

Psychopathology of aggressors in intimate partner violence

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218811800

Abstract

Despite the decreasing of the overall crime in Portugal indicated by official statistics, the same is not true with domestic violence. Most interventions are directed towards the treatment and support of victims, so therefore, there is a very short knowledge about the characteristics of aggressors, both in the context of domestic violence, as in intimate relationships in particular, especially with regard to the existence of psychopathology or mental illness.

This work aims to identify mental disorders (personality disorders or mental illness) associated with such conduct, with respect to the aggressor. A research was performed in the PubMed, PsycINFO and Index databases and nineteen expert reports of aggressors, in the context of domestic violence conducted in the Clinical Forensic South Delegation of the National Institute of Legal Medicine and Forensic Sciences, were analyzed.

The majority of these cases fulfills the diagnostic criteria for personality disorder, the most prevalent being the borderline type, or has a high rating in certain pathological traits.

Therefore, it seems important to develop domestic violence prevention programs, including signaling and an assessment of the aggressors at the earliest possible stage, followed by a specialized intervention aimed at their rehabilitation and prevention of violent behavior.

Keywords: Domestic violence, Intimate partner violence, Perpetrator, Aggressor, Psychopathology, Mental disorders

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Under Article 152° of the Portuguese Penal Code, domestic violence can be defined as any conduct, repeated or not, reflected by physical or mental abuse, including corporal punishment, deprivation of liberty or sexual offenses, inflicted to a person who check a number of conditions such as: spouse or former spouse of the perpetrator; being from another or same sex with whom it has maintained a dating relationship or an analogous relationship to the spouses, even without cohabitation; being a parent of a common descent in 1st grade, or defenseless, including by reason of age, disability, illness, pregnancy or economic independence with which he cohabits. This is a legal provision that penalizes violent behavior of one person against another or against whom he/she has maintained intimate relationships, or being particularly vulnerable, share with him the same domestic space. It is a public crime with mandatory reporting under the Article 242° of the Procedural Criminal Code – not only by the police authorities, but by all employees within the meaning of Article 386° of the Penal Code, including, of course, doctors and other health professionals who carry out their activity in Public Administration (C.P.P, 2013).

The Portuguese Association for Victim Support (APAV) further distinguishes Domestic Violence in the strict sense – the classifiable criminal acts in Article 152° of the Criminal Code: physical abuse; psychological abuse; threat; coercion; injuries; defamation and sexual offenses; and Domestic Violence in the broad sense - crimes in a domestic context, such as violation of domicile or disturbance of privacy; wanton privacy (images, telephone conversations, emails, reveal secrets and private facts, etc.); violation of correspondence and telecommunications; sexual violence; smaller subtraction; violation of the maintenance obligation; homicide: attempted/consummated; damage; theft and robbery (APAV, undated).

According to the Annual Report of Portuguese Homeland Security (RASI, 2013) although the criminality continues to show a downsizing tendency in Portugal, domestic

violence does not follow this trend: in 2013 27318 shares of Domestic Violence by Security Forces (GNR and PSP) were recorded, corresponding to an increase of 2.4% over that recorded in 2012. They noted there were 40 spousal/passion killings in which 58% of cases the victim was a spouse or partner and 16% ex-spouse/ex-partner, with higher numbers in other series (OMA, 2013). Also in the annual report 2013 of APAV (APAV 2013), as the trend in previous years, crimes committed in the context of domestic violence represents 84.2% of the total crimes reported by victims to this institution in 2014. We are therefore facing a serious public health problem, with far-reaching consequences in child development, family, community, society at large (IV Portuguese National Plan Against Domestic Violence, 2011-2013).

The concept of domestic violence, as provided in the law is much broader than the concept of violence in intimate relationships (VRI), whose victim is almost always the person with whom the agent maintains or has maintained intimate relations. Risk factors for this type of violence are known (Albuquerque, 2013; Askeland & Heir, 2014; Grams & Magalhães, 2011) as well as factors associated with the victim and likely to contribute to perpetuating the abusive relationship, sometimes to death (Almeida, 1999; Mauro & Matias, 2013). Most interventions, however, is directed to the treatment and support of victims, being far more rare those who contemplate the aggressors, so little is known about their characteristics, both in the context of domestic violence in general, and in the violence in intimate relationships, in particular, especially with respect to the existence of psychopathology or mental illness. The lack of this knowledge necessarily has repercussions for dealing with perpetrators, but also in defining strategies for violence prevention in this specific context.

Objective

This article covers only the situation of domestic violence experienced by people in marital status or intimate relationship with perpetrators of violent behavior, aiming to identify mental disorders (personality disorders or mental illness) associated with such behaviors.

Method

A search in the databases *PubMed*, *PsycINFO* and *Index* was done with the terms *domestic violence*, *intimate partner violence*, *perpetrator*, *perpetrator*, *psychopathology* and *mental disorders*. A total of 149 scientific articles were found. Only articles whose scope is restricted to psychopathology and / or mental condition of the offender in the context of domestic violence (experienced by people in marital status or intimate relationships) were selected. There were thus included in the total 24 articles for bibliographic review.

Nineteen expert reports of offenders in the context of domestic violence were analyzed, located through computer research, 11 individuals for crimes committed in the context of domestic violence in the broadest sense, and five individuals for the crime of domestic violence in the strict sense, performed in the Department of Clinical Forensic Delegation of South of the Portuguese National Institute of Legal Medicine and Forensic Sciences, IP (INMLCF). The data in the reports were collected according to a grid, where they were registered as sex, age, education level, psychopathology described in mental state examination during the Psychiatric Assessment, personality structure and dominant personality traits evidenced by clinical psychological interview and assessment with Mini-Mult (reduced version of the MMPI – Multiphasic Personality Inventory), PCL-R, HCR-20, Eysenck Personality Questionnaire and Rorschach test (personality projective test). The type of crime committed was collected through the information contained in the judicial process.

Presentation and Analysis of the Results

Studies evaluating the perpetrators of domestic violence show that, despite not having *major* psychopathology, the vast majority meets diagnostic criteria for personality disorder or scores high in certain pathological personality traits. The most prevalent psychiatric disorders are humor and anxiety disorders, including post-traumatic stress disorder and pathology of the addition (alcohol and/or other drugs) (Almeida, 1999; Bourget, Gagné, & Whitehurst, 2010; Gerlock, Grimesey, Pisciotta, & Harel, 2011; Stuart et al., 2008; Verduin, Engelhard, Rutayisire, Stronks, & Scholte, 2013) especially in the elderly and in samples of offenders from countries with high intensity conflict and/or violence.

The consumption of alcohol and other substances by themselves, even without the presence of pathology or the addition of another *major* psychiatric illness, is a factor which seems to contribute for the occurrence of episodes of aggression (Testa & Derrick, 2014). But it is in the pathology of personality that data appear to be more consistent. Alcohol consumption is associated with an increased likelihood of nonviolent domestic violence in men without a diagnosis of antisocial or asocial disturbance of personality, but not in men with this personality disorder (who tend to engage in acts of domestic violence independently of alcohol consume), despite the presence of a personality disorder or certain personality traits and substance use is associated with more violent aggression (Fals-Stewart et al., 2005; Oliveira et al., 2009; Weizmann-Henelius, 2006).

Some of the differences between violent and nonviolent men get evident when assessing personality. About 90% of offenders show personality traits in *Millon Clinical Multiaxial Inventory* (MCMI) scale, which, at least, justifies the attention on one scale for personality disorder. Even that do not meet criteria for the antisocial or *borderline* personality they show dominant traits in the personality (Gibbons, Reid, & Collins, 2011; Holtzworth-Munroe & Meehan, 2002).

Perpetrators of domestic violence can be divided into three types: Often violent, pathological violent and violent only in the family (Waltz, Babcock, Jacobson, & Gottman, 2000). They are also different in terms of personality traits, wherein types generally violent and pathological violent show impulsivity, *borderline* and antisocial traits significantly more pronounced than violent only in the family (Rock et al., 2013). When analyzed in the double dimension proactive violent *versus* reactive violent, first appearing as having antisocial and psychopathic traits more pronounced (Chase, O’Leary, & Heyman, 2001), although psychopathy do not consistently differentiate aggressors (Huss & Langhinrichsen-Rohling, 2006).

Thus appear to be consistent personality changes when studying the perpetrators of domestic violence including the presence of antisocial and *borderline* traits (Holtzworth-Munroe et al. 2003; Holtzworth-Munroe & Meehan, 2004; Johnson et al., 2006; Lawson et al., 2010) with direct impact in the type of intervention, since intervention in personality disorders or in individuals with this type of personality traits is very specific and long lasting (Cavanaugh & Gelles, 2005; Wray, Hoyt, & Gerstle, 2013).

Table 1 contains the data from the analysis of all reports of aggressors’ forensic examinations in domestic violence context conducted in the Department of Clinical Forensic Delegation of South INMLCF.

All individuals were male, with an average age of 38 years, ranging from basic education to higher education. In terms of psychopathology, it is observed that only one of the evaluated patients had *major* psychiatric disorders (Delusional Disorder), being in personality assessment that showed some consistency, both in terms of personality structure and prevalent personality traits, which is in agreement with the data found in the bibliographic review carried (Almeida, 1999; Gibbons, Reid, & Collins, 2011; Holtzworth-Munroe & Meehan, 2002).

In the nineteen individuals assessed, fifteen had a borderline personality structure associated with antisocial, narcissistic, impulsivity, hysteric traits. Three individuals despite not meeting criteria for a borderline personality structure, demonstrate impulsivity, narcissistic, immature and hysteric dominant traits, which also meets what is described in the literature (Cavanaugh & Gelles, 2005; Holtzworth-Munroe & Meehan, 2004; Johnson et al., 2006; Lawson et al, 2010). The information about the presence of aggressors alcohol or other drugs use or abuse is not available in the reports, so we can not analyze the link between consumption and the perpetration this type of violence.

When analyzing the type of crimes perpetrated, eleven individuals committed a crime of murder, three whom attempted in order. When intersect the results of personality assessment with the type of crime committed it turns out that the most serious crimes were committed by individuals with a *borderline* personality structure associated with narcissistic, impulsivity and antisocial traits, which comes from somehow supporting evidence described that it aren't only individuals with antisocial personality structures or psychopathic who commit violent crimes, particularly in the context of domestic violence (Collins & Reid, 2011; Holtzworth-Munroe & Meehan, 2004; Huss & Langhinrichsen-Rohling, 2006; Holtzworth-Munroe et al., 2003). Two of the homicides were perpetrated not directly on the partner or ex-partner which reinforces the idea that individuals with such a structure are not only violent in the family (Waltz, Babcock, Jacobson, & Gottman, 2000; Chase, O'Leary, & Heyman, 2001).

Conclusions

The results seem to show some consistency between crime of domestic violence, especially in the context of intimate relationships, and certain traits or personality structure of the respective aggressors, which clearly stands out in the borderline personality structure type. However, these results may be influenced by how the sample was obtained, since only the

most severe cases of domestic violence crimes are flagged for psychiatric/psychological evaluation in which the aggressors concerns.

Thus it would be important to examine a larger sample that can be representative, to thereby establish the right dimension of the problem, particularly with regard to the consistency of the relationship between domestic violence crimes in the context of intimate relationships and certain traits or personality structure of the aggressors.

Most interventional measures in Portugal are sanctions with few programs for marital aggressors. Of which there are either the Program for Perpetrators of Domestic Violence (PAVD) (Rijo & Capinha, 2012) of the General Directorate of Social Welfare or the Promotion Programme and Intervention with Spouse Offenders (PPRIAC) (Cunha & Gonçalves, 2011). These are interventions performed after the occurrence of the crime, often associated with the sanction measures applied.

Some of the factors that contribute to violent behavior of this kind were identified, including personality disorders, and among these, the *borderline* type. It seems reasonable to develop domestic violence prevention programs, which include signaling and assess as early as possible aggressors, since it is known that individuals with this type of structure or personality traits tend to repeat this relationship patterns unless they receive specialized intervention aimed at their rehabilitation (Fonagy & Luyten, 2009).

Table 1

Characteristics of the sample

SEX	AGE	LEVEL OF SCHOOLING	EVALUATION OF PERSONALITY	TYPE OF CRIME
M	17	Secondary education	Immaturity and impulsivity	Threat / Duress
M	27	Basic education	Borderline personality structure Antisocial traits	Homicide
M	31	Basic education	Borderline personality structure Antisocial traits	Homicide
M	43	Basic education	Borderline personality structure Hysteric and impulsivity traits	Homicide (Fellow ex-girlfriend)
M	31	Basic education	Borderline personality structure Antisocial, narcissistic and impulsive traits	Murder
M	30	Basic education	Borderline personality structure Antisocial, narcissistic and impulsive traits	Murder
M	51	Basic education	Immaturity, impulsiveness	Murder
M	34	Basic education	Borderline personality structure Antisocial and narcissistic traits	Murder (father's girlfriend)
M	68	Basic education	Borderline personality structure Antisocial, paranoid and impulsivity traits	Attempted murder

M	48	Higher education	Borderline personality structure Hysteric and narcissistic traits	Attempted murder
M	48	Graduation	Hysteric, narcissistic and impulsive traits	Attempted murder
M	35	Secondary education	Borderline personality structure Antisocial, narcissistic and impulsive traits	Homicide
M	45	Basic education	Borderline personality structure	Slurs and Threats
M	29	Basic education	Borderline personality structure Antisocial, narcissistic and impulsive traits	Kidnapping; Sexual abuse of a person incapable of resistance; Crime of rape
M	54	Basic education	Borderline personality structure Antisocial traits	Domestic violence
M	49	Basic education	Borderline personality structure Antisocial traits	Domestic violence
M	26	Basic education	Borderline personality structure Narcissistic traits	Domestic violence
M	37	Basic education	Borderline personality structure Antisocial and impulsivity traits	Domestic violence
M	37	Graduation	Personality structure of the psychotic type	Domestic violence

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