

# Cultural differences in personality and aggressive behavior in intimate partner violence offenders: a comparison of English and Spanish offenders

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### **Abstract**

Intimate partner violence (IPV) is a ubiquitous and serious problem, the prevalence of which varies greatly around the world. Previous research shows that cultural factors interact with personality and that this interaction influences cognitions, attitudes and behaviors that are related to personal and individual styles of resolving conflicts. In relation to this, the present study has three aims: comparing the self-reported IPV (physical, psychological and sexual) of English and Spanish offenders, comparing the MCMI-III scores of the two groups, and examining the association between country of origin, psychopathology and IPV. The sample consists of 147 intimate partner violence offenders (80 English and 67 Spanish). The measures used were the Millon Clinical Multiaxial Inventory III and the Conflict Tactics Scale 2. Mann-Whitney U Tests were used to compare English and Spanish sample, and independent logistic regressions were used to examine the relationship between personality patterns, psychopathology and culture, and IPV. Higher frequencies of physical and psychological aggression were found in the English group compared to the Spanish group as well as several differences in personality patterns and psychopathology between the groups. Some MCMI-III subscales also interact with nationality and predict physical and psychological aggression. The relevance of these results for intervention is discussed.

### **Keywords**

personality, psychopathology, intimate partner violence offenders, cross-cultural, individualism/collectivism

Traditionally, controversy has existed between proponents of societal and individual-level explanations for the occurrence of domestic violence (e.g., Dutton & Corvo, 2006; Dobash & Dobash, 1980). Archer (2006) argues that when explaining the societal prevalence of IPV rather than its individual occurrence, cultural variables have the most relevance. For example, Archer (2006) analysed the prevalence of domestic violence across 16 nations in relation to gender empowerment, attitudes to women's roles, attitudes to wife beating, overall levels of violence in society, cultural endorsement of masculinity and femininity, power distance and the extent to which cultures were individualistic. He found that consistent with previous theorizing, violence was more prevalent in collectivist rather than individualist countries (e.g., Negy, Ferguson, Galvanovskis, & Smither, 2013; Triandis, 1995). Moreover, the degree of collectivism was the most significant cultural predictor of women's victimization by their partner.

Ecological theorists however argue that macro-level cultural variables impact directly on individual personality development (Triandis & Suh, 2002), such that even when individual level explanations for IPV are endorsed they may have been culturally influenced. In fact the DSM-IV TR reports that individuals who have immigrated into a culture may be more likely to be identified as having a diagnosable personality disorder when they are in fact expressing personality traits common to their country of origin (American Psychiatry Association, 2000). Previous research shows that cultural factors interact with personality and that this interaction influences cognitions, attitudes and behaviors that are related to personal and individual styles of resolving conflicts (Kaushal & Kwantes, 2006; Triandis, 1994). Indeed, there is evidence to suggest that in addition to violence and IPV in particular, aspects of personality and psychopathology are culturally bound. For example, Foster, Campbell, and Twenge (2003) examined self-reported narcissism, a construct reported to be associated with

IPV (e.g. Ryan, Weikel, & Sprechini, 2008) and found that it was elevated in participants from cultures that were classified as more individualistic.

There is ample evidence supporting to the relevance of personality and psychopathology to IPV, and data can be drawn from across a range of countries and cultures. Although there is general agreement regarding a prevalence of psychopathology and personality disorders in those who use violence against an intimate, one specific psychopathological profile has not been identified (Gibbons, Collins, & Reid, 2011). However, a clear association between a range of personality disorders and psychopathology and the use of violence has been found in several studies (e.g., Boira and Jodrá, 2010; Johnson et al., 2006).

In the European context, Johnson et al. (2006) studied psychopathology in a British batterers' sample using the MCMI-III and identified four groups: low pathology, narcissistic, antisocial, and borderline. Elevated psychopathology was a feature of 88% of their sample. In Spain, Fernández-Montalvo and Echeburúa (2008) observed that 86.6% of their prisoner sample had a least one personality disorder. The disorders that were predominant included obsessive-compulsive, dependent, and paranoid. A further Spanish study conducted by Boira and Jodrá (2010) found that 50% of their sample of IPV men had clinical characteristics and about 80% had at least one personality disorder (see Lila, 2013 for a review on intimate partner violence offenders' research in Spain). In this research, using the MCMI-II, the clinically significant scales that were most prevalent were compulsive, alcohol abuse, and drug abuse. Ruiz and Expósito (2008) and Winberg and Vilalta (2009) found clinically significant scores on compulsive and dependent personality disorder scales in a high proportion of their samples (69% and 67.4% respectively for compulsive personality; and 50% and 36% respectively for dependent personality). Although limited in number, these British and Spanish studies seem to suggest there might be different forms of

psychopathology featuring in these IPV perpetrator samples, with the UK data more consistent with that previously reported on North American samples (e.g. Hamberger & Hastings, 1988; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000).

It is possible that this disparity reflects underlying cultural differences. As previously noted, one cultural dimension of relevance to England and Spain is that of individualism-collectivism. Spain has traditionally been considered a culture more collectivist than English culture (e.g., Gouveia, Albuquerque, Clemente, & Espinosa, 2002; Leung, Au, Fernandez-Dols, & Iwawaki, 1992; Lila, Musitu, & Buelga, 2000). Collectivist cultures are those in which people depend on each other, give priority to common objectives in the group and behavior is conditioned by group norms; in short, people from collectivist cultures have a sense of duty to the group and strong family ties, particularly compared to those from individualistic cultures. The most relevant feature of individualism is independence; individualistic cultures are therefore characterized by competition and hierarchy, and the appreciation of freedom of choice, personal autonomy and self-satisfaction. The view that is taken by those from a collectivist or individualistic culture will affect interpersonal relationships that are generated (for a review, see Oyserman, Coon, & Kimmelmeier, 2002). Based on this premise, Church (2000) suggested that personality traits exist in all cultures but they are more influential on the behaviors of those in individualistic cultures compared to those from a collectivist culture. Conversely, situational factors and context carry more influence in collectivist cultures. Therefore behaviors from people in this group are less uniform across different situations and individual behavior is influenced more by social rules than by individual attitudes (Church, 2000).

Few studies have considered the macrosystem in relation to personality and its association with IPV. The culture issue has been ignored as a topic when addressing intimate partner violence intervention, despite its potential usefulness (Warrier, 2008). One exception

has been the study by Scott, Flowers, Bulnes, Olmsted, and Carbajal-Madrid (2009) who compared samples of English- (n = 41) and Spanish-speaking Mexican (n = 48) male IPV perpetrators on the MMPI-2. A number of non-clinical, yet statistically significant differences were identified between these groups. Specifically, there was an elevated lie scale score for the Spanish-speaking sample, suggesting a culturally specified need to enhance ones self-image (Butcher, Cabiya, Lucio, & Garrido, 2007). In addition, the Spanish-speaking sample had elevations on Hypochondriasis, Depression, and Social Introversion-Extroversion clinical scales and on the supplementary scales, their scores were higher than the English-speaking sample on the Repression scale. The English-speaking group scored higher than the Spanish-speaking group on Ego Strength, Masculine Gender Role, Addiction potential and Addiction Admission scales. However, the lack of clinically meaningful differences suggests that these groups are more similar than different, although the authors argued that the data suggest that alcohol abuse may be more of a feature of IPV committed by the English-speaking, rather than Spanish-speaking group.

The World Health Organization (2010) has recommended the adoption of an ecological model in interventions, which in itself suggests that the macrosystem (in this case culture differences), has an influence on individual behavior (Bronfenbrenner, 1979). In addition to this, further study of cultural differences is important in order determine if the existing differences already found in the expression of domestic violence due to culture (Arscott-Mills, 2001; Garcia-Moreno, 2000; Gracia, Herrero, Lila, & Fuente, 2009; Nayak, Byrne, Martin, & Abraham, 2003), might be extended and generalized to other cultures (Funder, 2007). Therefore, there is a need for studies to focus on cultural differences and define how they influence behavioral and psychological manifestations, in order to develop and adapt an ecological model to explain domestic violence that takes into account the

multifactorial origin of violent behavior at different levels (Dixon & Graham-Kevan, 2011; Dutton, 2006; Gracia, García, & Lila, 2009).

The present study represents the first small step to remedy this, and in doing so has three main aims; (i) to understand if there are differences in the self-reported IPV (physical, psychological and sexual) of English and Spanish offenders; (ii) to understand if there are differences in MCMI-III scores between these two groups; and (iii) to examine the association between culture (country of origin), psychopathology and IPV. Based on previous literature, it is expected that greater frequency of IPV will be reported by the Spanish than English sample. In addition, it is expected that there will be significant differences in the MCMI-III scores of the two groups, although due to a lack of directly relevant previous literature, these differences are difficult to predict precisely. Finally, it is expected that the relationship between IPV and psychopathology will differ as a function of country, but again, due to the lack of relevant literature the precise nature of these differences is not currently possible to predict.

## **Method**

### **Design**

A cross sectional correlational design was employed to compare the violence, personality and psychopathology profiles of the English and Spanish samples, and to determine the relationship between psychopathology, culture and violence.

### **Participants**

Participants were 147 men, all intimate partner violence offenders, 80 of whom were English and 67 were Spanish. The English sample was recruited in two ways: from men who were self-referred (voluntary) to community treatment programmes ( $n = 47$ ), or those who had been court-mandated through probation to attend treatment ( $n = 33$ ). The Spanish sample was recruited from the Contexto Program (program for court mandated intimate partner

violence offenders in Valencia, Spain). The mean age of the English sample ( $M = 36.33$ ;  $SD = 9.99$ ) was lower than that of the Spanish sample ( $M = 43.82$ ;  $SD = 12.48$ ), and this was found to be statistically significant ( $t = -3.966$ ;  $p < .001$ ).

### **Measures**

*Millon Clinical Multiaxial Inventory-III (MCMI-III)* (Millon, 1994; Spanish version adapted by Cardenal & Sánchez, 2007). This is a self-report inventory consisting of 175 dichotomous items (true or false) to measure personality disorders. It comprises 3 Modifying scales; 11 Clinical Personality Patterns scales; 3 Severe Personality scales, 7 Clinical Syndromes scales, and 3 Severe Syndromes scales. Both the original and Spanish versions were used and both showed excellent reliability and validity. Original version validation reported Cronbach alpha reliability coefficients between .66 and .95. The Spanish version validation reported reliability between .65 and .92.

*The Revised Conflict Tactics Scale (CTS2)*; Straus, Hamby, Boney-MacCoy, & Sugarman, 1996; Spanish version by Loinaz, 2009). This is a self-report inventory that assesses how individuals choose to resolve relationship conflicts. Respondents report on the behaviors of themselves and their partners during conflict. It consists of 78 items 8-point Likert-type, where 0 means “This has never happened and 6 means “More than 20 times in the past year”; however, 7 means “Not in the past year, but it happened before”. The present study examines three of the five self-reported scales, physical, psychological and sexual violence. Original version validation reported high internal consistency ( $.79 \leq \alpha \leq .95$ ). In the present study, the internal consistency for the Spanish sample was between .69 and .87.

### **Procedure**

Ethical approval for the data collection was achieved separately in each country prior to data collection commencing.



The Spanish men were those with no previous criminal record but who had received a prison sentence of two years or less for IPV, that had been suspended. Part of the requirement associated with the suspended sentence was that the men were referred from Servicios Sociales Penitenciarios (Prison social services) to the Contexto Program (Lila, Gracia, & Murgui, 2013; Lila, Oliver, Galiana, & Gracia, 2013). This is an intervention and rehabilitation program for IPV offenders' in Valencia, Spain. The questionnaires used for this current study were part of the battery of questionnaires that were filled in by the men during an evaluation phase and before they attended the intervention program. Participants who were not Spanish were excluded from the current study. Data were collected between 2011 and 2012.

The English men were also recruited between 2011 and 2012 from men who were self-referred (voluntary) to community treatment programs, or those who had been court-mandated through probation to attend treatment. The community programs that were accessed were Splitz support service, The Hampton Trust and Strength to Change. Splitz Support is an independent charity and a leading provider of domestic abuse support services in Wiltshire. The Hampton Trust runs programs and projects (in Southampton, Portsmouth, Havant, Basingstoke and The Isle of Wight) for families, children, young people and part of this includes services for domestic violent perpetrators and victims. Strength to Change is a service that is provided in Hull for men who are concerned about their use of violence and abuse in their intimate relationships. This initiative is led by NHS Hull and developed jointly with Hull Citysafe. The individuals who had been court mandated to treatment were recruited from Wiltshire and West Mercia Probation Trusts. These probation areas offer a statutory perpetrator programme: The Independent Domestic Abuse Program (IDAP). The questionnaires were completed for this research and do not form part of the standard assessment procedures for these clients.

## **Data Analysis**

Initial data screening indicated that normal distribution and homogeneity of variance were both violated for the majority of the subscales. Data transformation of this was not deemed appropriate as transformation results in a different construct being addressed to the one originally measured (Grayson, 2004). It has been suggested that this may be a particular issue when looking at clinical constructs where symptoms (particularly in general populations) are likely to be positively skewed (Grayson, 2004). In addition, Millon BR scores use criterion scoring not normative referencing, which is used in most psychological tests. Criterion referencing does not force distributions to normality as it anchors base-rate scores to actual prevalence rates of characteristics found in psychiatric populations, as opposed to anchoring cut-off scores to an invariable statistic as found in norm-referencing and standardised scores (Bow, Flens, & Gould 2010; Retzlaff, Dunn, & Harwood, 2011). Therefore, as a normal distribution is not typical for measures based on criterion referencing, it made little sense to attempt to transform the distribution of the MCMI to normality.

Spearman correlations were conducted to test the relationship between the MCMI-III, CTS-2 subscales and age due to the differences in age between the two samples. In order to determine between group differences on the CTS-2 and MCMI-III subscales Mann-Whitney U tests were conducted. In order to examine whether culture and clinical presentation interacted to predict physical, psychological and sexual violence a series of independent hierarchical logistic regressions were conducted. For the first step, Social desirability and age (where relevant) were entered as control variables. For the second step, a MCMI-III subscale was entered as a predictor variable. The analyses were then repeated including the interaction between MCMI-III subscale and nationality. Due to length restrictions for the current paper, only the significant findings are presented.

## **Results**

### Correlations between age, CTS-2 and MCMI-III subscale scores

It was found that age was negatively associated with the CTS-2 psychological ( $r = -.18$ ,  $p < .05$ ) and physical violence ( $r = -.26$ ,  $p < .01$ ) subscales indicating that the younger men in the sample reported higher rates of violent strategies in their relationships. Sexual violence however was not associated with age. In addition, age was negatively associated with the MCMI-III Antisocial ( $r = -.21$ ,  $p < .01$ ) and Drug ( $r = -.30$ ,  $p < .001$ ) subscales, and positively associated with the Compulsive ( $r = .22$ ,  $p < .01$ ) subscales. The results also indicate that both psychological and physical violence tactics are associated with a range of MCMI-III subscale scores (data available on request). In contrast, the CTS-2 sexual coercion subscale scores were positive associated with only four MCMI-III subscales: Disclosure ( $r = .21$ ,  $p < .05$ ), Sadistic ( $r = .25$ ,  $p < .01$ ), Bi-polar ( $r = .17$ ,  $p < .05$ ) and Thought Disorder ( $r = .18$ ,  $p < .05$ ).

Comparison of English and Spanish samples on self-reported physical violence, psychological aggression and sexual coercion.

It is evident that there are a number of significant differences in the reported rates of both violent tactics and clinical characteristics between the Spanish and English samples. Contrary to expectations, the English sample report significantly higher levels of both psychological ([English:  $M = 33.04$ ,  $SD = 30.5$ ], [Spanish:  $M = 19.75$ ,  $SD = 28.86$ ];  $U = 1753$ ,  $z = -3.383$ ;  $p < .001$ ) and physical violence ([English:  $M = 9.38$ ,  $SD = 19.33$ ], [Spanish:  $M = 3.18$ ,  $SD = 6.53$ ],  $U = 2032.5$ ,  $z = -2.396$ ;  $p < .05$ ), than the Spanish sample, although the rates of sexual violence were not significantly different ([English:  $M = 1.76$ ,  $SD = 5.5$ ], [Spanish:  $M = 5.95$ ,  $SD = 13.18$ ];  $U = 2345.5$ ,  $z = -1.334$ ;  $p = .182$ ).

### Comparison of English and Spanish samples on MCMI-III subscales

In relation to MCMI-III scores, English sample reported higher levels of Antisocial, Borderline, Dysthymia, and Alcohol dependence subscales. In contrast, the Spanish sample reported higher levels of Social desirability, Histrionic, Narcissistic, Compulsive, and

Delusional disorder subscales. The remaining subscales showed no significant differences between both samples (Table 1).

[Table 1 about here]

Significant results from regression analysis

The only significant direct effects of the MCMI-III subscales were found when predicting sexual coercion for four of the subscales: Sadistic ( $W = 7.34$ ; OR 1.04, 95%CI 1.01 - 1.06); Schizotypal ( $W = 5.61$ ; OR 1.02, 95%CI 1.00 - 1.04); Anxiety Disorder ( $W = 3.84$ ; OR 1.01, 95%CI 1.00 - 1.06); Thought Disorder ( $W = 7.40$ ; OR 1.03, 95%CI 1.01 - 1.05); and Compulsive ( $W = 4.3$ ; OR .969, 95%CI .941 - .998).

Independent logistic regression also revealed a significant direct effect ( $p \leq .001$ ), of social desirability on physical assault ( $W = 12.69$ ; OR .96, 95% CI .994 - .984) and psychological aggression ( $W = 12.11$ ; OR .97, 95%CI .946 - .985), but significance was not found for sexual coercion.

When controlling for social desirability a range of interactions of nationality and MCMI-III subscales with physical and psychological (not sexual) IPV were found. The significant interactions (when controlling for social desirability) found to predict physical violence were nationality, and: Anxiety Disorder ( $W = 3.83$ ; OR 1.01, 95%CI 1.00 - 1.03); Major Depression ( $W = 7.45$ ; OR 1.01, 95%CI 1.00 - 1.03); and Delusional Disorder ( $W = 4.21$ ; OR 1.01, 95%CI 1.00 - 1.03). The significant interactions (when controlling for social desirability) found to predict psychological violence were nationality, and: Schizoid ( $W = 10.41$ ; OR 1.02, 95%CI 1.01 - 1.04); Avoidant ( $W = 8.68$ ; OR 1.02, 95%CI 1.01 - 1.04); Sadistic ( $W = 4.32$ ; OR 1.01, 95%CI 1.00 - 1.02); Negativistic ( $W = 7.35$ ; OR 1.01, 95%CI 1.01 - 1.03); Schizotypal ( $W = 6.58$ ; OR 1.01, 95%CI 1.01 - 1.03); Borderline ( $W = 7.68$ ; OR 1.02, 95%CI 1.01 - 1.03); Paranoid ( $W = 8.43$ ; OR 1.02, 95%CI 1.01 - 1.03); Anxiety ( $W = 10.03$ ; OR 1.02, 95%CI 1.01 - 1.03); Somatoform ( $W = 6.44$ ; OR 1.02, 95%CI 1.01 - 1.04);

Bipolar (W = 4.27; OR 1.01, 95%CI 1.00 - 1.02); Posttraumatic Stress (W = 6.44; OR 1.02, 95%CI 1.00 - 1.03); Thought Disorder (W = 7.41; OR 1.02, 95%CI 1.01 - 1.04); Major Depression (W = 9.23; OR 1.02, 95%CI 1.01 - 1.04); and Delusional Disorder (W = 9.82; OR 1.03 95%CI 1.01 - 1.04).

Logistic regressions run separately on both the English and Spanish group revealed that the most significant interactions were found in the English group. In relation to physical assault a significant interaction was found between English and: Anxiety (W = 14.03; OR 1.03, 95%CI 1.02 - 1.05); Major Depression (W = 17.49; OR 1.03, 95%CI 1.02 - 1.05); and Delusional Disorder (W = 10.68; OR 1.03, 95%CI 1.01 - 1.05). For the Spanish group only one significant interaction was observed, but in this case it was found that an interaction between Spanish and Delusional Disorder decreased the likelihood of physical assault (W = 4.16; OR .98, 95%CI .96 - .99). For psychological aggression a significant interaction was found between English and: Schizoid (W = 12.65; OR 1.04, 95%CI 1.02 - 1.07); Avoidant (W = 10.89; OR 1.03, 95%CI 1.01 - 1.05); Negativistic (W=7.39; OR 1.03, 95%CI 1.01 - 1.05); Schizotypal (W = 7.83; OR 1.02, 95%CI 1.01 - 1.04); Borderline (W = 8.31; OR 1.03, 95%CI 1.01 - 1.05); Paranoid (W = 9.09; OR 1.03, 95%CI 1.01 - 1.04); Anxiety (W = 11.47; OR 1.03, 95%CI 1.01 - 1.04); Somatoform (W = 7.35; OR 1.02, 95%CI 1.01 - 1.04); Posttraumatic Disorder (W = 6.92; OR 1.02, 95%CI 1.01 - 1.04); Thought Disorder (W = 8.51; OR 1.03, 95%CI 1.01 - 1.05); Major Depression (W = 11.05; OR 1.02, 95%CI 1.01 - 1.04); and Delusional Disorder (W = 10.43; OR 1.03, 95%CI 1.01 - 1.05).

### **Discussion**

The present study had three aims: (i) to compare the self-reported IPV (physical, psychological and sexual) of English and Spanish offenders; (ii) to compare the MCMI-III scores of the two groups; and (iii) to examine the association between culture (country of origin), psychopathology and IPV. In general, results suggest that there are differences in the

frequency of violence against women and in personality patterns and psychopathology between the two groups. Furthermore, personality traits and psychopathology differentially predict physical assault and psychological aggression by culture of origin, except in the case of sexual coercion.

In relation to the first aim, an unexpected result was found. For the English group higher levels of physical assault and psychological aggression were found compared to the Spanish group. If England is generally considered as an individualistic culture and Spain as collectivist culture, these results are then contrary to those found in previous literature where IPV is found to be more prevalent in collectivist cultures (Archer, 2006; Triandis, 1995). However, these findings may be a result of the differences in social desirability that was identified between both groups. This observation is strengthened by the fact that, social desirability was also found to be negatively associated with physical assault and psychological aggression.

In relation to the second aim, significant differences in personality patterns, personality disorders and clinical syndromes were found between the two groups. Specifically, the Spanish group reported significantly higher scores in the Histrionic, Narcissistic, Compulsive, and Delusional subscales. Conversely the English scores were significantly higher in Antisocial, Borderline, Dysthymia, and Alcohol dependence subscales. Previous researchers have observed that compulsive personality is predominant in Spanish offenders (Boira & Jodrá, 2010; Fernández-Montalvo & Echeburúa, 2008; Ruiz & Expósito, 2008; Winberg & Vilalta, 2009). Moreover, lower scores in alcohol use have been found in other studies of Spanish offenders (Catalá-Miñana, Lila, Conchell, Romero-Martínez, & Moya-Albiol, 2013; Catalá-Miñana, Lila, & Oliver, 2013). On the other hand, Antisocial personality and Borderline disorder have been found predominant in English offenders (Johnson et al., 2006). These differences found could be due to the socialization processes found in different

cultures confirming previous studies (Kaushal & Kwantes, 2006; Triandis, 1994). Higher scores in the Spanish sample on Social desirability confirm findings in previous literature (Butcher et al., 2007; Church, 2000); this suggests that Spanish offenders behavior, as collectivist culture, is likely to be more influenced by social norms than English offenders, as individualistic culture. If is the case, Spanish offenders would need to demonstrate socially accepted behaviors, in this case as non-violent men.

In relation to the third aim to understand the association between culture, psychopathology and IPV, first it was found that higher scores in social desirability decreased the likelihood of use of physical and psychological aggression but not sexual coercion. Previous researchers have identified the importance of taking into account Social desirability in populations who use IPV (Bell & Naugle, 2007; Lila, Gracia, & Herrero, 2012). Moreover though, it maybe that different cultures are more likely to be influenced by social norms than others; this has been seen to be the case in the Spanish culture (Church, 2000). In relation to Physical assault and Psychological aggression, although both are predicted by Social desirability, no direct effect was found between these two types of IPV and personality pattern, personality disorder or clinical disorder. However, several interactions between nationality and personality pathology and Physical assault and Psychological aggression were observed, although the majority of the significant interactions were evident in the English and not the Spanish group.

Specifically, the clinical subscales of Anxiety disorder, Major depression, and Delusional disorder combined with Nationality predicted Physical assault. It was however, Anxiety disorder and Major depression that predicted physical assault in the English group, but this was not in Spanish group. However, in the case of Delusional disorder, this interaction predicted Physical assault in both group, however in different directions. For the Spanish group the odds of the outcome (i.e., physical assault) decreased, the opposite being

the case for the English group. This may in part be explained by the social desirability reported.

In relation to Psychological aggression, several personality patterns (Schizoid, Avoidant, Sadistic, Negativistic), personality disorders (Schizotypal disorder, Borderline disorder, and Paranoid disorder) and clinical syndromes (Anxiety disorder, Somatoform disorder, Bipolar disorder, Posttraumatic disorder, Thought disorder, Major depression, and Delusional disorder) were found to interact with Nationality and predict high levels of Psychological aggression. However, for all of these subscales (which were not affected by social desirability), these predictions regarding psychological violence, were based on the MCMI-III subscales from the English group, but not from the subscales from the Spanish group.

The present study is not without some limitations. Firstly, it would be advantageous to increase the sample size to confirm the results. Secondly, it would be desirable to introduce more cultures in the study to be able to extend and generalize the results. Thirdly, the samples are not homogeneous in the percentage of volunteers (i.e. those who were self-referred) attending the intervention. A higher percentage of voluntary participants was found in the English sample, in comparison to those from the Spanish sample. This could arguably bias the results. This issue should therefore be remedied in future studies. Finally, it would be advisable to analyze the social factors across both groups to confirm the previous literature regarding culture.

Despite these limitations, these results have important implications in the area of intervention for IPV offenders. On the general understanding that England has an individualistic culture and Spain a collectivist culture (Gouveia et al., 2002; Leung et al., 1992), these results support the theory that the behavior in individualistic cultures is influenced by personality characteristics more so than in collectivist cultures (Butcher et al.,



2007; Church, 2000). Based on this premise, collectivist cultures are influenced further by social norms. Therefore, it would be necessary to consider individual factors in programs development for those from individualistic cultures and social factors for those who are found in collectivist cultures.

Conversely, some personality patterns (e.g., Sadistic and Schizotypal) and some clinical disorders (e.g., Anxiety disorder and Thought disorder) were found to predict Sexual coercion, independently of culture. These results suggest that Sexual coercion is related to personality factors (Knight & Guay, 2006), and not culture in this sample. Therefore, intervention in this area should be designed by taking into account clinical factors. The findings of this study tentatively suggest that aggressive behavior against intimate partner may be explained in different ways in different cultures. Therefore, the macro-level is very important if the goal is to improve intervention programs designed for men who use violence against an intimate.

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Table 1.

Descriptive statistics and Mann-Whitney *U* tests for MCM-III

	English		Spanish		<i>U</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
MCM-III.Disclosure	58.08	21.60	57.49	18.75	2637.5
MCM-III.Desirability	58.35	18.3	73.79	15.01	1409.5***
MCM-III.Debasement	48.43	26.05	41.57	25.60	2283
MCM-III.Schizoid	50.86	24.29	58.40	21.70	2189
MCM-III.Avoidant	48.99	28.96	49.27	29.49	2603
MCM-III.Depressive	52.31	31.27	47.33	33.37	2407.5
MCM-III.Dependent	53.55	26.18	57.18	56.55	2430.5
MCM-III.Histrionic	50.83	23.09	59.21	15.68	2084.5*
MCM-III.Narcissistic	57.69	18.97	64.7	15.64	2076*
MCM-III.Antisocial	67.89	16.42	59.01	26.27	2159*
MCM-III.Sadistic (aggressive)	59.85	19.87	55.06	24.47	2436
MCM-III.Compulsive	48.14	17.44	61.69	13	1419***
MCM-III.Negativistic (passive aggressive)	55.91	24.48	53.18	26.6	2568
MCM-III.Masochistic	48.63	31.09	49.13	29.08	2649
MCM-III.Schizotypal	45.86	29.01	46	28.93	2665.5
MCM-III.Borderline	61.3	24.27	50.85	30.89	2139*
MCM-III.Paranoid	49.55	29.38	58.01	23.28	2424.5
MCM-III.Anxiety	56.65	33.75	56.01	37.59	2606
MCM-III.Somatoform	37.1	29.19	35.04	28.64	2519.5
MCM-III.Bipolar (manic)	61.31	21.84	58.82	26.04	2580.5
MCM-III.Dysthymia	46.55	31.93	35.31	30.19	2171.5*
MCM-III.Alcohol dependence	67.98	19.31	54.76	27.22	1834.5***
MCM-III.Drug dependence	64.89	20.83	55.88	29.82	2223
MCM-III.Posttraumatic stress disorder	46.79	27.40	40.49	30.86	2439
MCM-III.Thought disorder	48.88	25.86	44.83	23.34	2323
MCM-III.Major depression	44.93	37.62	43.07	37.05	2545
MCM-III.Delusional disorder	35.05	30.09	44.49	29.37	2145*

Note. \*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$

Note. MCM-III = Millon Clinical Multiaxial Inventory III