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The Psychopathic Intimate Partner Batterer: A Non-Psychopathological Profile

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Título: El maltratador psicópata en la pareja: un perfil no psicopatológico.

Resumen: En este estudio teórico se hace una revisión sobre dos de los perfiles de maltratadores conyugales más citados en la literatura científica, resaltando específicamente las diferencias más notables entre ambos, así como también los criterios en los cuales convergen. Se debate también una de las controversias más prolongadas a través de los diversos estudios de investigación, incluyéndose la concreta panorámica al respecto en España, que es la referente a la constante y errónea equiparación entre psicopatía y trastorno antisocial de la personalidad. Asimismo, se presta especial atención a las implicaciones derivadas de considerar a los maltratadores conyugales bien con un perfil psicopatológico o bien con un perfil psicopático, haciendo especial hincapié en el papel específico que juega la psicopatía en el maltrato conyugal y poniendo de relieve aspectos concernientes a los maltratadores psicópatas tales como sus motivaciones específicas para perpetrar violencia conyugal y los instrumentos de evaluación de este concreto perfil. Finalmente, se señalan una serie de directrices futuras de investigación sobre el perfil del maltratador psicopático.

Palabras clave: Maltrato; psicopatía; trastorno antisocial de la personalidad; violencia en la pareja.

Abstract: This theoretical study reviews two of the most cited profiles of intimate partner batterers in the scientific literature, paying special attention to the most notable differences between them, as well as to their common criteria. The study also discusses one of the longest standing controversies in various research studies, including the particular overview with respect to Spain: it being the constant yet erroneous reference to the equivalence of psychopathy and antisocial personality disorder. Similarly, special attention is paid to the implications of considering intimate partner batterers as having either a psychopathological or psychopathic profile, while also stressing the specific role played by psychopathy in the intimate partner batterer and, concerning psychopathic intimate partner batterers, such aspects as their specific motives for perpetrating intimate partner violence and the evaluation instruments of this particular profile. Finally, a series of future directives for research concerning psychopathic intimate partner batterers are also pointed out.

Key words: Abuse; psychopathy; antisocial personality disorder; intimate partner violence.

Introduction

The research on intimate partner batterers has seen notable progress in recent years and researchers have become ever more conscious of the magnitude and nature of the heterogeneity of these subjects. Although researchers differ in their labelling of the different subtypes that exist, there is a reasonable coherence about the personality traits, psychopathological characteristics and patterns of violence which define these groups of batterers (Amor, Echeburúa & Loinaz, 2009).

One of the widely discussed subtypes is that known as *generally violent/antisocial* (Holtzworth-Munroe, Meehan, Herron, Rehman & Stuart, 2000; Thijssen & de Ruiter, 2011), which has been called different things in the existing studies, such as *antisocial* (Johnson et al., 2006; Loinaz, Ortiz-Tallo, Sánchez & Ferragut, 2011), *instrumental/sub-controlled* (Dutton, 2007), *psychopathic* (Fowler & Westen, 2011), *highly-expressive anger* (Eckhardt, Samper & Murphy, 2008) or *generalised violence/emotionally unstable/socially unintegrated* (Loinaz, Echeburúa & Torrubia, 2010).

In spite of the notable similarities between the generally violent/antisocial batterers and those with a psychopathic personality, the psychopathic evaluations still have to be fully integrated into the study and treatment of intimate partner batterers. On the other hand, research has tended to focus more on the diagnostic criteria of the antisocial personality disorder (ASPD) than on such validated evaluations as the *Psychopathy Checklist-Revised* (PCL-R) by Hare (Hare, 1991,

2003) or the reduced version, *Psychopathy Checklist: Screening Version* (PCL:SV) (Hart, Cox & Hare, 1995).

The adequate use of these psychopathy scales in research into violence against intimate partners can significantly contribute to our knowledge of a specific type of aggressor. For instance, psychopaths' involvement in many short term marital relationships (which is one of the defining characteristics of psychopathy) could lead us to the different motives and patterns of violence within intimate relationships (Dutton & Kerry, 1999). If it could be established, through the PCL-R evaluation, that a certain proportion of aggressors within intimate relationships are shown to present psychopathy, then that related to the nature of psychopathic violence could also be of interest for understanding the causal mechanisms, the evaluation of the risk of violence and the treatment of violence within intimate relationships of a very specific subgroup of batterers (Spidel et al., 2007).

There is a great variability in psychological-forensic evaluation criteria and in the contents of the expert opinions, depending on whether they come from psychiatrists or psychologists. While the majority erroneously use the term ASPD as a synonym for psychopathy, very few authors have, in reality, used the diverse Hare scales to perform construct evaluations. As Hare himself warned (1993), a subject should not be diagnosed as psychopathic when, in reality, what has been done is to use the diagnostic criteria of the Diagnostic & Statistical Manual of Mental Disorders (DSM) for the ASPD and then use the literature on psychopathy to give *empiricism* to the said diagnosis. In spite of the existence of numerous cases of confusing diagnoses (Hare, 1996b), both diagnostic entities coincide in some defining characteristic, but they are neither the same nor interchangeable. In

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Spain, in particular, the panorama concerning the confusion around these two terms is clear.

The main aim of this theoretical article is to establish the major differences between the *generally violent/antisocial intimate partner batterers* and the *psychopathic intimate partner batterers*, or, in other words, between the classic *psychopathological profile* of intimate partner batterers and the *psychopathic profile*. To do so, we have carried out a bibliographic review of the material, paying special attention to the situation in Spain.

The psychopathic profile: essential characteristics

In 1996, Hare published an article which has been widely cited in research carried out into psychopathy. The author began the text with, in his own words, “a reference framework that helps me to make sense of often seems to be senseless behaviour”. This referred to his description of psychopathy, in the following terms: “Psychopaths can be described as predators of their own species that use charm, manipulation, intimidation and violence to control others

and to satisfy their own selfish needs. Lacking a conscience or any feelings towards others, they take what they want when they want with extraordinary ‘sangfroid’, violating social norms and expectations with no feelings of guilt or remorse whatsoever” (Hare, 1996a, p. 25).

The citation describes the very essence of psychopathy, including almost all the defining characteristics and, what is more important, avoiding the terms *criminality* and *delinquency*. However, the reality is more complex, since the type of psychopath being referred to in the present article is the *criminal* psychopath. Although there are several studies that have discussed the controversy existing within the academic sphere concerning the erroneous use as synonyms of the terms psychopathy and ASPD (Hare, Hart & Harpur, 1991; Pozueco, 2010; Torrubia & Cuquerella, 2008), at present, the psychopath is usually characterised using three general terms, ASPD being that which generates the greatest controversy (Pozueco, 2011). For comparative purposes, Table 1 shows the defining characteristics of the three apparently synonymous concepts: *subclinical psychopath*, *criminal psychopath* and *ASPD*.

Table 1. The essential characteristics of psychopathy and the diagnostic criteria of ASPD.

SUBCLINICAL PSYCHOPATH (Hervey Milton Cleckley, 1941, 1976)	CRIMINAL PSYCHOPATH (Robert D. Hare, 1991, 2003)
<ol style="list-style-type: none"> 1. Superficial charm and notable intelligence. 2. Absence of hallucinations and other signs of irrational thought. 3. Absence of nervousness and/or psychoneurotic manifestations. 4. Untrustworthy. 5. False or insincere. 6. Incapable of experiencing remorse or shame. 7. Antisocial behaviour without apparent justification. 8. Lack of judgement and difficulties to learn from experience. 9. Pathological selfishness and incapable of love. 10. Poor affective reactions. 11. Specific loss of intuition. 12. Insensitivity in ordinary interpersonal relationships. 13. Exaggerated and unpleasant behaviour when under the effects of alcohol consumption, and even sometimes when sober. 14. Constant suicide threats rarely consummated. 15. Impersonal, frivolous and unstable sexual life. 16. Incapable of following any life plan. 	<ol style="list-style-type: none"> 1. Loquacity and superficial charm. 2. Delusions of grandeur. 3. Need for stimulation and propensity to feel boredom. 4. Pathological liar. 5. Swindler-cheater and manipulator. 6. Absence of remorse and feelings of guilt. 7. Superficial affection. 8. Insensitivity, cruelty and lack of empathy. 9. Parasitic lifestyle. 10. Poor behavioural control. 11. Promiscuous sexual behaviour. 12. Behavioural problems in childhood. 13. Incapable of establishing realistic long term goals or of learning from experience. 14. Impulsivity. 15. Irresponsibility. 16. Incapable of accepting responsibility for their own actions. 17. Frequent but brief marital relationships. 18. Juvenile delinquency. 19. Revocation of parole. 20. Criminal versatility.
ANTISOCIAL PERSONALITY DISORDER (American Psychiatric Association, APA, 2000)	
<p>A. A general pattern of disdain and the violation of others' rights which appears from 15 years of age, as indicated by three (or more) of the following symptoms:</p> <ol style="list-style-type: none"> (1) Failure to adapt to the social norms with respect to legal behaviour, as indicated by the repeated perpetration of acts which can result in arrest. (2) Dishonesty, indicated by repeated lies, using an alias, swindling others to obtain personal benefit or for pleasure. (3) Impulsiveness or incapacity to plan for the future. (4) Irritability and aggressiveness, indicated by repeated physical fights or aggressions. (5) Imprudent indifference to their own safety or that of others. (6) Persistent irresponsibility, indicated by the incapacity to hold down a job or to take responsibility for economic obligations. (7) Lack of remorse, as indicated by indifference to, or justification for, having injured, mistreated or stolen from others. <p>B. The subject is at least 18 years of age.</p> <p>C. There is proof of an antisocial disorder before 15 years of age.</p> <p>D. The antisocial behaviour does not appear exclusively as a part of a schizophrenia or manic episode.</p>	

Of the three concepts, that of Hare is the one which is currently used as the diagnosis of psychopathy in forensic contexts. The 20 features of the PCL-R define the criminal psychopath. In 1991, the concept was only operational with samples of male prisoners. Recently, however, in the second edition of the PCL-R published in 2003, and the currently available Spanish adaptation (Moltó, Poy & Torrubia, 2000), the concept has also shown itself to be both valid and reliable in the female population, even for the normative data concerning women prisoners (Hare, 2003).

The conceptualisation carried out by Cleckley (1941, 1976) refers to the so-called *subclinical psychopath*, characterized by all the features included in the PCL-R, but without including those that involve criminal behaviour. On the other hand, the conceptualization of the APA (2000) basically defines an antisocial type subject, normally describing the common/habitual criminal whose behavioural characteristics are the ones of greater importance for the ASPD diagnosis, while not giving greater relevance to personality and emotional characteristics, which are the ones that define the prototypical profile of the psychopath.

Although the debate on the need to differentiate between ASPD and psychopathy, and therefore not use them as synonyms, remains open; many authors have, for years, been stressing some of the fundamental differences between both concepts. Thus, for instance, McCord & McCord (1956, 1964) point out that what differentiates the psychopath from the typical antisocial person is the evident lack of remorse and feelings of guilt, which links directly with another two characteristics already outlined by Cleckley in 1941, namely the lack of empathy and the insensitivity and cruelty. In addition, the authors insisted that it was not necessary to identify all deviant and/or antisocial behaviour as *psychopathic*.

On the other hand, in *The Mask of Sanity*, Cleckley (1976) established a clear differentiation between the *psychopath* and the *common criminal*, pointing out that the latter's behavioural motivation, consideration of the consequences and loyalty to group members, are all differentiating characteristics with respect to the psychopath, who, of course, is incapable of establishing any kind of emotional link, either with other people or with groups, and nor do they take into account the consequences of their actions; their motivation basically being impelled by their own desires and immediate and selfish satisfaction. For this author, what fundamentally defines the psychopath is the inability to feel emotions which underlies all their personal and interpersonal behaviour. This fact suggests the existence of some kind of *semantic dementia*, that is to say, an inability to react appropriately to the verbal content which usually elicits adequate emotional reactions in 'normal' people.

The antisocial/generally violent batterer: a psychopathological profile

The research has established that there is no single profile which can be used to describe and understand intimate partner batterers. Numerous studies have defined subtypes of batterers based on their psychological characteristics, the type of violence, anger or attachment, and they suggest that the consideration of these typologies is necessary when dealing with these batterers (Gondolf, 1988; Hamberger & Hastings, 1985; Holtzworth-Munroe et al., 2000; Saunders, 1992).

As the typologies of batterers have been cited and widely described in diverse studies, here we shall simply point out that there are at least three basic types which are repeated in most studies: a) the *generally violent/antisocial* type, b) the *limit or cyclical* type and c) the *limited to the partner or normalised* type. The results of the research indicate that each type of batterer has particular reasons for being violent and different aetiology for their behaviour. However, why does this aspect seem so relevant? Fundamentally, this is because specific treatments have to be designed for each type or subtype (Loinaz & Echeburúa, 2010).

The *subtype with antisocial characteristics* has arisen consistently in several studies on the *psychopathology* of the batterer and has confirmed the taxonomies (Gondolf, 1999; Gottman et al., 1995; Hamberger, Lohr, Bonge & Tolin, 1996; Hart, Dutton & Newlove, 1993; Langhinrichsen-Rohling, Huss & Ramsey, 2000).

This subtype with antisocial characteristics supposes between 16% and 47% of the different samples (Dixon & Browne, 2003; Johnson et al., 2006). The main characteristic is generalised bad behaviour, which goes beyond battering their intimate partner, and antisocial conduct, with a police or criminal record (Loinaz, 2011). Their violence is instrumental –looking to achieve concrete objectives– and they have favourable attitudes towards violence, low empathy and reject attachments (Dutton, 2006). They see others –including their partner– as objects at their service, and show an absolute lack of empathy (Hamberger, 2009). They have the highest prevalence in sexual and psychological violence (Holtzworth-Munroe et al., 2000). Their main personality traits are Narcissism and being antisocial (Hamberger et al., 1996). They have a greater prevalence of abuse in childhood and lower levels of anxiety and anger (Saunders, 1992). They obtain significantly higher scores in sexist cognitions (Johnson et al. 2006) and they are considered to be high risk batterers (Cavanaugh & Gelles, 2005). Among their differentiating aspects we can include a greater probability of recidivism (Eckhardt et al., 2008; Loinaz, 2011; Thijssen & de Ruiter, 2011) and of having ASPD (Spidel et al., 2007).

Generally violent batterers seem to have unique/concrete reasons for perpetrating violence against their partner. In his review, Dutton (2007) pointed out that the violence of the generally violent batterer (instrumen-

tal/sub-controlled) in an intimate relationship is frequently used to obtain a personal benefit or control. This is in stark contrast with the characteristic of the explosive batterer of the subtype of batterer by avoidance or over controlled, or of the reactive/cyclical abuse derived from the need to liberate the tension characteristic of the limit batterer. Finally, generally violent batterers would seem to routinely lack empathy, and have a high level of acceptance of violence (Tweed & Dutton, 1998) as well as high levels of drug dependence (Gottman et al., 1995).

The psychopathic batterer: a non-psychopathological profile

Psychopathic batterers and generally antisocial/violent batterers: similarities between both types

Taking into account the similarities, some authors propose that, within the type generally violent/antisocial batterer, there is a subgroup of psychopaths in which different considerations in terms of treatment and risk are justified. The integration of forensic evaluations of psychopathy in the research into intimate partner battering has been persuasively supported by researchers (Huss & Langhinrichsen-Rohling, 2000, 2006; Huss, Covell & Langhinrichsen-Rohling, 2006).

For instance, Huss & Langhinrichsen-Rohling (2000) stressed various overlapping characteristics between the psychopathic and generally violent batterers that make ASPD and psychopathy seem once again like synonyms. First of all, these authors point out that both types of personality share a behaviour pattern of generalised violence which is not limited to just intimate relationships, a pattern which is more common among psychopathic criminals than among the non-psychopathic (for a review, see Hare (2003)). Secondly, both the generally violent criminals (Gottman et al., 1995) and the psychopathic criminals (Hemphill, Hart & Hare, 1994; Mailloux, Forth & Kroner, 1997) are more likely to have higher levels of alcohol consumption or drug dependency, irrespective, in general, of the fact that psychopaths do not necessarily have to be consumers of toxins and that the majority of people who consume alcohol and/or drugs are not, of course, psychopaths (Hare, 1993). What all this means, quite simply, is that the consumption of alcohol and/or drugs is not a defining characteristic of psychopathy, but that it can be associated with this condition or not: some show this tendency, others do not (Pozueco, Romero & Casas, 2011b).

Another similarity concerns the physiological reactions to emotional stimuli. Psychopaths seem to have low skin conductivity when faced with distressing stimuli, which is possibly indicative of reduced or more controlled physiological reactions (Blair, Jones, Clark & Smith, 1997). In a study on domestic violence, Gottman et al. (1995) registered the psychophysical responses of the batterers during heated ar-

guments with their partners; the expectation being that the batterers would show higher responses. However, one type of batterer (Type I) actually showed a decrease in heart rate and skin conductance while watching a video of a marital conflict. Thus, Type I batterers showed a reduced attention focus towards their partners (they did not pay them much attention while they were "activated"), yet, on the other hand, they managed to reach an interior calm when faced with an emotional argument.

Psychopathic batterers and generally violent batterers are also similar in some of their defining affective and interpersonal traits, such as manipulation, lack of remorse and insensitivity. Tweed & Dutton (1998) stated that generally violent batterers in their study tended "not to create links nor deal with relationships as if they were disposable" (p. 220). Taking into account the fact that generally violent batterers tend to commit frequent and moderate to serious acts of marital violence, the clear lack of any will to desist from battering could be evidence of not experiencing remorse.

In spite of the high frequency of acts of abuse, Gottman et al. (1995) found that antisocial, or Type I batterers had lower separation or divorce rates than other batterers after a period of 2 years under observation. For their part, Holtzworth-Munroe & Stuart (1994) proposed that their skill in manipulating their partners could explain why these antisocial batterers can avoid or postpone separation longer than other batterers. What this means is that this type of batterer can retain their partners in the relationship against their wishes.

Finally, psychopaths and generally violent batterers coincide in their use of instrumental violence, that is, the planned or premeditated violence which is aimed at obtaining such personal benefits as status, power or money. This similarity is important, given that violence against a partner or against other loved ones is generally reactive, i.e., the aggression is fed by an intense hostility in response to interpersonal conflicts (Spidel et al., 2007). In this sense, Dutton & Kerry (1999) found that, among the *uxoricides* (murder of one's wife) that could be classified according to motive or motivation, 100% of the men who complied with the ASPD criteria murdered their wives for instrumental reasons (for instance, to receive life insurance), while the more reactive murders (those related with the wife's abandoning the partnership) were committed by men with a type of personality at once dependent and avoiding commitment.

The typical psychopathic criminal is more likely to participate in instrumental acts of violence than in criminal ones (Cornell et al., 1996). In spite of their propensity for impulsive behaviour, which is frequently opposed to general planning in a wide sense, psychopaths usually perpetrate predatory violence, which is in turn both planned and opportunistic in its nature (Hart & Dempster, 1997). In the words of Hart & Dempster, psychopaths are "impulsively instrumental" (p. 226). These researchers found that the psychopathic symptoms related with an impulsive lifestyle were associated with opportunistic predatory violence, while the affective

and interpersonal symptoms were related with planned violence.

The specific motivations of psychopaths for abusing their partners

Although there is acceptable evidence to detect a psychopathic batterer subtype, the reasons why psychopathy can lead to violence against the partner is still uncertain (Spidel et al., 2007). Psychopaths can be the prisoners most likely to commit acts of violence; however, they are the least likely to commit acts of violence against their partners, friends or family (Williamson, Hare & Wong, 1987). It is not very probable that the pattern of violence observed in psychopaths is the same as that of the men who are criminals, mainly with respect to intimate partner battering (generally antisocial/violent batterers), many of whom tend to be motivated by such emotions as *extreme jealousy*, the fear of being abandoned or emotional instability in general (Dutton, Van Ginkel & Landolt, 1998).

Although *jealousy* in psychopaths can occur in the form of a *narcissistic wound*, the measure in which jealousy, in relation to how it is affected by the psychopath's fear of loss or abandonment, for instance, is not known (Spidel et al., 2007).

As psychopaths have a low, or almost null, conditioning towards fear, and given that they also have low or almost null anxiety (Lykken, 1957, 1995), the losses or abandonments that they may experience in their intimate relationships do not affect them in the same way that most people who are not psychopaths are affected, since psychopaths love no-one except themselves (Hare, 1993; Pozueco, 2010).

It has also been postulated that intimate partner battering is a consequence of the *intermittent explosive disorder*, or *explosive rage* caused by a neurological disorder (Elliot, 1977). However, as Dutton (2006) pointed out, it is unlikely that this *affective instability* would give rise to the behaviour of the psychopaths, who seem to remain calm when confronted by strong arguments that can result in battering or abuse. Nor is it likely that it should arise from a neurological aetiology that is still not clear in psychopathy (Pozueco, 2011). The smallest incidence of physical violence against a partner on the part of a psychopath may be a facet of their lack of emotional connexion to others that makes them less likely to become involved in violence for emotional reasons, as psychopaths do not emotionally empathise with anyone.

Psychopaths probably become involved in intimate relationships for quite different reasons from the emotional connexion or affective bonds (Spidel et al., 2007). In order to understand the dynamics of violence between psychopaths and their intimate partners, we must first understand what exactly would lead/motivate an emotionally disconnected individual to enter into a matrimonial relationship or, for that matter, any type of commitment. As pointed out above, some generally violent batterers usually commit acts of marital violence for instrumental reasons.

Hervé, Vincent, Kropp & Hare (2001) suggest several *instrumental reasons* why psychopaths may enter a relationship which can lead to intimate partner battering. One of these reasons could be due to the *delusions of grandeur* and the *need for status*, which are satisfied through control and/or power over another person. Another possibility is that the battering is motivated through *purely sadistic needs*, that is, the need to have someone to hand that can be tormented. Hypothetically speaking, it is conceivable that male psychopaths can consider relationships involving a commitment as something similar to a *business agreement*, and therefore look for them so as to take advantage of the financial aspects, for other parasitical uses of the partner's resources, or to flaunt power. Without a doubt, power, control, sadism and resources are also, for the psychopath, plausible motives for violence and/or coercion (Pozueco, Moreno, Blázquez & García-Baamonde, 2013).

It is important to keep in mind that, even though violent, criminal psychopaths have a tendency to get involved in instrumental violence, reactive violence is still the most common for all criminals in general, including psychopaths (Hart & Dempster, 1997). Thus, the high incidence of instrumental violence found in many research studies of psychopaths does not rule out the possibility of reactive violence against a partner caused by *sudden anger* (Garrido, 2001). In fact, the anecdotic evidence indicates that a psychopath who has experienced a *narcissistic wound* (for instance, public humiliation) due to the partner may react with violence (Spidel et al., 2007).

In order to clarify this empirical-conceptual complexity, it should be very clear that if psychopaths mainly use an *instrumental type violence* to achieve their goals (we should not forget that manipulation is one of their defining characteristics), there is no reason why they cannot also use a *reactive type violence*, especially if they perceive that their inflated ego has been attacked and undermined. In this sense, there is no difference with other non-psychopathic persons, who can also react with violence when they feel that their self-esteem and self-belief have been undermined. In this respect, and in a homonymous theoretical article, Marietán (2011) states that they *are not psychopaths, but only seem to be*.

For these and many other aspects, it has been said, time and again, that the possible relation between the psychopath and one or another type of variable is merely circumstantial and correlational (not through cause-effect): thus, in general, the psychopath is not synonymous with anything else. The psychopath is a *way of being* and also a *lifestyle*, however pernicious, unpleasant and asocial it may be. What is more, it may occur in very different contexts and situations (Garrido, 2000; Hare, 1993; Pozueco, 2010).

The use of the PCL in studies on intimate partner battering

Although researchers into intimate partner battering are beginning to consider the convenience of including the

PCL-R or its reduced version (the PCL:SV), what is certain is that few studies have done so.

In a study based on archives, Hervé et al. (2001) used the PCL-R with official registers and analysed the violent histories of 376 intimate partner batterers with prison sentences in Canada. The prisoners with a history of violence perpetrated against their partners (18% of the sample) were identified through their penal records and also through unofficial documentation of the battering (including sexual violence). Within the sample as a whole, the history of intimate partner battering was documented in 21% of those who had high scores in the PCL-R (cut-off point = 30). Even though 13.8% of all the prisoners with low scores in the PCL-R (<20) had a record of intimate partner battering, 21.9% of all those diagnosed as psychopaths had previously committed acts of domestic violence, thereby being 1.6 times more likely to commit such acts. Thus, while those who obtained high scores in the PCL-R, in relation to the other prisoners, had greater probabilities of having had at least one documented act of intimate partner battering, what is certain is that the majority of the batterers were not psychopaths.

The psychopathy construct can be more closely associated with intimate partner battering when it is considered as a *dimensional trait*. In a retrospective monitoring study, Grann & Wedin (2002) reported on the predictive validity of the PCL-R based on scores taken from official archives/registers of intimate violence for a sample of 88 violent criminals evaluated in a Swedish psychiatric-forensic hospital. The total scores of the PCL-R detected significant recidivism for battering one year after leaving prison (the area below the curve or AUC = .71). Hilton, Harris & Rice (2001) also examined the relation between psychopathy and domestic violence in a sample of men who had been incarcerated in a high security forensic establishment. Using the PCL-R, they found a significant relation between psychopathy and the risk of intimate partner battering ($r = .39$). Although these studies are important, it must be pointed out that they are of a retrospective nature and that they are based on reviews of archives concerning adult criminals.

The data concerning samples of *non-institutionalised individuals* indicate a different picture. Huss & Langhinrichsen-Rohling (2006) evaluated 131 batterers who voluntarily attended for treatment or through a court sentence, using the scores based on the structured interview of the PCL:SV. The researchers found that the scores of the Factor 2 were significantly higher among the men classified as *generally violent* or *low level antisocial* than those classified as *limit/dysphoric* or *violent only in the family* (the total scores of the PCL:SV were significantly higher in the *generally violent* than in the *limited to the family*). The PCL:SV did not distinguish between the batterers with a more *versus* a less serious history of intimate partner battering or signs of maladjustment/inadaptation; on the contrary, the PCL:SV scores were very low in this sample ($M = 5.5$). Similarly, Kropp & Hart (2000), in a prospective study of prisoners on parole who were receiving treatment in a specific programme for intimate partner batterers,

found that the total scores of the PCL:SV, based on interviews, did not discriminate between reoffenders and non-reoffenders in intimate partner battering, so, once more, the average scores were low.

In short, the relevance of the psychopathic traits in the study of intimate partner batterers can vary according to the context. Among male criminals, psychopaths are more likely than others to commit acts of violence against their partner, and the scores of the PCL-R may be *significant predictors* of abuse. However, it is very important to stress that the majority of the psychopathic criminals do not commit acts of violence against their partners, and also that the majority of batterers are not psychopaths (Garrido, 2000).

Strictly speaking, it would seem that male psychopaths have a noted tendency to commit acts of violence in general, and, on occasions, these acts may be committed against their partners. Unfortunately, the limited amount and quality of research into criminals does not allow an interpretation or generalisation of the results.

The results depend on the criminal records and on the institutional documentation, which means that they could be an *artefact* of both the variability in the way in which incidents are registered and the reports are filled out and the probability of being identified. For instance, the high rates of violence against their partners among the psychopathic criminals of the study of Hervé et al. (2001) may simply reflect a more detailed archive documentation of the psychopaths as a consequence of the most frequent and attention gaining imprisonments on the part of the prison staff, even recording the most confusing incidents of violence. Similarly, it should be taken into account that the erroneous application of the PCL scales was frequent, due to a lack of knowledge on the part of the person applying them, due to convenience or even a lack of time and resources.

The low prevalence of psychopathic traits in samples of non-institutionalised individuals makes it difficult to recommend the use of the different PCL in the community treatment programmes. The distribution of the *antisocial* intimate partner batterers in the community is an indication that violent and antisocial behaviour, in these cases, carry with it higher rates of imprisonment. In addition, it is not very likely that *psychopaths* participate in community treatment programmes, even when it is through a court order and/or suspended sentence, as they are irresponsible people (not in the legal sense of the term) and they rarely accept responsibility for their acts (Spidel et al., 2007).

The current situation of the psychopathic intimate partner batterer in Spain

The constant and erroneous confusion between antisocial personality disorder and psychopathy

The study of psychopathy in Spain appeared recently as the first rigorous empirical research was carried out in the

year 2000. This research also validated the PCL-R in our country, through a study which proved that psychopathy is also a valid and reliable construct in Spanish prison samples (Moltó, Poy & Torrubia, 2000).

From then on until today, the subject of psychopathy in Spain began to acquire a certain importance. On the one hand, several research studies have been carried out, even though they have focused exclusively on prison samples and, to be more precise, male prison samples (Chico & Tous, 2003). On the other hand, at the same time, some specific books have appeared dealing with the subject of psychopathy, on both the level of an empirical review and the level of the sensationalist media. The latter's tone is, in fact, what has contributed even further to perpetuating the myth that psychopaths are only to be found among the criminals (and especially among violent criminals), as well as feeding an already highly stereotyped ironclad popular imagery.

Nevertheless, it should be stressed that confusion about psychopathy not only exists on a popular level, but that such confusion also exists, and has done so for many years, in the academic and professional fields. As we have already indicated, the greatest confusion lies in the constant comparison between ASPD and psychopathy, a confusion that is mainly caused by the similitude between the behavioural traits of both diagnostic entities, even though psychopathy is neither a mental disorder nor does it appear catalogued as such in the DSM of the APA, despite the fact that this institution insists on stating in its *Manual* that the terms *psychopathy* and/or *sociopathy* can both be used to speak about the ASPD (Pozueco et al., 2011a).

The most worrying thing about this is that many clinical professionals have echoed these words of the APA, and the confusion is currently very hard to modify; while, on the other hand, many researchers have express knowledge that psychopathy is not a synonym of ASPD. Yet even so, it continues to be catalogued as a *disorder of the personality*, with all the *psychopathological* load that the word "disorder" brings with it, and the consequent erroneous interpretations and the possible repercussions at criminal and legal levels (Pozueco et al., 2011b).

Personality disorders and psychopathy in batterers convicted of violence against an intimate partner: differential profiles and clarifications

In Spain, and in relation with the subject under review here, the review of research dealing with the difference between *batterers with personality disorders* and *psychopathic batterers* (Echeburúa & Fernández-Montalvo, 2007; Fernández-Montalvo & Echeburúa, 2008) is of particular importance. It is also interesting to analyse this study because it could suppose a certain questioning of the generalised *psychopathological profile* that has been done until now in our country of the intimate partner batterer through various studies (Echeburúa & De Corral, 1998; Echeburúa, Fernández-Montalvo &

Amor, 2003; Echeburúa, Fernández-Montalvo & De Corral, 2008; Fernández-Montalvo & Echeburúa, 1997, 2005).

The research carried out to date shows a great heterogeneity in this type of subject. Thus, a considerable effort has recently been made to identify types of batterer (Fernández-Montalvo, Echeburúa & Amor, 2005; Loinaz, 2011; Loinaz, Echeburúa & Torrubia, 2010; Loinaz, Ortiz-Tallo, Sánchez & Ferragut, 2011), but which still lacks empirical support concerning the existence of these typologies in different contexts in the Spanish field.

Lacking a well-founded classification, the first research carried out in Spain suggested that batterers in general could be (Echeburúa & Fernández-Montalvo, 2007): a) male chauvinists; b) emotionally unstable and dependent who become dangerous if the woman leaves the relationship; c) addicted to alcohol or drugs, where the addiction acts as a means to overcome inhibitions; and d) men with a mental disorder who enjoy hitting or who, at least, have no inhibitions about doing so. In this sense, the presence of personality disorders in the population of batterers has begun to be identified, especially among those who are in prison. Thus, the most frequently described disorders have been ASPD, limit and narcissism.

The aim of the study by Echeburúa & Fernández-Montalvo (2007) was to understand in greater detail the presence of personality disorders in men convicted of serious violence against their intimate partners and incarcerated in Spanish gaols. Similarly, the types of personality disorders among the subjects who had murdered (or tried to murder) their intimate partner or ex-partner and those who had not done so were compared. A comparison was also made of the subjects qualified as psychopaths and those who were not. It was a question, in the end, of evaluating the existence of a *differential profile* between the male batterers who were in prison for serious violence against a partner, and which could make the establishment of *made to measure* intervention programmes possible, according to the type of personality disorder being suffered (Loinaz & Echeburúa, 2010).

The results obtained in this study, after using the PCL-R, showed that 11 people (14.4% of the sample) obtained a score significantly indicative of clear *psychopathic tendencies*. Just as the authors made clear in their conclusions, the high rate of personality disorders observed in the batterers from the sample indicates the need to continue with this line of research. It is a question of identifying specific subtypes of batterer and developing concrete evaluation and intervention programmes adapted to the said characteristics (Echeburúa & Fernández-Montalvo, 2007).

Nevertheless, there is a question of great relevance for our particular subject of analysis: Was it possible to distinguish between the *batterers with personality disorders* and the *psychopathic batterers*? As the authors themselves indicated in the conclusions of their study, it was not possible to distinguish clearly and precisely: "In this study it was not possible to establish a relation between psychopathy or personality disorders and murdering the intimate partner or ex-partner. (...)

it would be useful for future research to have more comprehensive samples of batterers without associated personality disorders and thus be able to establish a differential profile” (Fernández-Montalvo & Echeburúa, 2008, p. 197).

As we warned before, it is important to extract from this research study a series of special considerations that could suppose a certain questioning of the generalised *psychopathological profile* that has up to now been made of the batterer in all countries.

In the concrete case of psychopathy, this suggested “*differential profile*”, without a doubt, should be based on personality traits without any *psychopathological* connotations whatsoever. We should remember that two of the 16 defining characteristics of psychopathy already established by Cleckley (1976) are, precisely, the *absence of hallucinations and other signs of irrational thought* and the *absence of nervousness and/or psychoneurotic manifestations*. In this sense, any study of psychopathy that aims to include “not suffering from a mental disorder” as a criterion for selecting the sample (whether it be slight, moderate or severe) should, therefore, take this specificity of criteria that Cleckley stressed into consideration.

On the other hand, it is perhaps useful to mention here the suggestion that Millon et al. have stressed in several articles: that personality disorders are not “*real*” *mental illnesses* but rather *character anomalies* (Millon, 1981, 1998; Millon, Grossman, Millon, Meagher & Rammath., 2000). In any case, it is still not possible to conclude that any *abnormal personality trait* in isolation can become an inflexible and inadaptatable pattern, which is precisely one of the defining characteristics of *personality disorders*. In addition, as Millon & Davis (1998) stress, there are psychopathy subtypes whose characteristics closely overlap with certain characteristics of the 10 types of personality disorder of the DSM; but this does not mean that they are mental disorders at all or that they can be used one instead of the other.

As for the cut-off scores of the PCL-R, another important question to take into account is that having *psychopathic tendencies* is one thing and *being a psychopath* is quite another. Psychopathy is a *syndrome*—in the sense of an entity with a set of symptoms, the psychopathic traits—, and, as such, cannot be evaluated on the basis of its isolated characteristics, since then the reliability of the diagnosis would be compromised; another thing is that the said characteristics are evaluated or have *dimensional* scores, since PCL-R also allows this. Thus, it is possible to obtain greater or lesser *degrees* of psychopathy. So, is it possible that, on the basis of *psychopathic tendencies*, we can conclude that the said batterers could evolve towards psychopathy in the strict sense of the word? This hypothesis is difficult to prove and it may be too early to make such a conclusion.

In short, the *differential profile* suggested by Echeburúa & Fernández-Montalvo in their study (2007) is not trivial. The current programmes of treatment for “typical” batterers are not obtaining the expected positive results. Although the precise explanation is not known, perhaps one understandable explanation could be that some types of batterer are not

differentiated from others, and it may be that the profile of psychopathy plays an important role.

For this very reason, as these same authors stressed in another research study some years ago, it is very important to identify specific subtypes of batterer so as to be able to develop concrete evaluation and intervention programmes adapted to the said differential characteristics or profiles, since, very probably, the said adaptation will be determinant in the effectiveness of such programmes (Fernández-Montalvo & Echeburúa, 1997).

Discussion and Conclusions

As we have just seen, there are many similarities between psychopaths and generally violent batterers. It would seem that both have a tendency to instrumental and serious acts of violence against intimate partners, generalised violence outside the home, drugs and alcohol, recidivism and resistance to treatment, as well as to the delayed or absent psycho-physiological responses to emotionally painful situations when compared with other. It is also possible that these two groups are the authors of the most serious and most frequent physical and emotional abuse within the batterer subtypes.

The above review has shown the need to establish the prevalence of psychopathy within the *generally violent/antisocial* batterer subtype, as it is not very likely that the motivation and causal mechanisms of their acts of violence against intimate partners are the same. In addition, the standard treatment that is recommended for intimate partner batterers does not seem to be effective with psychopathic batterers (Loinaz & Echeburúa, 2010). Unfortunately, the connexion between psychopathy and intimate partner battering is still uncertain, in the light of significant disparities between the samples of incarcerated subjects and those at large in the community (Hare, 1993; López, 2010; Widom, 1977; Widom & Newman, 1985). Future research into domestic violence and intimate partner batterers should therefore be directed towards the following series of important aspects (Spidel et al., 2007).

First of all, it is essential that studies into domestic violence should incorporate valid forensic evaluations of psychopathy, that is, evaluations based on interviews with Hare’s scales of psychopathy, which are the only ones that measure psychopathy in the strict sense of the word, and which were specifically designed for such a purpose. The lack of exactitude in the diagnostic criteria of the antisocial personality (to be more precise the ASPD) can generate opacity in the examination and study of the relation between psychopathy and intimate partner battering. In addition, the PCL-R and its derivations permit investigations into psychopathy at both categorical and dimensional levels (Muñoz, 2011), while the ASPD (as with any other diagnostic label of the nosological systems such as the DSM of the APA) is a strict, and exclusively categorical diagnostic entity, that is, either “yes” or “no”, with no possibility of dimensional sub-

tleties. On the other hand, however, researchers into recidivism and the treatment of psychopathy should provide routine reports on the analysis of the different classes of violence (for instance: intimate partner battering, sexual abuse, child abuse).

Secondly, as Cooke, Michie, Hart & Clark (2004) suggested, researchers should examine the unique/exclusive contribution of the specific groups of psychopathic symptoms (interpersonal style, affective deficits and antisocial behaviour traits) to the nature of violence against an intimate partner in order to offer better clues concerning the motivation of the batterer for committing such acts. As Huss & Langhinrichsen-Rohling (2000) pointed out, high saturations in particular items of the PCL-R or groups of characteristics could place some batterers differently from others in the areas of risk and the capacity to adapt to a treatment, independently of whether they reach the threshold for the diagnosis of psychopathy. The most specific personality profiles should lead to individualised treatment and thus to an improvement in the treatment's effectiveness.

Finally, the results of well designed studies on treatment are very necessary in the field of psychopathy in general (Wong & Hare, 2005) and in that of psychopathic batterers in particular. It is essential that researchers should incorporate various measures using multiple methods to achieve a successful treatment, as well as detailed documentation of the time undergoing treatment. Researchers in this field of study must make an effort to create designs with a random assignation of the traditional and non-traditional conditions of treatment. Spidel et al. (2007) suggest that studies of the treatment of intimate partner batterers should routinely include the PCL-R, not only in the interests of achieving a better and more closely adjusted classification of the concrete subjects who are candidates for treatment, but also because the PCL-R has proved to be a good predictor of both the risk of violence and future recidivism (Hare, 2002) as well as of the risk of specific interpersonal violence (Echeburúa, Muñoz & Loinaz, 2011), and within this latter aspect, batterers both with and without psychopathy are included (Echeburúa & Fernández-Montalvo, 2007).

Faced with the lack of greater empirical support, professionals should consider the fact that psychopathic batterers will have unique (singular) responses to the punishment and treatment for violence within intimate relationships (Spidel et al., 2007). This recommendation is applicable to the majority of professionals who work on intimate partner battering with the incarcerated criminal population. The low prevalence of psychopathic characteristics found to date in samples undergoing treatment in the community means that it is difficult to justify the routine use of the PCL in this context (Kropp & Hart, 2000; Huss & Langhinrichsen-Rohling, 2006). Similarly, in other contexts, the capabilities of the personnel carrying out the evaluation should be taken into account, as well as the objective of using the PCL with a view to an ethical and rigorous application of the tool.

Finally, psychopathy, given the implications for handling, treatment and risks, could be the object of a *case by case* evaluation (Spidel et al., 2007). It is vital that the professionals in this subject matter determine whether a significant percentage of batterers are *really* psychopaths (Hare, 1998). As we have a solid knowledge base through the literature on psychopathy, knowing that some batterers have high scores in certain psychopathic traits allows us to make inferences about these people (Spidel et al., 2007). Nevertheless, we believe that this suggestion needs to be fine-tuned through a series of very important considerations.

First of all, it must be stressed that we are not trying to extend psychopathy to all intimate partner batterers. We are therefore not expressly supporting a generalised and generalist consideration of a *psychopathic profile* as a unique and exclusive profile of all intimate partner batterers, and nor do we do so with respect to the classic *psychopathological profile* of the batterer. On the contrary, what we propose is that the existence of a psychopathic profile should be taken into account, and that professionals and researchers should make an effort to establish the necessary *diagnostic differential* between batterer profiles.

Secondly, and on a conceptual level, it would seem that one of the most evident problems lies in the name *psychopathological*, given that we are therefore taking for granted the fact that the batterer has a *mental illness*, assuming that psychopathological is synonymous and/or indicative of illness/mental disorder, at least as far as the literature on this topic habitually refers to it is concerned. In this sense, we should not be taking on board the double reading that, on the one hand, batterers respond to a psychopathological profile and, on the other, argue that they are fully conscious of their acts. This contradiction can give rise to our judicial authorities do not correctly and exactly comprehend the extent of the concrete problem, resulting in the many judicial sentences that stipulate several different terms that are not usually differentiated, as is the case, in particular, of psychopathy and ASPD.

Finally, it is important to stress and make clear the consideration that psychopathy as a profile does not, in any case and under no circumstance, wish to *stigmatise* people, as psychopathy is a valid and reliable diagnosis which should remain distanced from the halo of sensationalism which, even today, still surrounds this question, both from the point of view of the media and society in general, which, evidently, is highly influenced by the media coverage of this concept and the type of personality that is often focused on, without taking into account the need to distinguish between the types that we have been talking about in this paper.

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