged in a large-scale field study of gangs, drugs, and violence in South Texas. Consistent with the current social science opinion in gang research, the issue of psychopathology was not on our original research agenda in the study. In the course of the first year of fieldwork, we became aware of the great variation in the behavior of high-risk youth in our study's catchment areas. We observed that although most of the public attention to the problem of youth violence was focused on the gang and its members, other adolescents, who were not gang members, seemed to be characterized by similar violent behavior. This observation was consistent with the current opinion in gang research that this nongang population was generally shunned by gangs as being unreliable and likely to get the gang in unwanted conflict (Short, 1997). This stimulated a new research idea that eventually led to this study.

To our knowledge, our study is unique for two reasons. First, these data were collected from randomly selected community-based samples. Previous studies measuring psychopathy in youth have relied on clinical or judicial samples, which are likely to be biased by institutional selection factors and may differ significantly from community-based samples (Rounsaville & Kleber, 1985; Valdez & Kaplan, 1999). Second, our sample consisted of exclusively Mexican American high-risk youth, a special population that has not been systematically tested with the PCL.

METHODS

STUDY DESIGN

The starting point for the design of this study is a National Institute on Drug Abuse (NIDA) investigation titled *Drug-Related Gang Violence in South Texas*, which examines the epidemiology of violence and drug use among male members of 26 gangs in San Antonio, Texas. The purpose of the NIDA study was to identify and distinguish the relationship of gang violence, illicit drug use, and high-risk sexual behavior. The NIDA study used three data collection methods: focus groups, social and economic indicators, and life history/intensive interviews. A supplementary, cross-sectional, descriptive study was designed to measure psychopathy in a random subsample of 50 gang members and a matched comparison group of 25 males. The design was descriptive, having the objective of providing comparisons of the levels of psychopathy among gang members, matched non-gang members, and standard clinical samples of undergraduate students, forensic/nonpsychiatric people, and civil psychiatric patients.

SAMPLE

In the NIDA study, a stratified proportional sample of 150 people was drawn from the rosters of 26 gangs and administered a life history/intensive interview in San Antonio, Texas (Yin, Valdez, Mata, & Kaplan, 1996). For this study, the subsample of 50 was randomly drawn from the NIDA gang sample and a comparison group of 25 non-gang-member youth from the same community. The process of selecting the comparison group sample involved

the use of 3 members from each of the 26 gangs who were asked to nominate 5 non-gang-affiliated males. These non-gang members were people from their neighborhood known to be involved in delinquent activities similar to those of gangs. The inclusion criterion for a non-gang member was not belonging to a gang within the preceding 6 months. Through this procedure, community researchers compiled a list of 340 nominees. A random sample of 25 was selected from the total nominees. The nominees were screened and matched with gang members on violence risk using the Plutchik Feelings and Acts of Violence Scale (PFAV) (Plutchik & van Praag, 1990). The gang members and non-gang members were also matched on sociodemographic (neighborhood, economic status, etc.) and delinquency variables. Only 1 eligible selected non-gang member refused to participate in the study and was replaced with another randomly selected nominee.

Table 1 presents the gang and non-gang sample characteristics. The gang members and non-gang members were not significantly different in their average years of education (9.3 vs. 9.6 years), percentage single (82% vs. 80%), percentage with children (32% vs. 24%), and percentage arrested (78% vs. 64%). The gang members and non-gang members also had very similar substance use patterns. A very large percentage of gang members and non-gang members used alcohol (80% vs. 88%) and marijuana (80% vs. 76%). The use of cocaine was different between the samples, with about half of the gang members (48%) admitting to using this drug compared to about one third of the non-gang members (32%). This difference was not statistically significant. The gang members (18.2 years, $SD = 2.31$) were younger than the non-gang members (19.7 years, $SD = 2.37$) ($t = -2.59$, $df = 73$, $p < .01$). This difference may be attributed to a relatively longer time for non-gang members to develop a reputation for violence in their neighborhoods.

THE PSYCHOPATHY CHECKLIST—SCREENING VERSION (PCL-SV)

We decided to use the PCL-SV instead of the PCL-R because our interests were primarily in the research and policy areas and not in clinical treatment planning (Hart et al., 1995). The PCL-SV is a 12-item scale derived from the 20-item PCL-R. Designed specifically to diagnose psychopathy outside of forensic settings, the PCL-SV fitted better with our research design and the professional backgrounds of our research staff. Although the PCL-R is the method of choice for assessing psychopathy in clinical settings, it is rather time-consuming and expensive to administer.

The PCL-SV interview elicits information from the respondent's life in the following areas: education, employment, marital status, family and medical history, school adjustment, health problems, goals, sexual relationships, and childhood/adolescent and adult impulsive and antisocial behavior. The information is rated on 12 items representing behaviors or personality traits. The 12 items are superficiality, grandiosity, deceitfulness, lack of remorse, lack of empathy, not accepting responsibility, impassivity, poor behavioral controls, lack of goals, irresponsibility, adolescent antisocial behavior, and adult antisocial behavior. The first 6 items define a factor that reflects affective characteristics, and the last 6 items define a factor that reflects antisocial behavioral characteristics. Each item is scored on a 3-point scale: 0 = *definitely does not apply*, 1 = *it applies somewhat or only to a certain extent*, and 2 = *it definitely does apply*. When there is insufficient information, the item is omitted. Cumulative scores range from 0 to 24. A cumulative score of greater than or equal to 18 suggests a strong indication of psychopathy. Scores between 13 and 17 suggest that the individual may be psychopathic and in need of clinical evaluation (Hart et al., 1995). Those scoring below 13 can be considered nonpsychopathic.

TRAINING AND ADMINISTRATION

The community researchers underwent 40 hours of psychological training on the PCL-SV. This training involved exercises that reviewed and scored previously recorded PCL-SV interviews. Training was supervised by an outside consultant. Community researchers independently scored each other's fifth interview to maintain reliability. Community researchers were required to obtain and maintain an interrater (interclass) reliability of at least .80 throughout the project. The administration of the PCL-SV required about an hour. The interview was administered to the nongang sample in a single-contact interview session. Most gang members had to be relocated after being interviewed in the NIDA study and brought back to the office for administration of the PCL-SV. The protocol for the PCL-SV requires collateral confirmation through informants and historical records. For the gang sample, the NIDA research instrument provided valuable collateral information. These records were not available for the nongang sample. Community researchers made extra efforts to cross-check within the community on the global reputation and specific information elicited in the PCL-SV self-reports.

ANALYSIS

Means and standard deviations of the total, factor, and item scores on the PCL-SV were examined for the gang and nongang sample. Differences between the two samples' scores were determined using *t*-test and chi-square statistics. A reliability analysis of the total scale and factor scores was also conducted. Cronbach's alpha reliability coefficients were calculated on the pooled samples, using the covariance matrix method. The reliability of the total PCL-SV scale was acceptable ($\alpha = .71$). A somewhat lower level of reliability was found on the two PCL-SV factors (affective $\alpha = .55$; behavioral $\alpha = .64$). The gang and nongang samples mean scores were plotted, along with those of the standard samples reported in the PCL-SV manual to produce graphic comparisons.

RESULTS

Table 2 shows the mean scores, standard deviations, and *t*-test significance levels of the PCL-SV on total, Factor 1 (affective), Factor 2 (behavioral), and item means for the gang members and non-gang members. Overall, gang members had significantly higher mean total ($M = 12.6$; $SD = 3.1$), affective ($M = 5.4$; $SD = 1.9$) ($t = 2.8$, $df = 73$, $p < .007$) and behavioral scores ($M = 7.26$; $SD = 1.9$) ($t = 2.1$, $df = 73$, $p < .04$). The highest mean item scores were for adolescent antisocial behavior, poor behavioral controls, and lack of remorse, consistently for both samples. The items with the lowest mean scores were superficiality and grandiosity. The gang and nongang samples reported identical scores on "doesn't accept responsibility." The gang sample had higher mean scores on the remaining items, except for adult antisocial behavior. This anomaly is due to the higher proportion of non-gang members being asked the adult antisocial behavior questions. The PCL-SV protocol stipulated that individuals under the age of 18 not be asked the adult antisocial questions.

Item mean scores were statistically significant between the two samples on 6 of the 12 items (deceitful, irresponsible, lacks empathy, poor behavioral controls, adolescent antisocial behavior, and adult antisocial behavior). The most significant difference between the two samples was on "lacks empathy," with gang members having twice as high a mean score on this item as the non-gang members.

Figure 1 presents the percentages of the gang sample and nongang samples that were categorized as high, medium, or low by the PCL-SV diagnostic criteria. From the gang sample, more than half (52%) were categorized as non-psychopaths or low psychopathy,

44% were possible psychopaths or moderate psychopathy (in need of further diagnosis with a clinical interview), and 4% were psychopaths or high psychopathy (2 respondents). In contrast, three fourths (76%) of the nongang sample were categorized as nonpsychopaths, and a fourth (24%) were possible psychopaths. None of the non-gang members were classified as psychopaths. The difference between the two samples on this categorization scheme was statistically significant ($\chi^2 = 4.0, df = 1, p < .05$).

In Figure 2, the gang and nongang PCL-SV median scores are compared to those of the forensic/nonpsychiatric, civil psychiatric, and undergraduate groups. As expected, the forensic group has the highest median score and the undergraduate group the lowest. Generally, the civil psychiatric median score is lower than our two samples. More specifically, the profile of the gang sample is closer to the forensic/nonpsychiatric group, and the nongang sample is closer to the civil psychiatric.

DISCUSSION

The results of this study indicate that Mexican American youth gangs cannot be generally characterized as a group of individuals with ASPD predisposed to violence. However, the results of our study reveal a larger variation of personalities than is suggested by the literature (Klein, 1995). We found that the majority of our gang sample could be classified as relatively normal by the PCL-SV criteria. However, on the basis of our screening assessment, a large percentage (44%) were in need of a clinical interview to determine the severity of their psychopathic problems; they were possible psychopaths. Two (4%) of the gang members (and none of the non-gang members) could be confidently diagnosed as psychopaths.

An important finding in this study is that non-gang members demonstrated lower levels of psychopathy than gang members. These data show that the violent non-gang-member sample was significantly lower on the total, affective, and behavioral factor scores than non-gang members. They even had higher percentages (76%) of nonpsychopaths and included no diagnosed psychopaths. The dominant social science view that youth with severely disturbed personalities in the community are shunned by gangs because of their unreliability and tendency to attract police attention cannot be supported by our data (Short, 1997). In fact, it is plausible that at least for the Mexican American gangs, there is a special form of social cohesion that tolerates, sustains, and supports higher levels of psychopathy in their memberships than the literature has suggested. More systematic research using the PCL-SV and other psychometric instruments will be needed before this important issue is resolved.

A conclusion from our results is that the majority of aggressive antisocial behavior perpetrated by members of Mexican American gangs is not related to personality disorders. As Hare (1970) has earlier argued, this type of behavior among other adolescents is not “because they are psychopathic or emotionally disturbed, but because they have grown up in a delinquent subculture or in an environment that fosters and rewards such behaviors” (p. 8). Nonetheless, a substantial minority of the gang members do display personalities that require more extensive psychological assessment. The comforting thought that gangs somehow are able to preselect and screen their members for the most severe forms of psychopathy cannot be supported by our systematic comparative approach. This conclusion is supported by the comparisons with the forensic/nonpsychiatric, civil psychiatric, and undergraduate samples. The gang and the nongang sample profiles on the PCL-SV fall somewhere in between the forensic/nonpsychiatric groups on the high extreme and the civil psychiatric group on the lower end. These high-risk Mexican American youth are noticeably higher on psychopathy than are undergraduate controls.

These findings suggest that an overwhelming majority of these highly stigmatized youth are likely to respond positively to intervention and rehabilitation services. Clinically diagnosed psychopaths have been widely recognized as poor treatment responders, even for specially designed programs such as therapeutic communities (Ogloff et al., 1990). Clearly, our study identifies a pressing need for early warning and intervention programs with specialized mental health services targeted at these adolescents because they are likely to benefit from this investment. Furthermore, for many gang members screened as possible psychopaths, these programs could prevent a life trajectory leading to a hardened adult psychopathic personality and consequently long-term and costly incarceration.

The strongest difference found on psychopathy items between gang members and non-gang members was a higher lack of empathy among gang members. This suggests that violence may not be the result of behavioral factors alone but rather an interaction between specific affective traits such as lack of empathy and behavior. Lack of empathy among these gang members may reflect the critical emotional mechanism that allows them to cope with the realities of a violent delinquent subculture. This finding modifies Hare's (1970) contention that a clear distinction can be made between juveniles who engage in aggressive behavior because they have emotional problems (the so-called neurotic delinquents), and those that have behavioral problems (the subcultural delinquents).

At first glance, these findings could be used to reinforce the popular stereotype that gangs only attract violent youth with severe emotional and antisocial personality disorders or distinct values and norms. However, it must be stressed that these lower class, urban Mexican American youth reside in neighborhoods characterized by high rates of underemployment, single-parent families, welfare recipients, teenage parents, and crime. These adolescents may not internalize so-called mainstream orientations in norms, values, expectations, and behavior. Instead, they are likely to develop emotions and norms that are adaptations to the social structural conditions of these communities. In this environment, violence and related emotional traits are reactions to exposure to the tensions, conflict, and aggression that is specific to these neighborhoods (Martinez & Richters, 1993).

Future research should develop instruments that take into consideration the effect of social structural differences on emotions and are sensitive to the social reality of special populations such as gang members. These instruments would provide needed new tools for both crime and mental health prevention. Furthermore, new research should focus on how gang members differ in violent behavior and psychopathy compared to matched samples of low-risk adolescents drawn from similar communities. These controlled studies may lead to a discovery of social resiliency and protective psychological factors among youth who do not engage in violent and other deviant behaviors.

Acknowledgments

This study was funded by the Hogg Foundation as a supplement to the current federally funded University of Texas at San Antonio (UTSA), Hispanic Research Center (HRC) research study titled "Drug-Related Gang Violence in South Texas," supported by a National Institute on Drug Abuse (NIDA) grant (RO1 DAO8604-02).

References

- American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4. Washington, DC: Author; 1994.
- Bourgois, P. In search of respect: Selling crack in El Barrio. New York: Cambridge University Press; 1995.
- Brandt JR, Kennedy WA, Patrick CJ, Curtin JJ. Assessment of psychopathy in a population of incarcerated adolescent offenders. *Psychological Assessment*. 1997; 9(4):429–435.

- Craft, MJ. Ten studies into psychopathic personality. Bristol, UK: John Wright; 1965.
- Dix GE. Clinical evaluation of the “dangerousness” of “normal” criminal defendants. *Virginia Law Review*. 1980; 66:523–581.
- Gacono CB. The use of the Psychopathy Checklist-Revised (PCL-R) and Rorschach in treatment planning with antisocial personality disordered patients. *International Journal of Offender Therapy & Comparative Criminology*. 1998; 42(1):49–64.
- Hare, RD. *Psychopathy: Theory and research*. New York: John Wiley; 1970.
- Hare, RD.; Hart, SD. Commentary on the antisocial personality disorder: The *DSM-IV* field trial. In: Livesley, WJ., editor. *The DSM-IV personality disorders*. New York: Guilford; 1995. p. 127-134.
- Hare RD, Hart SD, Harpur TJ. Psychopathy and the *DSM-IV* criteria for antisocial personality disorder. *Journal of Abnormal Psychology*. 1991; 100(3):391–398. [PubMed: 1918618]
- Hare RD, McPherson LM. Violent and aggressive behavior by criminal psychopaths. *International Journal of Law & Psychiatry*. 1984; 7(1):35–50. [PubMed: 6519865]
- Hart, SD.; Cox, DN.; Hare, RD. *The Hare PCL:SV Psychopathy Checklist: Screening Version*. North Tonawanda, NY: Multi-Health Systems, Inc; 1995.
- Jankowski, MS. *Islands in the street: Gangs and American urban society*. Berkeley: University of California Press; 1991.
- Klein, MW. *The American street gang: Its nature, prevalence, and control*. New York: Oxford University Press; 1995.
- Martinez P, Richters JE. The NIMH community violence project: II. Children’s distress symptoms associated with violence exposure. *Psychiatry*. 1993; 56:22–35. [PubMed: 8488209]
- Maxson, CL.; Klein, MW. Street gang violence: Twice as great, or half as great?. In: Klein, MW.; Maxson, CL.; Miller, J., editors. *The modern gang reader*. Los Angeles: Roxbury; 1995.
- McCord, WM.; McCord, J. *The psychopath: An essay on the criminal mind*. Princeton, NJ: Van Nostrand; 1964.
- Moffitt TE, Lynam DR, Silva PA. Neuropsychological tests predicting persistent male delinquency. *Criminology*. 1994; 32:277–300.
- Moore, J. *Homeboys: Gangs, drugs, and prison in the barrios of Los Angeles*. Philadelphia: Temple University Press; 1978.
- Myers WC, Burket RC, Harris HE. Adolescent psychopathy in relation to delinquent behaviors, conduct disorder, and personality disorders. *Journal of Forensic Sciences*. 1995; 40(3):436–440.
- Ogloff D, Wong S, Greenwood A. Treating criminal psychopaths in a therapeutic community programs. *Behavioral Sciences and the Law*. 1990; 8:181–190.
- Plutchik R, van Praag HM. A self-reported measure of violence risk, II. *Comprehensive Psychiatry*. 1990; 31(5):450–456. [PubMed: 2225805]
- Rounsaville BJ, Kleber HD. Untreated opiate addicts: How do they differ from those seeking treatment? *Archives of General Psychiatry*. 1985; 42:1072–1077. [PubMed: 4051685]
- Short, JF, Jr. *Poverty, ethnicity, and violent crime*. Boulder, CO: Westview; 1997.
- U.S. Department of Justice. *Uniform crime reports for the United States, 1995*. Washington, DC: Author; 1996.
- Valdez A, Kaplan CD. Reducing selection bias in the use of focus groups to investigate hidden populations: The case of Mexican-American gang members in South Texas. *Drugs & Society*. 1999; 14(1/2):209–224.
- Vigil, D. *Barrio gangs*. Austin: University of Texas Press; 1988.
- Widiger, TA.; Corbitt, EM. Antisocial personality disorder in the *DSM-IV*. In: Livesley, WJ., editor. *The DSM-IV personality disorders*. New York: Guilford; 1995. p. 103-126.
- Yablonsky, L. *The violent gang*. New York: Macmillan; 1962.
- Yablonsky, L. *Synanon: The tunnel back*. New York: Macmillan; 1965.
- Yin Z, Valdez A, Mata AG, Kaplan C. Developing a field-intensive methodology for generating a randomized sample for gang research. *Free Inquiry in Creative Sociology*. 1996; 24(2):195–205.

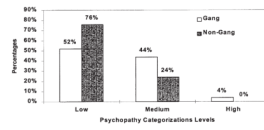


Figure 1. Median Scores of the PCL-SV for Gang, Nongang, Forensic/Nonpsychiatric, Civil Psychiatric, and Undergraduate Samples

NOTE: PCL-SU = Psychopathy Checklist—Screening Version. The psychiatric and undergraduate samples are extrapolated from the Hare PCL:SV.

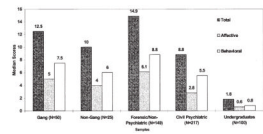


Figure 2.
Percentages of Gang Members ($n = 50$) and Non-Gang Members ($n = 25$) by Level of Psychopathy

TABLE 1
DEMOGRAPHIC CHARACTERISTICS OF GANG AND NONGANG SAMPLES

Variable	Total (N = 75)	Gang (n = 50)	Nongang (n = 25)
Mean age (years)	18.7	18.2	19.7
Standard deviation	2.4	2.3	2.4
Mean education (years)	9.4	9.3	9.6
Standard deviation	1.4	1.4	1.7
Marital status (%)			
Single	81	82	80
Married	8	2	20
Other	11	16	
With children (%)	29	32	24
Arrested (%)	73	78	64
Substance use (%)			
Alcohol	83	80	88
Marijuana	79	80	76
Cocaine	43	48	32

TABLE 2

MEAN SCORES, STANDARD DEVIATIONS, AND T-TEST SIGNIFICANCE LEVELS OF THE PCL-SV FOR GANG MEMBERS AND NON-GANG MEMBERS: TOTAL, FACTOR 1 (AFFECTIVE), FACTOR 2 (BEHAVIORAL), AND ITEMS

	Gang		Nongang		T-Test Significance
	M	SD	M	SD	
Factor 1 (affective)	5.38	1.92	4.12	1.76	**
Superficial	0.32	0.51	0.32	0.48	
Grandiose	0.64	0.75	0.4	0.65	
Deceitful	1.04	0.53	0.76	0.52	*
Lacks remorse	1.32	0.59	1.04	0.73	
Lacks empathy	1.02	0.47	0.56	0.51	***
Doesn't accept responsibility	1.04	0.64	1.04	0.35	
Factor 2 (behavioral)	7.26	1.94	6.08	2.33	*
Impulsive	1.24	0.59	0.96	0.61	
Poor behavioral controls	1.46	0.61	1.08	0.57	**
Lacks goals	1.18	0.75	0.84	0.85	
Irresponsible	1.16	0.55	0.76	0.52	**
Adolescent antisocial behavior	1.82	0.39	1.44	0.58	**
Adult antisocial behavior	0.68	0.74	1.1	0.44	**
Total	12.64	3.12	10.4	3.35	**

NOTE: PCL-SU = Psychopathy Checklist—Screening Version.

$p < .05$.

**
 $p < .01$.

 $p < .001$.