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Int J Offender Ther Comp Criminol 2007; 51; 254
DOI: 10.1177/0306624X06291460

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Male Batterers With and Without Psychopathy

An Exploratory Study in Spanish Prisons

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The aim of this study was to analyze the differential profile of male batterers in prison with and without psychopathy. The sample consisted of 162 perpetrators sentenced for a serious offence against their intimate partner. The prevalence of psychopathy or psychopathic traits, established according to the Psychopathy Checklist–Revised, was about 12%. The psychopathic batterers were younger, more impulsive, more suspicious, and less empathetic and had lower self-esteem than nonpsychopathic batterers. However, the psychopathic batterers were not engaged in intimate femicide more often than were the nonpsychopathic batterers. The severity of the crime was similar in both groups, so it may be attributed to other variables (e.g., substance abuse, intoxication at the time of the offence, violence history, jealousy, etc.). Implications of these results for further research and clinical practice are discussed.

Keywords: *male batterers; psychopathy; prison; femicide*

There is an explosive growth of family violence research, but little is yet known about batterers in prison. Severely violent men have been found to have lower socioeconomic status, more disrupted attachment patterns, and greater frequency of witnessing violence in their family of origin than all other groups of men (Schumacher, Felbau-Kohn, Smith, & Heyman, 2001; Sugarman & Hotaling, 1989). But the discontinuities in the literature are often a consequence of the failure to recognize the heterogeneity among aggressors (O’Leary, 1993).

Developing reliable and valid classification systems would help identify different types of men who batter on the basis of both violent behavior and psychological characteristics. Such typologies could help identify different processes leading to gender

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violence (what is important for the development of one type of batterer may be irrelevant for the development of other types) and could also support the development of specific treatment practices for different male batterers (Aldarondo, 1998).

According to Holtzworth-Munroe and Stuart (1994), there are three main types of male batterers: family-only, dysphoric/borderline, and generally violent/antisocial. Antisocial batterers are estimated to constitute approximately 25% of batterer samples or even more if data come from treatment programs with court-mandated batterers (Hart, Dutton, & Newlove, 1993). These men engage in violence outside their intimate relationship, have extensive criminal records, and are usually affected by mental disorders (substance abuse problems, psychopathy, etc.). Moreover, they tend to have hostile attitudes toward women and low empathy and have the highest rate of alcohol dependence and previous convictions (Hamberger & Hastings, 1988; Huss & Langhinrichsen-Rohling, 2000; Quinsey, Harris, Rice, & Cormier, 1998; White & Gondolf, 2000).

There is a great deal of concern about identifying batterers in prison with mental disorders (Echeburúa, Fernández-Montalvo, & Amor, 2003; Fernández-Montalvo, Echeburúa, & Amor, 2005). The vast majority of jail inmates have substance use disorders and/or personality disorders (Nicholls, Roesch, Olley, Oglloff, & Hemphill, 2005).

Regarding the personality disorders, the importance of violence in psychopathic symptomatology has always been clear and is well represented in current diagnostic criteria: those for antisocial personality disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000), those for dissocial personality in the International Classification of Diseases 10 (World Health Organization, 1990), and those for psychopathy in the Psychopathy Checklist-Revised (PCL-R; Hare, 1991). Each set contains one criterion directly related to a history of irritability, hostility, and aggression, including overt physical violence. In addition, each set contains several criteria that are indirectly related to aggression or violence (e.g., callousness, lack of remorse; Hare, 2001).

Personality disorders have frequently been identified among perpetrators of domestic violence, the most commonly diagnosed being antisocial, borderline, and narcissistic (Hamberger & Hastings, 1988, 1991; Huss & Langhinrichsen-Rohling, 2000). That is, the men who batter their female partners are a heterogeneous group of individuals, differing in areas such as severity of abuse, generality of aggression, and psychopathology.

If psychopaths represent a major challenge for the criminal justice system in democratic societies (Lösel, 2001), it is necessary to have more empirical knowledge about this subgroup of batterer men and to design prediction instruments, such as Danger Assessment (Campbell, 1995). Only an accurate understanding of the variability within batterer men will let us achieve the development of sound assessment instruments and effective treatments (Aldarondo, 1998; White & Gondolf, 2000).

The aim of this study is analyze the differential profile of male batterers in prison with and without psychopathy to design specific intervention programs for these types of perpetrators at a later stage. This purpose is relevant because of the scarcity of studies about this topic and because current treatments are less successful with this kind of

perpetrator (Dutton, 2003). As a main hypothesis, psychopathic batterers would be expected to be involved in a high prevalence rate of intimate femicide, to have a previous history of psychiatric problems, to be affected by a low self-esteem and a high impulsivity, and to hold more cognitive distortions (e.g., attitudes more supportive of domestic violence and sympathetic to male batterers) and psychopathological symptoms than nonpsychopathic batterers.

Method

Participants

The sample for this study consisted of 162 participants sentenced for a serious offence of violence against their intimate partner. These participants are part of ongoing research on the effectiveness of a pilot program of psychological intervention with prison inmates convicted of violence against women that is currently running in 18 Spanish prisons (2005 and 2006). All the offenders were incarcerated in national prisons (all jails belong to this system in Spain) in medium-security wings and gave informed consent to participate in the study.

Those selected for the sample were required to be (a) adult males (between 18 and 65 years old) and (b) serving a sentence for a serious offence in relation to gender violence against their partner. All participants took part voluntarily in the program, having been properly informed of its characteristics and being allowed to withdraw from the study without penalty.

Assessment Measures

Psychopathy. The PCL-R (Spanish version by Moltó & Torrubia, 2000) is a semi-structured interview and a set of ratings based on the interview and corroboration from multiple information sources (case story reviews, interviews with family members, criminal and psychiatric records). This instrument could not provide a valid assessment of psychopathy in the absence of this additional corroboratory information. Specific scoring criteria are used to rate each of 20 items on a 3-point scale (0, 1, 2) according to the extent to which it applies to a given individual. Total scores can range from 0 to 40 and reflect the degree to which the individual matches the prototypical psychopath. The mean score is about 18 to 20 (*SD* about 7-8) in forensic psychiatric populations. A score of 30 is typically used as a diagnostic cutoff for psychopathy, but it is possible to adopt less stringent cutoffs to evaluate psychopathic tendencies (20 or more points). Findings from several studies attest to this instrument's predictive validity (e.g., Serin & Amos, 1995).

Cognitive and empathic variables. The Inventory of Distorted Thoughts about Women (Echeburúa & Fernández-Montalvo, 1998) comprises a checklist of 13 binary items aimed at detecting irrational thoughts in the aggressor that are related to sexual

roles and the inferiority of women. Each affirmative response scores 1 point, so that the inventory score ranges between 0 and 13 points. The higher the score, the greater the number of women-related cognitive distortions.

The Inventory of Distorted Thoughts on the Use of Violence (Echeburúa & Fernández-Montalvo, 1998) comprises a checklist of 16 binary items aimed at detecting irrational thoughts in the aggressor that are related to the use of violence as an acceptable way of resolving conflicts. Each affirmative response scores 1 point, so that the inventory score ranges between 0 and 16 points. The higher the score, the greater the number of cognitive distortions connected with the use of violence as an acceptable way of resolving conflicts.

The Interpersonal Response Index (Davis, 1980; Spanish version by Garrido & Beneyto, 1995) consists of 28 items that assess four components of empathy: fantasy (capacity for imagination and identification with fictional characters), awareness of perspective (capacity to appreciate the point of view of others), empathic interest (capacity for showing concern for persons who have negative experiences), and personal grief (capacity to feel the negative emotions of others as one's own). Each of the 28 items is marked on a Likert-type scale that ranges from 0 (*absolute disagreement*) to 4 (*absolute agreement*). The full range of the scale is, therefore, from 0 to 112. The higher the score, the greater the empathic capacity.

Psychopathological and personality variables. The Symptom Checklist–90–Revised (SCL-90-R; Derogatis, 1975; Spanish version by González de Rivera, 2002) is a self-administered general psychopathological assessment questionnaire. It comprises 90 items with five alternatives for each item on a Likert-type scale ranging from 0 (*none*) to 4 (*very much*). As it has been shown to be sensitive to therapeutic change, it may be used for either single or repeated assessments (Echeburúa, Fernández-Montalvo, & Amor, 2006). The SCL-90-R consists of nine areas of primary symptoms (somatization, obsessive–compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism). It also provides three overall indices that reflect the participant's overall level of severity.

The State-Trait Anger Expression Inventory (STAXI; Spielberger, 1988; Spanish version by Miguel-Tobal, Casado, Cano-Vindel, & Spielberger, 2001) consists of 15 items related to state anger (the intensity of the emotion of anger in a specific situation) and a further 10 items related to trait anger (the individual disposition to experience anger habitually). The range of scores is from 15 to 60 on the state anger scale and from 10 to 40 on the trait anger scale. The STAXI also has a third subscale of 24 items connected with the form of expressing anger (anger expression out, anger expression in, and anger control).

The Impulsivity Scale (Barratt, 1985; Spanish version by Luengo, Carrillo de la Peña, & Otero, 1991) consists of 33 items aimed at assessing how impulsive participants are. Scores from 0 to 4 on a Likert-type scale provide a total scale range between 0 and 132. The higher the score, the stronger the presence of each trait measured on each subscale. The sum of all the subscales gives the total score.

The aim of the Self-Esteem Scale (Rosenberg, 1965; Spanish version by Fernández-Montalvo & Echeburúa, 1997) is to assess the feeling of satisfaction that a person has about himself or herself. There are 10 general items, each carrying a score of between 1 and 4 on a Likert-type scale, giving a questionnaire range of 10 to 40. The higher the score, the greater the level of self-esteem. The cutoff point for the adult population is 29 points. Test-retest reliability is .85, and the internal consistency alpha coefficient is .92. Convergent validity and discriminant validity are likewise satisfactory (cf. Zubizarreta et al., 1994).

All the instruments above described have proven to have good psychometric characteristics for this specific population in Spanish prisons (cf. Echeburúa et al., 2003; Fernández-Montalvo et al., 2005).

Procedure

All the participants completed the questionnaires individually in the psychologist's presence during pretreatment assessment before the intervention program. This assessment was carried out during April and May 2005 by correctional psychologists under the direction of the authors of this study.

This is a transversal study that forms part of a wider study looking at a penitentiary psychological treatment.

Results

In this study the level of statistical significance chosen for comparison between groups was $p < .05$.

Psychopathy Prevalence

In terms of psychopathy, according to the results of the PCL-R, there were 20 people (12% of the sample) who met the criteria for psychopathy (30 or more points) or probable psychopathy (psychopathic traits; 20 or more points).

Comparison Between Male Batterers With and Without Psychopathy

Sociodemographic and penal characteristics and results of the comparison between male batterers with and without psychopathy are shown in Table 1. As can be seen, there is only one significant difference, related to age, with the psychopathic batterers being younger than those without psychopathy. Although in a nonsignificant trend, the psychopathic batterers also were more likely to have a previous history of psychiatric problems than were the batterers without psychopathy. The main disorders for which professional assistance had been given were addictive behaviors and depression.

There were not any differences in regard to intimate femicide. The femicide prevalence in the whole sample was about 17%. Femicide was not more prevalent in psychopathic batterers than in nonpsychopathic batterers.

Table 1
Comparison Between Participants With and Without Psychopathy in Sociodemographical and Penal Variables

	Psychopaths ^a		No Psychopaths ^b		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Age	35.7	9.2	40.6	9.6	2.01	.03
Months in prison	30.7	42.8	20.5	23.2	1.5	.10
	<i>n</i>	%	<i>n</i>	%	χ^2	<i>p</i>
Marital status					6.1	.10
Married	1	5.0	28	19.7		
Single	9	45.0	31	21.8		
Divorced	9	45.0	75	52.8		
Widowed	1	5.0	8	5.6		
Education					.35	.94
None	2	10.0	12	8.4		
Primary studies	15	75.0	110	77.4		
Secondary studies	2	10.0	16	11.3		
University	1	5.0	4	2.8		
Socioeconomic status					1.1	.77
Low	4	20.0	29	20.4		
Middle-low	10	50.0	59	41.5		
Middle	6	30.0	49	34.5		
Middle-high	0	0.0	5	3.5		
Previous psychiatric history					3.2	.07
Yes	13	65.0	58	40.8		
No	7	35.0	84	59.2		
Criminal records					.12	.72
Yes	8	40.0	47	33.1		
No	12	60.0	95	66.9		
Homicide					.08	.97
Yes	3	15.0	25	17.6		
No	17	85.0	117	82.4		

a. *n* = 20.

b. *n* = 142.

With regard to the rest of the studied variables, the level of empathy and self-esteem was significantly lower and the level of the impulsivity and of the interpersonal sensitivity (suspiciousness) was significantly higher in psychopathic batterers than in the rest of batterers (Tables 2 and 3).

Discussion

This study deals with 162 men in 18 prisons in Spain who were convicted of serious violence against women, including 27 men who actually murdered their intimate

Table 2
Cognitive Distortions and Psychopathological and Personality Variables

	Psychopaths ^a		No Psychopaths ^b		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Cognitive bias about women	3.5	1.7	4.1	2.2	1.06	.24
Cognitive bias about violence use	5.5	2.4	6.3	2.3	1.30	.14
Empathy	51.5	12.7	62.4	14.6	3.16	.002
State anger	17.8	3.5	17.3	5.3	0.33	.68
Trait anger	18.5	6.7	16.6	4.9	1.50	.13
Expression of anger	33.3	15.5	27.1	17.1	1.54	.12
Impulsivity	55.3	19.3	46.8	16.4	2.12	.03
Self-esteem	25.9	5.1	29.4	5.1	2.92	.004

a. *n* = 20.
b. *n* = 142.

Table 3
Comparisons in the Symptom Checklist–90–Revised (Percentiles)

	Psychopaths ^a		No Psychopaths ^b		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Global Symptoms Index	56.4	38.9	63.1	29.2	0.86	.35
Positive Symptoms Distress Index	40.2	34.7	50.4	29.6	1.31	.15
Positive Symptoms Total	78.4	26.7	67.5	28.8	1.48	.11
Somatization	74.1	23.9	62.8	31.4	1.54	.12
Obsessive–compulsive	63.6	32.3	56.3	30.9	0.98	.32
Interpersonal sensibility	75.0	25.9	59.6	29.1	2.24	.02
Depression	77.1	22.4	69.5	25.1	1.25	.20
Anxiety	63.7	35.3	57.2	33.3	0.80	.41
Hostility	50.9	35.4	37.6	33.1	1.67	.10
Phobic anxiety	51.9	36.9	46.3	36.1	0.63	.51
Paranoid ideation	72.5	30.1	62.5	32.2	1.29	.19
Psychoticism	74.5	24.9	62.7	33.8	1.49	.13

a. *n* = 20.
b. *n* = 142.

partner. It attempts to characterize the profile of batterer men according to the diagnosis of psychopathy.

Only a small group of the whole sample of batterer men (1 out of 8) in our study fits the profile of psychopathic batterer, that is, of a cold-blooded aggressor who, with no previous emotional instability, commits a serious offence in an insensitive and cruel way. Indeed, most of the batterer men in prison are not psychopaths but

men who have hostile feelings against women, tend to be affectively instable, abuse alcohol or drugs, are affected by a possible impulse control disorder or an intermittent explosive disorder, or have been engaged in a fit of rage or jealousy.

The prevalence of psychopathy or probable psychopathy (psychopathic traits) in batterer men incarcerated for a serious offence against their partner in our study is about 12%, somewhat lower than in general prison populations (about 15%-25%) as indicated by other studies (Hare, 2001). But prison inmates who meet the criteria for psychopathy or who have a significant number of psychopathic traits have been found to be at much higher risk for recidivism and violence than are other prisoners (Grann & Wedin, 2002; Harris, Rice & Quinsey, 1993; Stadtland, Kleindienst, Kröner, Eidt, & Nedopil, 2005; Walters, 2003). Thus, the risk for violence against women is increased by a diagnosis of psychopathy in the batterers, as also has been found in other studies (Danielson, Moffit, Caspi, & Silva, 1998).

The psychopathic batterers in this study were younger, more impulsive and suspicious, less empathetic, and had lower self-esteem than nonpsychopathic batterers. However, they did not commit intimate femicide more often than the nonpsychopathic batterers. The severity of the crime was similar in both groups, so it may be attributed to other variables (e.g., substance abuse, intoxication at the time of the offence, violence history, jealousy, etc.) elsewhere studied (Echeburúa et al., 2003; Fernández-Montalvo et al., 2005). Indeed, according to Campbell (1995), the main risk factors for intimate femicide include access to guns, threats with weapons, serious injury in prior abusive incidents, threats of suicide, drug or alcohol abuse, forced sex of female partner, and obsessiveness, extreme jealousy, or extreme dominance.

As in other studies (Holtzworth-Munroe & Stuart, 1994; Huss & Langhinrichsen-Rohling, 2000), our study gives empirical support to the existence of a subgroup of batterers that can be characterized as exhibiting significant psychopathic traits. This subgroup of domestically violent men exhibits more antisocial behavior, expresses more generalized violence, and is more likely to abuse illicit substances. However, there is a lack of consistency between our results and the estimate of Holtzworth-Munroe and Stuart (1994) that about 25% of batterers belong to the antisocial type. This discrepancy may be attributed to a more strict definition of psychopathy of PCL-R in comparison with antisocial personality.

There are some limitations in this study. One potential limitation in the field of domestic violence is that PCL-R was designed to predict general violence and criminal recidivism, so it gathers little or no information on partner abuse (Dutton & Kropp, 2000). Also, this is an exploratory study with the sample size of psychopaths not being large enough to generate generalizable and reliable findings. Likewise, the weight of social desirability in the low level of psychopathology found, measured with self-reports, cannot be disregarded in this study. Such desirability in the group of batterers in prison may be greater than expected. In short, pretending a degree of normality in front of examiners may be one way of gaining faster access to probation (Fernández-Montalvo et al., 2005). Further studies are needed to test these conclusions.

Future research should focus on replicating these data with larger samples and designing tailored programs for these kinds of perpetrators. Intervening with the psychopath batterers is relevant to practitioners and researchers in both the domestic violence and correctional psychology fields because current treatments are less successful with this kind of perpetrator (Dutton, 2003; Lösel, 2001).

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