

Are Male Perpetrators of Intimate Partner Violence Different From Convicted Violent Offenders? Examination of Psychopathic Traits and Life Success in Males From a Community Survey

Journal of Interpersonal Violence

2016, Vol. 31(9) 1687–1718

© The Author(s) 2015

Reprints and permissions:

sagepub.com/journalsPermissions.nav

DOI: 10.1177/0886260515569061

jiv.sagepub.com



Delphine Theobald,^{1,5} David P. Farrington,²
Jeremy W. Coid,³ and Alex R. Piquero⁴

Abstract

We used data from the Cambridge Study in Delinquent Development, a prospective longitudinal survey of more than 400 males in the United Kingdom followed from age 8 to age 48 to investigate intimate partner violence (IPV) and its association with psychopathy. We investigated the differences in psychopathy scores between those men who were convicted of violence, those who were involved in both extra- and intra-familial violence, and those who committed IPV only. We also considered whether these generally violent men had poorer life success overall with regard to their drinking and drug taking, depression, and other mental disorders. Our findings suggest that those men who are violent both within and outside the

¹King's College, London, UK

²University of Cambridge, UK

³Queen Mary University of London, UK

⁴University of Texas at Dallas, Richardson, TX, USA

⁵Kingston University London, UK

Corresponding Author:

Delphine Theobald, Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, Psychology & Neuroscience, King's College, Room E1.12 First Floor IOP Building, De Crespigny Park, London, SE5 8AF, UK.

Email: delphine.theobald@kcl.ac.uk; D.Theobald@kingston.ac.uk

home (the generally violent men) are distinguished from those who commit violent crimes outside the home and those who are involved in IPV within the home only. The differences appear to be more in degree than in kind. These findings are discussed with a focus on whether specific interventions are required for those who commit IPV or whether early intervention should be focused on violent behavior in general.

Keywords

intimate partner violence, alcohol and drugs, intervention/treatment, violent offenders

Introduction

Results from various studies as well as meta-analyses suggest that both men and women can act as perpetrators of intimate partner violence (IPV; Archer, 2000; Dutton, 2006; Lussier, Farrington, & Moffitt, 2009; Magdol et al., 1997; Moffitt et al., 1997; Straus, 2011; Straus, Gelles, & Steinmetz, 2006; Theobald & Farrington, 2012). It is also likely, however, that the most serious acts of physical violence are more often perpetrated by men against their female partners and that females are more often injured in these events even if they were the initiator of the conflict (Archer, 2000; Johnson & Leone, 2005; Straus, 2011). There has been considerable research devoted to the identification of men who commit violent crime, whether these offenders specialize in their violence, and whether specific treatments should be available (Lynam, Piquero, & Moffitt, 2004; Piquero, Brame, Fagan, & Moffitt, 2006; Swogger, Walsh, & Kosson, 2007).

From the clinical perspective, there has been a focus on the identification of typologies of IPV perpetrators, based primarily on descriptive dimensions such as the severity of IPV, the generality of the violence, and evidence of psychopathology (Holtzworth-Munroe & Stuart, 1994). These authors hypothesized, based on these dimensions, that three sub-types could be identified in the literature; the *generally violent* male who commits violent acts of an intra- and extra-familial nature and constitutes the most prolific type of offender; the borderline/dysphoric perpetrator who exhibits personality disorder features; and the intra-familial or *family only* perpetrator who exhibits very little psychopathology and whose violence takes place only within the context of the family. To the extent that there is specialization, there may be implications for treatment, which target the needs of these particular individuals (Huss & Ralston, 2008; Langanrichsen-Rohling, Huss, & Ramsey,

2000; Taft, Murphy, King, Musser, & DeDeyn, 2003). It has also been suggested that if different typologies of offenders do exist,¹ then the implication might be that the efficacy of interventions that attempt to “treat” this heterogeneous group of IPV perpetrators might be inappropriate (Swogger et al., 2007, p. 1).

Although some researchers have found support for the Holtzworth-Munroe and Stuart (1994) typology, some inconsistencies have been identified, with some scholars finding evidence for two groups and some finding evidence for three groups, both in clinical and community samples (e.g., Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Langhinrichsen-Rohling et al., 2000; Tweed & Dutton, 1998; Weinstein, Gleason, & Oltmanns, 2012). However, these studies do find relatively consistent evidence for the generally violent man who not only engages in the most severe marital abuse but also has higher levels of extra-familial aggression and criminal behavior (Holtzworth-Munroe et al., 2000) and also evidence for those with psychopathology, although it is recognized that there will be overlap between the groups on some of these characteristics. These authors found that the generally violent men were those who exhibited anti-social and/or psychopathic disorders, had high levels of alcohol and drug abuse, and low levels of depression, but these characteristics may also be present in the other two groups. Although identification of these men as versatile violent offenders may have implications for the criminal justice system (Lynam et al., 2004; Piquero et al., 2006), it does not necessarily imply that different clinical interventions are necessary.

There does, however, seem to be a consensus that these particular types of offenders do exist, and some scholars suggest that those dysphoric/borderline and generally violent/antisocial types as suggested by Holtzworth-Munroe et al. (2000) are those who are more likely to engage in a form of IPV that Johnson and Ferraro (2000) refer to as “intimate terrorism,” which is generally motivated by a need to control, is more likely to escalate over time, is not mutual, and includes acts in which the woman is more likely to suffer injury. As mentioned earlier, synthesis of the IPV literature suggests that both men and women can perpetrate violence (Archer, 2000), whereas researchers have traditionally investigated IPV perpetration by men alone, and women are seen centrally as the main victims (Dobash & Dobash, 1979, 1980). It might be expected that this form of IPV referred to as “intimate terrorism” by Johnson and Ferraro (2000) will vary in the severity of violence and also in the sample investigated. Although clinical samples will more likely contain a higher proportion of individuals with severe psychopathology (i.e., forms of personality disorder), survey and/or general community samples may also include individuals with these characteristics. Men with psychopathic traits,

for example, are usually more characterized by a higher frequency of offending and violent offending in particular, a higher probability of violent recidivism, and generally poor responses to treatment (Hemphill, Hare, & Wong, 1998; Lösel, 2001). The extent to which those men who commit IPV are different or indeed similar to other antisocial offenders with respect to psychopathic traits is not fully understood, and clearly, investigations in both clinical and community samples are necessary to establish whether there are similarities (Swogger et al., 2007). As Ehrensaft, Cohen, and Johnson (2006) point out, "*a major question is whether personality disorders besides antisocial traits contribute to the risk of partner violence*" (p. 474, emphasis added).

The present study uses information from the Cambridge Study in Delinquent Development (CSDD), a prospective longitudinal survey of more than 400 boys born in the 1950s and followed to age 50, to investigate this question and also consider overlap between IPV and psychopathy as suggested by Holtzworth-Munroe and Stuart (1994). We also examine to what extent these men are the most violent men, exhibiting high levels of alcohol and drug abuse, and lower levels of depression. These moderators have been studied with regard to psychopathy in general but the extent to which there have been studies using validated forensic assessments of psychopathy as associated with IPV, including examination of the aforementioned moderators, is limited (Spidel et al., 2007). Spidel et al. (2007) suggest "*use of the appropriate Hare Psychopathy scales in domestic violence research could contribute significantly to our understanding of a specific type of male batterer*" (p. 327 emphasis added). Thus, before we consider our key questions, we briefly discuss the construct of psychopathy and what is considered the most utilized measure for the assessment of this construct, the Psychopathy Checklist Revised (PCL-R) (Hare, 2003).

Psychopathy

Psychopathy is not a unitary construct but is based on a constellation of primary personality traits that have been operationally defined by the family of Psychopathy Checklist measures (Farrington, 2006). Some suggest that psychopathy is a continuous construct, and while an individual may not be identified as a psychopath following assessment with measures such as the PCL-R (Hare, 1991, 2003), the presence of a significant number and severity of psychopathic characteristics may have predictive value (Hart & Hare, 1996).

The generally violent men who exhibit the worst IPV profiles may be those men who exhibit the traits of psychopathy, which are most often associated with the most violent of individuals (Blair, 2001; Coid et al., 2009; Swogger et al., 2007). Psychopathy is highly correlated with persistent, serious, and

violent offending, and research suggests that psychopaths represent a special portion of the criminal population exhibiting unique characteristics that distinguishes them from those with antisocial personality disorders (APDs; Dolan & Doyle, 2007). There is, of course, an overlap between psychopathy and APD, and this is caused in part by the inclusion of antisocial terms in measures of psychopathy (see Cook, Mitchie, Hart, & Clarke, 2004; Kiehl, 2006; Skeem & Cooke, 2010).² It might be appropriate, then, to consider measures of affective deficit and interpersonal style as more useful in distinguishing between those men who perpetrate the more severe IPV and those who do not.

Assessment of Psychopathy

The most reliable and valid assessment tool for research in both clinical and correctional facilities is the PCL-R (Hare, 2003). Generally, studies indicate that the characteristics originally associated with this construct follow two dimensions or factors (Cleckley, 1976). Factor 1 is related to the core personality characteristics and is composed of two facets, *interpersonal* (arrogant, deceitful, manipulative) and *affective* (deficient affective experience, lack of empathy), while Factor 2 is related to the *lifestyle* (impulsive, irresponsible) and *antisocial* (juvenile, adult antisocial behavior) facets. These two factors are differentially related to chronic offending and APD (Skeem, Johansson, Andershed, Kerr, & Eno Loudin, 2007). The affective/interpersonal factor is much less strongly associated with offending particularly when the overlap with the antisocial lifestyle component is controlled (Verona, Patrick, & Joiner, 2001).³

One key reason why there is a scarcity of prospective longitudinal studies focusing specifically on psychopathy in community samples is that the PCL-R was primarily designed for use in correctional facilities and is a costly instrument to implement, both in time and resources, and subsequently, a shorter version, the Psychopathy Checklist Screening Version (PCL:SV; Hart, Cox, & Hare, 1995), has been developed. It is this version that is utilized in this study (see “Measures” section below for more details).

Possible Moderators

Holtzworth-Munroe and Stuart (1994) also suggest that there is another group of male IPV perpetrators who have personality traits associated with Cluster B (*Diagnostic and Statistical Manual of Mental Disorders* [4th ed.; *DSM-IV*]; American Psychiatric Association [APA], 1994). These Cluster B traits (dramatic, emotional, or erratic) are categorized in the *DSM-IV* as histrionic, narcissistic, borderline, and APDs. Psychopathy is often co-morbid with Cluster

B disorders (Sarkar, Clark, & Deeley, 2011). IPV can also be moderated by age, drug use, alcohol consumption, and depression/anxiety (Blackburn, 1998; Holtzworth-Munroe et al., 2000; Robins, Tipp, & Pryzbeck, 1991). These factors have also been associated with violent individuals including those who exhibit psychopathic traits (Harpur, Hart, & Hare, 1994). Research suggests that offending and violent offending in particular decline with age (Blumstein, Cohen, Roth, & Visher, 1986; Piquero, Farrington, & Blumstein, 2003; Sweeten, Piquero, & Steinberg, 2013) and that certain types of personality disorder traits decline with age as well, with Cluster B traits decreasing substantially after the third decade (Roberts & DelVecchio, 2000; Ullrich & Coid, 2009).

It may also be the case that age has a moderating effect on the traits of psychopathy, and a large proportion of criminal psychopaths do show a relatively sharp reduction in criminal behaviors around the ages of 35 to 40 but primarily with respect to non-violent offenses (Hare, McPherson, & Forth, 1988). However, the propensity for these individuals to engage in violent and aggressive acts may have very little to do with age (e.g., Harris, Rice, & Cormier, 1991), especially as these behaviors could be associated with the core personality traits, which may be too stable to account for the behavioral change that is exhibited in mid-life.

Current Focus

Evidence suggests that men who are involved in IPV are not a homogeneous group especially in the area of personality functioning (Ehrensaft, Moffitt, & Caspi, 2004; Holtzworth-Munroe et al., 2003) regardless of whether they are studied in high risk samples or community surveys (Holtzworth-Munroe et al., 2000; Holtzworth-Munroe & Stuart, 1994; Weinstein et al., 2012). Several scholars argue that it is important to consider the typology hypothesis to increase the effectiveness of treatment interventions, but they acknowledge that the extent to which this distinction applies to males in community samples is limited (Holtzworth-Munroe et al., 2000; Weinstein et al., 2012). Only a few studies have investigated these issues in representative samples particularly in longitudinal studies where few have information on IPV based on both the male and female reports at different ages (Piquero, Theobald, & Farrington, 2014; Theobald & Farrington, 2012). Also, the extent to which psychopathy is associated with IPV has been investigated using different measures, including the PCL-R, but interpretation has been difficult due to co-morbid mental illness (Hilton, Harris, & Rice, 2001). Of course, the prevalence of psychopathy in the offending population overall is much lower than that for APD,⁴ and it might be the case that these men, because of their deficit

in emotional experience, constitute a large proportion of serious male IPV perpetrators. Among other scholars, Gottman et al. (1995) have suggested that a significant minority, up to 30%, of male IPV perpetrators may have psychopathy. There is, of course, a problem with the low prevalence of psychopathy in community samples, but it may be more appropriate here to consider the traits as existing on a continuum, which distinguishes extremes rather than discrete groups, and to investigate the association of IPV with men with high psychopathy scores in a community survey.

Accordingly, this study uses information gathered from the CSDD as mentioned above and considers the extent to which males in a community sample perpetrate IPV in their intimate relationships, and to what extent psychopathy distinguishes sub-groups of violent men, for example, the “generally violent” offender (both intra- and extra-familial violence) versus the “family only” offender (Holtzworth-Munroe & Stuart, 1994) and to what extent drug use, alcohol abuse, age, and psychopathology are related to IPV. The present research improves on the limitations of prior studies as it utilizes an appropriate assessment of psychopathy and includes individuals from a prospective longitudinal study with reports of IPV by both men and women. Our hypotheses are as follows:

Hypothesis 1: There will be significant differences in the PCL:SV facet and factor scores across groups and sub-groups of violent men.

Hypothesis 2: High scores on the different facets of the PCL:SV will distinguish IPV perpetrators from the other groups and sub-groups of violent men.

Hypothesis 3: The sub-groups of violent men will differ on alcohol and drug use, anxiety/depression, personality disorder, and overall life success.

Method

Ethical Approval

The CSDD was approved by the Ethical Committee of the Institute of Psychiatry, London, United Kingdom. Informed consent was obtained from all participants.

Design and Sample

The CSDD is a prospective longitudinal survey of 411 inner city boys recruited at age 8 and followed for more than 40 years. These boys formed a

complete population of this age cohort attending six primary schools in a relatively deprived area of South London. The majority of the boys were White (87%) and of British origin. Their fathers' employment was mainly unskilled and semi-skilled manual work in 93.7% of cases, which was higher than the national average at that time of 78.3%. Detailed descriptions of the CSDD as well as key findings to date may be found elsewhere (see Farrington, 2003; Farrington, Piquero, & Jennings, 2013; Piquero, Farrington, & Blumstein, 2007). The last two interviews of the men were carried out at ages 32 and 48 when information about their relationships was gathered. At age 32, 378 (93.8%) of the 403 men still alive were interviewed. One question in this interview involved asking the men whether they had ever been involved in physical violence with their partner and whether it was instigated by them or their partner or whether they were both involved. Of the 378 men interviewed, 289 (76.5%) were in a relationship in which they might be involved in IPV.

At age 48, 365 (92.6%) of the 394 men who were still alive were interviewed. The men were asked whether their partner, or wife, or (in the event of having no partner) another person who knew them well, could be interviewed. Where permission was given, and where the partner agreed, a structured interview was conducted, which included questions about any conflict within the relationship using the Conflict Tactics Scale (CTS; Straus, 1979). There were 254 partner interviews, and of these, 20 interviewees were not the man's female partners. Of the remaining 234 female interviewees, 22 female partners did not complete the CTS section of the interview because they were interviewed by telephone. This left a sample of 212 women reports on the CTS, which were included in subsequent analyses.

Intimate partner violence (IPV). The age 32/48 combined data forms the basis of IPV perpetration in the CSDD as described in Theobald and Farrington (2012). Briefly, we compared the prevalence of IPV at age 32 as reported by the man and at age 48 as reported by the woman. Of the 289 men with a female partner who were interviewed at age 32, 42 (14.5%) perpetrated violent act(s) within their relationship at age 32. In the age 48 interviews, a more comprehensive measure of the types of violence in relationships was gathered using the CTS (Straus, 1979). Of the 212 women reports, 140 (66%) reported that there was no violence in their relationship, leaving 72 (44.0%) cases where there was violence, of which 37 (17.5%) involved male perpetrators.

We then combined the age 32 and age 48 reports (i.e., IPV occurred at either age 32 or 48) and found that 208 (65.2%) of the 319 men known at both ages had no violence at either age. This left 111 (34.8%) reports of

IPV; 32 (10.0%) men hit with no retaliation, and there were 40 (12.6%) cases where the man and the woman were both involved in the perpetration of violence. Therefore, 72 (22.6%) men were involved in IPV at either age 32 or age 48, compared with 247 non-violent men. Of the violent men at age 32, 32% were still violent at age 48 compared with 16% of the non-violent men at age 32. An odds ratio (OR) of 2.4, although not statistically significant (due to lack of power), was substantial and suggests stability of male IPV across the 16 years between age 32 (self-report by the men) and age 48 (by the women).

Violent conviction. There were 71 men in the CSDD who were convicted of 146 violent offenses between the ages of 10 and 50, including robbery, assault, threats, and use of an offensive weapon.⁵

Violent groups. The different violent groups to be investigated were identified utilizing the information on IPV perpetration at age 32/48 combined and the information on violent convictions to produce four groups; the IPV group ($n = 67$) versus the no IPV group ($n = 196$), and the violent conviction group ($n = 50$) versus the non-violent group ($n = 253$). We then produced four sub-groups, the violent conviction only group ($n = 23$), the generally violent group (intra- and extra-familial violence; $n = 21$), the family IPV only group ($n = 46$), and the no violence group ($n = 172$).

As part of the social interview at age 48, 304 (83%) men completed a psychiatric interview including the Structured Clinical Interview (SCID-II; First, Gibbon, Spitzer, & Williams, 1997) for the assessment of *DSM-IV* (APA, 1994) personality disorders and the PCL:SV for psychopathy (Hart, Cox, & Hare, 1995; see “Measures” section below for a description).

Measures

The CTS (Straus, 1979) is a measure of IPV and was used in interviewing the women nominated by the man at age 48 as his partner. Its format allows the interviewer to ask questions about the occurrence of IPV in the last 5 years. It includes reciprocal questions about acts of violence (e.g., Have you kicked or bitten or punched him? Has he kicked or bitten or punched you?). Because we were interested in a measure of physical violence, which was concordant with actual physical assault or threat, we only included more serious acts in this measure, namely, slapping, shaking, throwing an object at, kicking/biting or hitting with a fist, hitting with an object, twisting arms, throwing bodily, beating up (multiple blows), choking or strangling, and threatening with a knife or gun. Although the CTS has limitations (Archer, 1999), it is

considered to be a reliable and valid instrument to measure IPV across different populations (Straus, 1990).

The PCL:SV. The PCL:SV (Hart et al., 1995) is essentially a screening tool that has structural properties similar to the original PCL-R and can be used in a variety of settings including community samples. The PCL:SV comprises 12 items: 6 items that reflect the “interpersonal/affective” elements of Factor 1 (e.g., superficial, grandiose, deceitful, lacking in remorse, lacks empathy, and no acceptance of responsibility) and 6 items that reflect the “impulsive/antisocial” elements of Factor 2 (e.g., impulsive, poor behavioral control, lacks goals, irresponsible, adolescent and adult antisocial behavior).⁶

A psychopathy assessment using the PCL:SV was completed derived from information gathered from age 18 to age 48, and a score for both the interpersonal/affective and the irresponsible/antisocial factors was calculated. Total psychopathy scores ranged from 0 to 17 out of a maximum of 24. A total score of 10 or more was considered to be high. This cut-off represented the top 10% of the scores; 97% of men with these higher scores had conviction(s), and more than half were the most chronic offenders with high scores on the antisocial element of the SCID-II (Farrington, 2006). Two men had a score of 16 or more, which is considered to be an indication of a “psychopath” according to the PCL:SV (see Hart et al., 1995), but clearly, a clinical assessment would be required to verify this.⁷ With regard to those men who perpetrated IPV in the CSDD, we considered the four facets, which compose the two factors and the total in our analyses. Mean scores, standard deviations, skewness, and Cronbach’s alphas for the four facets and the two factors on the PCL:SV for this sample are shown in Table 1.

The SCID-II (First et al., 1997) is a clinician-administered semi-structured interview for diagnosing the 11 Axis II personality disorders of the *DSM-IV* (APA, 1994). The SCID-II provides a rapid clinical assessment of personality disorders without sacrificing reliability or validity. In the CSDD, the assessment of personality disorders was carried out by an experienced psychiatrist who was supervised throughout the study by one of the authors.

The Life Success Score (Farrington et al., 2006) is a combined measure of criteria that were deemed indicative of success in life at ages 32 and 48 in the CSDD. There were nine criteria: satisfactory accommodation, satisfactory cohabitation history, satisfactory employment history, not involved in fights, satisfactory alcohol use, no drug use, no self-reported offenses in the last 5 years, satisfactory mental health (as measured by the General Health Questionnaire [GHQ], Goldberg, 1978), and no convictions in the last 5 years (see Farrington et al., 2006, for a comprehensive explanation). Each man was scored according to the percentage of the nine items on which he was

Table 1. Means, Standard Deviations, Skewness, and Kurtosis of All Four Facet Scores of the PCL:SV in the CSDD Sample.

	Interpersonal Facet 1	Affective Facet 2	Lifestyle Facet 3	Antisocial Facet 4	Factor 1	Factor 2
<i>M</i>	0.51	0.65	0.61	1.70	1.16	2.31
<i>SD</i>	0.84	1.04	1.05	1.81	1.58	2.61
Skewness	1.82	1.70	1.99	0.87	1.54	1.30
Kurtosis	3.36	2.34	3.74	-0.421	2.01	0.93

Note. Reliability as measured by Cronbach's alpha = .77 across all four facets; Factor 1 = 0.57 and Factor 2 = 0.71. PCL:SV = Psychopathy Checklist: Screening Version; CSDD = Cambridge Study in Delinquent Development.

successful. A man scoring 67% or more (at least six out of nine) was considered to be leading a successful life.⁸

Analytic Strategy

1. Means and standard deviations were calculated for groups and sub-groups across the four facets (interpersonal, affective, lifestyle, and antisocial) and the two factors (interpersonal/affective, lifestyle/antisocial) and total score on the PCL:SV.
2. ANOVA was used to determine differences between means on the four facets, two factors, and total scores of the PCL:SV across the no violence, violent conviction only, the generally violent, and the family only violent groups.
3. ORs and 95% confidence intervals (CIs) were computed to investigate the strength of the relationship as the measure of effect size between the IPV group, the violent convicted group, the violent convicted sub-group, the generally violent sub-group, the family IPV only sub-group, and the no violence group and each element of the PCL:SV.
4. Logistic regressions were performed to determine which of the four facets of the PCL:SV independently predicted each of these groups, excluding the antisocial element because of the evident tautology. Next, we investigated the odds of engaging in antisocial behaviors such as drinking and drug taking and exhibiting co-morbid psychopathology across the two violent groups, IPV and violent conviction, and across the violent sub-groups, violent conviction only, generally violent, and family IPV only, with a final consideration given to the men's overall life success score at ages 32 and 48.

Results

Descriptive Statistics

Means, standard deviations, skewness, and internal consistency across the four facets and two factors of the PCL:SV in this sample are shown in Table 1.⁹

We then considered our hypotheses, in turn, starting with the first hypothesis:

Hypothesis 1: There will be significant differences in the PCL:SV facet and factor scores across violent groups and sub-groups.

Table 2 shows that there are significant differences between the IPV group versus the no IPV group, with the IPV group having higher mean scores, for example, on Facet 1 (the interpersonal component), $t(92.48) = 2.96, p < .01$. For those with a violent conviction compared with those without, there were significant differences between groups, for example, for Facet 3 (the lifestyle component) $t(52.99) = 7.26, p < .001$. As expected, men with a violent conviction had the highest scores on all facets and factors of the PCL:SV.

We then conducted an ANOVA on the four sub-groups, no violence ($n = 172$), violent conviction ($n = 50$), generally violent ($n = 21$), and family (or IPV) only ($n = 46$). First, we considered the four groups, but as mentioned below, there were differences in sample sizes across groups, so we also carried out an ANOVA minus the no violence group.¹⁰ Table 3 shows that those with a violent conviction(s) and those who are generally violent have the highest mean scores across all facets and factors of the PCL:SV, and the “family IPV only” group having the lowest. . For example, for Facet 2 (the affective component), the mean score for generally violent males is 2.05 compared with the “family only” group ($M = 0.52$), and indeed, the Factor 1 (interpersonal/affective) mean score for the generally violent is 3.38, and 1.07 for the “family only” group. Post hoc tests (Hochberg’s GT2) showed that, overall, the main statistical differences with regard to violence perpetration lie between the family IPV only group and the other two violent groups (i.e., violent convicted and generally violent), although it is worth mentioning that there was a trend that might suggest a difference between the generally violent and the violent conviction groups on the affective component ($p = .099$). These results suggest that high scores on both the facet and factor scores of the PCL:SV in this community sample are suggestive of those exhibiting the most violent behaviors.

Hypothesis 2: High scores on the different facets of the PCL:SV will distinguish IPV perpetrators from the other groups and sub-groups of violent men.

Table 2. Means and Standard Deviations of All Facet Scores of the PCL:SV and Mean Differences for IPV, No IPV and Violent Conviction, and No Violent Conviction.

PCL:SV	IPV (n = 67)		No IPV (n = 196)		t	df	M		VC (n = 50)		No VC (n = 253)		t	df	M	95% CI
	M (SD)	M (SD)	M (SD)	M (SD)			Difference	95% CI	M (SD)	M (SD)						
Facet 1—Interpers	0.79 (1.01)	0.39 (0.75)	2.96**	92.48	0.40	[0.13, 0.67]	1.18 (1.12)	0.38 (0.71)	4.85***	56.95	0.80	[0.47, 1.13]				
Facet 2—Affective	1.00 (1.30)	0.49 (0.89)	2.95**	88.06	0.51	[0.16, 0.85]	1.66 (1.41)	0.45 (0.81)	5.88***	55.62	1.21	[0.80, 1.62]				
Facet 3—Lifestyle	1.24 (1.45)	0.39 (0.80)	4.55***	80.21	0.85	[0.48, 1.22]	1.94 (1.52)	0.35 (0.68)	7.26***	52.99	1.59	[1.15, 2.03]				
Facet 4—Antisocial	2.75 (2.08)	1.41 (1.63)	4.79***	95.25	1.34	[0.78, 1.89]	4.12 (1.49)	1.22 (1.46)	12.80***	*301	2.90	[2.45, 3.34]				
Factor 1—Int/Aff	1.79 (1.88)	0.89 (1.42)	3.60**	92.96	0.90	[0.41, 1.40]	2.84 (1.93)	0.83 (1.26)	7.05***	57.53	2.01	[1.44, 2.57]				
Factor 2—Imp/Ant	3.99 (3.22)	1.80 (2.19)	5.16**	87.71	2.18	[1.34, 3.03]	6.06 (2.69)	1.57 (1.85)	11.28***	58.48	4.49	[3.69, 5.28]				
Total score	5.77 (4.84)	2.69 (3.22)	4.87**	86.89	3.09	[1.83, 4.35]	8.90 (4.07)	2.41 (2.72)	10.81***	57.93	6.49	[5.29, 7.70]				

Note. PCL:SV = Psychopathy Checklist: Screening Version; IPV = intimate partner violence; VC = violent conviction; Int/Aff = Interpersonal Affective; Imp/Ant = Impulsive/Antisocial; Interpers = Interpersonal.
p < .01. *p < .001.

Table 3. Means and Standard Deviations of All Facet Scores on PCL:SV for Non-Violent, Violent Conviction Only, Generally Violent, and Family IPV Only Sub-Groups.

PCL:SV	No Violence (n = 172) M (SD)		Violent Conviction Only (n = 23) M (SD)		Generally Violent (n = 21) M (SD)		Family IPV Only (n = 46) M (SD)		ANOVA ^a df(3, 261)		ANOVA ^b df(2,89)		
									PHT	F	p	PHT	F
Facet 1–Interpers	0.30 (0.62)	1.09 (1.20)	1.33 (1.11)	0.54 (0.86)	1.33 (1.11)	0.54 (0.86)	0.54 (0.86)	9.77	16.14	<.001	5.25	5.08	.008
Facet 2–Imp/Ant	0.38 (0.75)	1.39 (1.31)	2.05 (1.57)	0.52 (0.81)	2.05 (1.57)	0.52 (0.81)	0.52 (0.81)	22.33	27.14	<.001	18.10	13.58	<.001
Facet 3–Lifestyle	0.24 (0.55)	1.52 (1.34)	2.48 (1.66)	0.67 (0.90)	2.48 (1.66)	0.67 (0.90)	0.67 (0.90)	38.49	54.31	<.001	24.10	16.00	<.001
Facet 4–Antisocial	1.08 (1.35)	3.87 (1.49)	4.81 (1.21)	1.80 (1.67)	4.81 (1.21)	1.80 (1.67)	1.80 (1.67)	125.64	63.07	<.001	75.91	32.52	<.001
Factor 1 – Int/Aff	0.68 (1.13)	2.48 (2.19)	3.38 (1.72)	1.07 (1.47)	3.38 (1.72)	1.07 (1.47)	1.07 (1.47)	61.06	32.76	<.001	42.70	14.21	<.001
Factor 2–Imp/Ant	1.33 (1.63)	5.39 (2.57)	7.29 (2.45)	2.48 (2.27)	7.29 (2.45)	2.48 (2.27)	2.48 (2.27)	225.91	64.10	<.001	186.05	35.38	<.001
Total score	2.01 (2.38)	7.87 (4.02)	10.67 (3.94)	3.54 (3.34)	10.67 (3.94)	3.54 (3.34)	3.54 (3.34)	633.92	76.51	<.001	403.3	13.41	<.001

Note. PCL:SV = Psychopathy Checklist: Screening Version; IPV = intimate partner violence; Int/Aff = Interpersonal Affective; Interpers = Interpersonal; Imp/Ant = Impulsive/antisocial; PHT = Post Hoc Test, Hochberg's GT2.

^aAll four groups.

^bThree groups (minus no violence).

We first examine whether each of the two groups (IPV, violent conviction) and four sub-groups (generally violent, violent conviction only, family IPV only, no violence) differed on each of the four facets, two factors, and total score of the PCL:SV compared with the remaining men in each group. (Recall that 304/365 men completed the PCL:SV and 72/319 perpetrated IPV.) So, the 67 male perpetrators of IPV were compared with the 196 men who did not perpetrate IPV. The 50 men with a violent conviction were compared with the 253 without a violent conviction. The results in Table 4 suggest that those men with high scores on the “interpersonal” element (Facet 1; arrogant, deceitful, manipulative) in the 90th percentile were significantly more likely to have a violent conviction, $OR = 11.36$ (95% confidence interval [CI] = [2.74, 47.13]) and to commit IPV. Although this was not a statistically significant association, $OR = 2.43$ (95% CI = [0.63, 9.31]), ORs greater than 2 indicate a relatively large effect (Cohen, 1996). There were similar findings for the other three facets (i.e., affective, lifestyle, and antisocial), where ORs were considerably higher for the violent convicted group than the IPV group. When comparing the sub-groups, the men in the generally violent group had the highest odds of having high scores on all facets and factors of the PCL:SV. The no violent group was significantly less likely to have high scores on all facets and factors of the PCL:SV as was the family only group (results not shown in the table as they are reciprocal of the generally violent group).

Overall, the generally violent men were significantly more likely to have high scores on the affective, the lifestyle, and the antisocial facets, and on Factors 1 and 2 overall scores and the total scores. Also of note, the generally violent men were more likely than both those with a violent conviction and those who commit IPV to have high affective scores, $OR = 10.93$ (95% CI [3.08, 38.87]) versus $OR = 6.86$ (95% CI [3.50, 13.45]) versus $OR = 2.13$ (95% CI [1.07, 4.22]) respectively.

Next, we used logistic regression to determine the level of association of each of the four facets of the PCL:SV with each of the violent groups/sub-groups. Table 5 shows that the interpersonal, affective, and lifestyle facets were positively associated with males who committed IPV, with the lifestyle (impulsivity, irresponsibility) facet having a significant association. This lifestyle element was the strongest independent predictor.

For those males with a violent conviction only, it was the interpersonal factor and the lifestyle factor that were independently predictive. For those males who were generally violent (i.e., both inter- and extra-familial), the affective and lifestyle elements were associated, but the affective element was the only facet with a statistically significant relationship. However, both the affective and lifestyle facets were independently predictive of being

Table 4. Comparison of PCL:SV Facets and Factors (High Scores—Top 10%) With Violent/Non-Violent Sub-Groups.

	Interpersonal (n = 9)	Affective (n = 54)	Lifestyle (n = 23)	Antisocial (n = 36)	F1 (n = 31)	F2 (N = 32)	Total (N = 33)
IPV							
Yes (n = 67)	6.0	25.4	16.4	29.9	20.9	23.9	25.4
No (n = 196)	2.6	13.8	4.1	7.1	6.6	6.1	6.6
OR	2.43	2.13	4.62	5.53	3.72	4.81	4.79
[95% CI]	[0.63, 9.31]	[1.07, 4.22]	[1.77, 12.04]	[2.60, 11.76]	[1.65, 8.40]	[2.14, 10.82]	[2.18, 10.51]
VC							
Yes (n = 50)	12.0	48.0	34.0	50.0	38.0	46.0	50.0
No (n = 253)	1.20	11.9	2.4	4.3	4.7	3.6	3.2
OR	11.36	6.86	21.21	22.00	12.31	24.00	30.63
[95% CI]	[2.74, 47.13]	[3.50, 13.45]	[7.81, 57.59]	[9.69, 49.95]	[5.46, 27.77]	[9.70, 54.99]	[12.50, 75.04]
VC only							
Yes (n = 23)	13.0	43.5	26.1	43.5	26.1	39.1	43.5
No (n = 280)	2.1	15.7	6.1	9.3	8.9	8.2	8.2
OR	6.85	4.13	5.46	7.52	3.60	7.18	8.60
[95% CI]	[1.59, 29.45]	[1.70, 10.00]	[1.91, 15.64]	[3.00, 18.82]	[1.30, 9.96]	[2.81, 18.39]	[3.40, 21.75]
GV							
Yes (n = 21)	14.3	57.1	42.9	71.4	57.1	57.1	66.7
No (n = 46)	2.2	10.9	4.3	10.9	4.3	8.70	6.5
OR	7.50	10.93	16.5	20.50	29.33	14.00	28.67
[95% CI]	[0.73, 76.95]	[3.08, 38.87]	[3.14, 86.76]	[5.44, 77.20]	[5.58, 154.25]	[3.66, 53.53]	[6.52, 126.04]
NV							
Yes (n = 172)	1.2	9.9	1.2	2.3	4.1	1.7	1.7
No (n = 132)	5.3	28.0	15.9	24.2	18.2	22.0	22.7
OR	4.76	3.55	16.08	13.44	5.23	15.86	16.57
[95% CI]	[0.97, 23.30]	[1.89, 6.66]	[3.70, 69.94]	[4.62, 39.12]	[2.18, 12.58]	[4.71, 53.38]	[4.93, 5.67]

Note: Percentages are row %, for example, 5 out of 196 with no IPV (2.6%) had high interpersonal scores, compared with 4 out of 67 with IPV (6.0%). Family IPV only group values were the reciprocal of the generally violent group. PCL:SV = Psychopathy Checklist: Screening Version; IPV = intimate partner violence; OR = odd ratio; CI = confidence interval; VC = violent conviction; GV = generally violent; NV = no violence.

Table 5. The Facets of Psychopathy (Minus Antisocial) and Relationship With Violent Sub-Groups.

	B	SE	p	Exp(B)	95% CI
IPV					
Interpersonal	0.610	0.726	.401	1.84	[0.44, 7.64]
Affective	0.241	0.422	.568	1.27	[0.56, 2.91]
Lifestyle	1.33	0.561	.018	3.78	[1.26, 11.35]
Stepwise					
Lifestyle	1.53	0.489	.002	4.62	[1.77, 12.04]
Violent conviction					
Interpersonal	2.072	0.799	.009	7.94	[1.66, 38.01]
Affective	1.150	0.413	.005	3.16	[1.40, 7.10]
Lifestyle	2.455	0.559	<.001	11.65	[3.89, 34.86]
Stepwise					
Interpersonal	2.072	0.799	.009	7.94	[1.66, 38.01]
Affective	1.150	0.413	.005	3.16	[1.40, 7.10]
Lifestyle	2.455	0.559	<.001	11.65	[3.89, 34.86]
Violent conviction only					
Interpersonal	1.501	0.785	.056	4.49	[0.96, 20.90]
Affective	0.907	0.528	.086	2.48	[0.88, 6.97]
Lifestyle	1.098	0.619	.076	3.00	[0.89, 10.09]
Stepwise					
Interpersonal	1.732	0.785	.002	5.46	[1.66, 38.01]
Lifestyle	1.599	0.553	.004	4.95	[1.68, 14.61]
Generally violent					
Interpersonal	1.428	1.344	.288	4.17	[0.30, 58.07]
Affective	1.695	0.753	.024	5.45	[1.25, 23.85]
Lifestyle	1.683	0.970	.083	5.38	[0.80, 36.03]
Stepwise					
Affective	1.691	0.733	.021	5.43	[1.29, 22.83]
Lifestyle	1.882	0.946	.047	6.57	[1.03, 41.92]
No violence					
Interpersonal	-1.131	0.853	.185	3.10	[0.06, 1.72]
Affective	-0.746	0.355	.036	2.11	[0.24, 0.95]
Lifestyle	-2.326	0.775	.003	10.24	[0.02, 0.45]
Stepwise					
Affective	-0.828	0.348	.017	2.29	[0.22, 0.87]
Lifestyle	-2.338	0.772	.002	10.36	[0.02, 0.44]

Note. Family only group values were the reciprocal of the generally violent group. IPV = intimate partner violence; SE = standard error; CI = confidence interval.

generally violent. Recall that these two facets are associated with a deficient affective experience, lack of empathy, and impulsivity and irresponsibility.

For those males who committed family only violence (results not shown), all three facets were negatively associated with the affective element being the only statistically significant relationship. The affective and lifestyle elements were both independent negative predictors. Again, these elements constitute Factor 1 of the PCL:SV. For the no violence group, all three facets showed significant negative associations. These results suggest that these three facets of the PCL:SV are positively associated with males who commit both violence inter- and extra-familially (the generally violent group) but that there is no positive relationship with those who commit family only IPV.

Hypothesis 3: The sub-groups of violent men will differ on alcohol and drug use, anxiety/depression, personality disorder, and overall life success.

At ages 32 and 48, the males in the CSDD were interviewed and reported on whether they had been involved in various antisocial behaviors in the last 5 years. As part of the measure of life success, they also completed the GHQ, which gives an indication of anxiety/depression. Table 6 compares the men in the IPV group versus no IPV and the violent conviction group versus no violent conviction at ages 32 and 48 on the various life success measures. As shown in Table 6, the men who had a violent conviction had higher odds of many of the antisocial behaviors than those who committed IPV, for example, at age 32, alcohol use OR = 4.13 versus OR = 1.74; to have been convicted in last 5 years, OR = 17.71 versus OR = 2.54. The results were similar at age 48, and overall, the men who had a violent conviction had poorer life success than the men who perpetrated IPV. These men were also more likely to exhibit Cluster B traits both with and without the antisocial element than those who perpetrated IPV, although the difference is less evident in the latter comparison.

We then compared the four sub-groups, the generally violent, the violent convicted only, the family IPV only, and the no violence group (who serve as the reference group) on the life success measures. Table 7 shows the life success at ages 32 and 48. The generally violent group was more likely to have poor life success on all of the specific items. For example, at age 32, they were more likely to have been convicted in the past 5 years than the violent conviction only group. However, the violent conviction only males were more likely to be involved in fights outside the home. They were only marginally more likely to drink heavily, but the generally violent men were more likely to engage in drug use. Similar results were found at age 48 across

Table 6. Poor Life Success of IPV/No IPV and Violent Conviction/No Violent Conviction Groups.

	IPV vs. No IPV		OR (95% CI)		VC vs. No VC		OR (95% CI)	
Age 32								
Accommodation	27 (37.5)	66 (27.3)	1.60 [0.92, 2.79]	31 (47.0)	80 (29.2)	2.15 [1.25, 3.69]*		
Cohabitation history	15 (20.8)	26 (10.7)	2.19 [1.09, 4.40]*	22 (33.3)	66 (21.4)	1.83 [1.03, 3.27]*		
Employment history	25 (34.7)	38 (15.9)	2.81 [1.55, 5.11]*	27 (42.2)	62 (20.2)	2.88 [1.63, 5.09]*		
Fights	34 (47.2)	82 (34.0)	1.74 [1.02, 2.96]*	44 (67.7)	96 (31.2)	4.63 [2.61, 8.21]*		
Alcohol use	34 (47.2)	82 (34.0)	1.74 [1.02, 2.96]*	43 (66.2)	99 (32.1)	4.13 [2.34, 7.27]*		
Drug use	23 (31.9)	33 (13.7)	2.96 [1.60, 5.48]*	28 (43.1)	45 (14.6)	4.42 [2.47, 7.93]*		
General Health Questionnaire	19 (26.4)	45 (18.6)	1.57 [0.85, 2.91]	21 (31.8)	69 (22.4)	1.62 [0.90, 2.90]		
SR offences	14 (19.4)	19 (7.9)	2.83 [1.34, 5.99]*	20 (30.3)	23 (7.5)	5.39 [2.74, 10.59]*		
Convicted in last 5 years	14 (19.4)	21 (8.7)	2.54 [1.22, 5.30]*	31 (44.3)	14 (4.3)	17.71 [8.68, 36.16]*		
Life success score	11 (15.5)	18 (7.7)	4.24 [2.30, 7.81]*	36 (54.5)	47 (15.3)	6.66 [3.75, 11.85]*		
Age 48								
Accommodation	18 (25.4)	37 (15.7)	1.82 [0.96, 3.45]	23 (37.7)	49 (16.4)	3.08 [1.69, 5.61]*		
Cohabitation history	11 (15.5)	35 (14.9)	1.05 [0.50, 2.19]	16 (26.2)	71 (23.8)	1.14 [0.61, 2.13]		
Employment history	25 (34.7)	38 (15.9)	1.83 [0.92, 3.64]	25 (41.0)	41 (13.8)	4.35 [2.37, 7.99]*		
Fights	15 (21.1)	31 (13.2)	1.76 [0.89, 3.49]	22 (36.1)	31 (10.4)	4.86 [2.56, 9.23]*		
Alcohol use	20 (28.2)	46 (19.6)	1.61 [0.88, 2.96]	18 (29.5)	60 (20.1)	1.66 [0.89, 3.08]		
Drug use	21 (29.6)	29 (12.3)	2.98 [1.57, 5.66]*	26 (42.6)	37 (12.4)	5.24 [2.84, 9.68]*		
General Health Questionnaire	10 (14.3)	31 (14.0)	1.03 [0.48, 2.22]	14 (24.6)	42 (14.8)	1.87 [0.94, 3.71]		
SR offences	—	—	—	6 (9.8)	5 (1.7)	6.39 [1.89, 21.68]*		
Convicted in last 5 years	—	—	—	24 (34.3)	8 (2.5)	20.48 [8.68, 48.29]*		
Life success score	11 (15.5)	18 (7.7)	2.21 [0.99, 4.93]	24 (39.3)	17 (5.7)	10.72 [5.27, 21.80]*		
SCID-II								
Cluster B	14 (20.9)	17 (8.7)	2.78 [1.29, 6.01]*	15 (30.0)	17 (6.7)	5.95 [2.73, 12.98]*		
Cluster B_ant	11 (16.4)	16 (8.2)	2.21 [0.97, 5.04]*	10 (20.0)	20 (7.9)	2.91 [1.27, 6.68]*		

Note. IPV = intimate partner violence; OR = odds ratio; CI = confidence interval; VC = violent conviction; SR = self-report; — = small cell values; Cluster B_ant = Cluster B minus antisocial element.
*p < .05.

Table 7. Poor Life Success and Psychopathology for the Generally Violent, the Violent Convicted Only, and the Family Violent Only Men.

	Generally Violent		Violent Convicted Only		Family (IPV) Only	
	OR	95% CI	OR	95% CI	OR	95% CI
Age 32						
Accommodation	3.17	[1.32, 7.63]*	1.45	[0.71, 2.95]	1.03	[0.53, 2.01]
Cohabitation history	5.65	[2.23, 14.29]*	0.96	[0.42, 2.20]	0.89	[0.35, 2.25]
Employment history	7.19	[2.91, 17.79]*	1.21	[0.54, 2.71]	1.35	[0.66, 2.77]
Fights	3.98	[1.57, 10.09]*	6.41	[2.81, 14.62]*	1.03	[0.55, 1.93]
Alcohol use	4.11	[1.62, 10.42]*	4.50	[2.08, 9.72]*	1.07	[0.57, 2.00]
Drug use	10.95	[4.31, 27.81]*	3.32	[1.59, 6.95]*	1.05	[0.48, 2.32]
General Health Questionnaire	1.94	[0.76, 5.00]	1.30	[0.60, 2.81]	1.30	[0.63, 2.67]
SR offences	12.52	[4.86, 32.27]*	1.32	[0.48, 3.61]	0.50	[0.15, 1.71]
Convicted in last 5 years	12.09	[4.71, 31.02]*	7.10	[3.29, 15.33]*	0.49	[0.14, 1.67]
Life success score	16.75	[6.18, 45.41]*	3.42	[1.67, 7.00]*	1.36	0.65, 2.86
Age 48						
Accommodation	4.52	[1.84, 11.11]*	1.18	[0.49, 2.86]	0.89	[0.39, 2.02]
Cohabitation history	0.91	[0.26, 3.20]	0.90	[0.38, 2.18]	1.15	[0.50, 2.66]
Employment history	4.07	[1.59, 10.41]*	3.75	[1.73, 8.11]*	1.02	[0.42, 2.45]
Fights	4.62	[1.84, 11.57]*	3.75	[1.68, 8.37]*	0.75	[0.30, 1.89]
Alcohol use	1.75	[0.68, 4.50]	1.54	[0.68, 3.49]	1.37	[0.68, 2.77]
Drug use	12.46	[4.87, 31.88]*	2.47	[1.10, 5.55]*	0.85	[0.36, 2.01]
General Health Questionnaire	1.46	[0.47, 4.59]	1.70	[0.69, 4.20]	0.81	[0.32, 2.05]
SR offences	0.97	[0.96, 0.99]	10.32	[2.95, 36.10]*	0.63	[0.08, 5.13]
Convicted in last 5 years	4.98	[1.63, 15.23]*	15.00	[6.55, 34.33]*	0.24	[0.03, 1.86]
Life success score	8.19	[3.04, 22.07]*	5.46	[2.39, 12.48]*	0.64	[0.19, 2.22]
SCID-II						
Cluster B	6.39	[2.38, 17.16]*	4.46	[1.68, 11.87]*	1.25	[0.48, 3.26]
Cluster B_ant	3.24	[1.08, 9.74]*	2.83	[0.97, 8.28]	1.46	[0.55, 3.85]

Note. OR= odds ratio; CI = confidence interval; IPV = intimate partner violence; SR = self-report; Cluster B_ant = Cluster B minus antisocial element.

* $p < .05$.

groups. However, the ORs of some antisocial behaviors had decreased from ages 32 to 48, whereas for other antisocial behaviors, ORs had increased across the different groups.

At age 48, 304 of the males completed the medical interview, which included measures on not only the PCL:SV but also the SCID-II. Cluster B personality traits are often associated with offending behaviors, including IPV (Holtzworth-Munroe & Stuart, 1994). In these analyses, the generally violent group were more likely (OR = 6.39) to have a high score (90th percentile) on the SCID-II with regard to Cluster B traits, with the family only group having a weaker relationship (OR = 1.25). When the antisocial element was removed, the effect sizes decreased for all groups, with a statistically significant association for the generally violent group only and a marginally significant association for the violent conviction only group ($p < .10$). The results suggest that the association with Cluster B traits remained after removing the antisocial element and, although decreasing somewhat, remained significant for those with a violent conviction and those committing IPV (see Table 6). The findings for the generally violent men and the family only violent (Table 7) men may not have reached significance because of the smaller sample sizes in these sub-groups.

Discussion

This study investigated the extent to which men who commit IPV in a community sample are a heterogeneous group of violent offenders based on Holtzworth-Munroe and Stuart's (1994) typology, which includes those who are violent both outside and within the home (generally violent) and those who are only violent within the home (family only). Holtzworth-Munroe and Stuart suggest that the generally violent men were those who exhibited antisocial and/or psychopathic disorders, high levels of substance misuse, and low levels of depression. The findings also recognized that these characteristics may also be present in the other two groups. We considered these groups with particular emphasis on the existence of psychopathic traits as measured by the PCL:SV in each type of offender group in the CSDD.

Prior literature has suggested that a key research question regards the relevance of personality disorder traits and how these disorders contribute to IPV over and above the antisocial traits present (Ehrensaft et al., 2006). We sought to address this issue in our research. Using a longitudinal study of males followed into late middle adulthood, our findings suggest that those who commit IPV in this community sample are indeed a heterogeneous group and that those who are generally violent, both inside and outside the home,

had the highest mean scores on all facets of the PCL:SV. However, when considering the question of personality traits other than the antisocial element that might be expected in those who commit IPV, we found that for IPV generally, it was the lifestyle component that was a strong independent predictor for all groups, although for the family only group, this was a negative association. The lifestyle element measures the individual's tendency toward impulsivity and irresponsibility. For the men who had obtained a violent conviction, all three elements were independently predictive, but the lifestyle component was the strongest with the interpersonal element—that of arrogance, deceit, and manipulative style—the second strongest predictor. These findings are what may be expected from males who are more likely the most chronic and versatile in this sample (see Piquero et al., 2007; Piquero, Jennings, & Barnes, 2012). For the generally violent men, both the affective and the lifestyle elements were strong independent predictors with the larger effect sizes in this group ($OR = 5.43$) than the violent conviction group ($OR = 3.16$). This might suggest that these men have higher deficits in the emotional response domain, characteristic of psychopathy and the domestic batterer as described by Swogger et al. (2007).

Our findings suggest that the generally violent men are distinguished from those who commit violent crimes outside the home and those who are involved in IPV within the home only. The differences appear to be more in degree than in kind, with the exception of those men who are family only perpetrators and may be those who react in a violent way in the family situation as a response to aggression, both psychological and physical, from their spouse (referred to in the IPV literature as common couple violence; Johnson & Leone, 2005). Indeed, other contextual factors that are associated with IPV more generally such as low socio-economic status, financial issues, and other family issues may be more pertinent in this group of family only perpetrators. Individual characteristics will likely affect the behavioral responses to factors that may cause distress in the family domain, but it is likely that those with a pre-disposition to violence are those who use this type of behavior to their advantage.

The totality of these findings would suggest that rather than having specific interventions based on specific males who commit specific types of offenses, the focus should be on violent males, whether they are violent outside the home or in both domains. The relatively low prevalence of psychopathic traits among community samples makes it very difficult to suggest that the family of Psychopathy Checklist measures (Farrington, 2006) should be used routinely in community treatments for IPV. It might be more applicable to use a scale such as the Propensity to Abuse Scale (Dutton, 1995), which captures some of the same elements as the PCL-R and may be more

appropriate with heterogeneous samples in the community. It is important that risk screening instruments used by clinicians and service providers be chosen that identify offenders needs in order that prevention and intervention efforts are appropriate. Furthermore, the debate regarding “treatability” is ongoing with a few studies suggesting that treatment outcomes are differentially associated with the facets of psychopathy, with treatment failures related to interpersonal and affective traits rather than social deviance, that is, the lifestyle and antisocial traits as measured by the Psychopathy Checklist measures (Hare, Clark, Grann, & Thornton, 2000; Skeem et al., 2007). Also, men with high psychopathic traits will most likely be those who do not engage with intervention programs in the community where they can choose not to attend even when ordered by the courts (Spidel et al., 2007).

Interventions are more often than not targeted at those who are at high risk, and it is more often the case that consideration of the possible causes of conditions such as antisocial behavior and psychopathology takes place “after the horse has bolted” as it were. There have been projects directed at adolescents with regard to IPV, but perhaps these should start earlier before the formation of these attachments (Foshee & Reyes, 2009). It may be more advantageous from a prevention perspective to target individuals at early stages in development and to take a broader view whereby the possible causes of violent behavior more generally are considered early in the life course along with appropriate changes in policy and health care (Farrington & Welsh, 2007; Piquero, Farrington, Welsh, Tremblay, & Jennings, 2009).

Although psychopathy is considered to be an enduring characteristic, some evidence suggests that the frequency and severity of antisocial and criminal activities decrease with age for a proportion of these men, following the shape of the aggregate age–crime curve as might be expected (cf. Hare et al., 1988). Both longitudinal and cross-sectional analyses show considerable reductions in overt criminal activities by the early 40s and suggest that these men are at similar risk of conviction as those who do not have psychopathy (Hare et al., 1988). We found that the likelihood of reporting many of the antisocial behaviors declined with age with only slight increases for anxiety/depression scores, which might be expected. For those who continued with drinking and cannabis use, the likelihood of IPV may have increased as these factors have been associated with violent behavior generally but these associations occur via a complex interaction of individual, situational, and social factors. In particular, IPV perpetration at age 32 was more prevalent than at age 48, and the scores on the PCL:SV measured at age 48 may be an underestimate of the level of psychopathy in these males. However, it could be that the interpersonal/affective element of psychopathy may remain

well into mid-life, which might suggest that covert behaviors, such as IPV, may continue into middle age and beyond for some of these men.

Limitations

There are limitations to this research. There may have been differential reporting by the men and the women because of social desirability and/or differences in sub-cultural norms. Also, we used an earlier version of the CTS, which did not give any information about contextual factors. There was also no measure of attitudes toward women, an important factor associated with IPV.¹¹ Scores on the PCL:SV were not in the range found in clinical samples, and sample sizes in the groups were small and often disparate although we did find some significant association. Nevertheless, the findings from this study have a major strength in that they considered psychopathy traits in a community sample, where measurement of these traits has been achieved using a validated measure. Although the males do not have high scores relative to those that might be found in clinical samples, it is reasonable to suggest that those in the community who have higher scores relative to others in this setting may be more likely to commit IPV. It should be remembered, however, that the majority of men who commit IPV are not psychopathic or “intimate terrorists” as Johnson and Ferraro (2000) suggest and would not gain a high score. Also, many males with psychopathic traits who score high do not direct their violence toward their intimate partners.

Conclusion

Whether men are involved in IPV in the home or violent offending more generally, there appears to be a difference in degree rather than kind. Violence perpetration is associated with many individual, contextual, and situational factors, which should be addressed earlier in the life course especially with those who may be at higher risk.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The CSDD data collection was funded by the Home Office and the Department of Health.

Notes

1. It is worth noting that the use of “typologies” to distinguish between perpetrators of intimate partner violence (IPV) may help with possible identification of appropriate interventions, but this does not necessarily suggest that they exist in more than a theoretical sense and could, on the other hand, prove to be unhelpful in practice if used literally.
2. Psychopathy is sometimes considered a “higher order” version of antisocial personality disorder (Dolan & Doyle, 2007), but a full discussion on this debate is outside the scope of this article.
3. For more detailed discussion on the topic of psychopathy and the identification of sub-types, see Hicks, Markon, Patrick, Krueger, and Newman (2004).
4. The prevalence of antisocial personality disorder (APD) in forensic settings is much higher (>50%) than that of psychopathy (<30%) resulting in an asymmetric association (Hart & Hare 1996). In the United Kingdom, for example, psychopathy occurs in about 8% of prisoners (Coid et al., 2009) compared with 80% for APD, with similar rates in the United States depending on the assessment measure used.
5. For information on convictions up to and including 1994, the microfiche records at Scotland Yard were consulted. From 1995 onward, convictions and cautions were recorded on the Police National Computer (PNC). The earliest date listed in the PNC was counted as the date on which an offense was committed. Very few of the violent offenses were recorded as being committed against a female partner. Up to 1994, these types of offenses were usually recorded as common assaults, which were not indictable offenses and not included in criminal records. However, from 1995, “common assault and battery” became an indictable offense and was listed in the PNC, but the names of victims were not recorded (see Farrington, Piquero, & Jennings, 2013).
6. A detailed discussion of the construct of psychopathy is not included in this article. We do acknowledge, of course, that there is some debate about the etiology and classification of this construct (e.g., Hare & Neumann, 2008; Skeem, Johansson, Andershed, Kerr, & Eno Loudin, 2007).
7. There has been some Cambridge Study in Delinquent Development (CSDD) research on the Psychopathy Checklist: Screening Version (PCL:SV), for example, the linkage of different offending trajectories with the age-48 psychopathy scores (Piquero et al., 2012). As expected, this research showed that high-rate chronic offenders had the highest psychopathy scores. Our study, however, is the first time that PCL:SV scores have been associated with IPV in a prospective longitudinal survey over a period of 40 years.
8. Prior research has been undertaken with life success scores in the CSDD. For example, Piquero, Farrington, Nagin, and Moffitt (2010) examined how the offending trajectories (Piquero, Farrington, & Blumstein, 2007) were differentially distributed according to life failure at age 48, with high-rate chronic offenders being more likely to have life failure. Also, Ullrich, Farrington, and Coid (2008) found that the social deviance element (Factor 2 of the PCL:SV)

- negatively predicted aspects of a successful life such as “status and wealth.”
9. In the PCL:SV manual (Hart, Cox, & Hare, 1995), weighted alpha across the 11 validation samples was 0.84, which suggests good internal consistency.
 10. The sample sizes of the groups are not equal, but we followed the recommendation of Sullivan (2011) who suggests that the ANOVA is robust if the largest *SD* is less than double the smallest *SD*. As this was not always the case, we then carried out an ANOVA across three groups (minus the largest group $n = 172$; see Miller, 1998).
 11. We do not discount that there are women who have high scores on measures such as the PCL:SV who are also perpetrators of IPV; unfortunately, the measures used were only available for the men who took part in this study.

References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Archer, J. (1999). Assessment of the reliability of the Conflict Tactics Scales: A meta-analytic review. *Journal of Interpersonal Violence, 14*, 1263-1289. doi:10.1177/08862609901412003
- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin, 126*, 651-680. doi:10.1037/7MJ033-2909.126.5.651
- Blackburn, R. (1998). Psychopathy and personality disorder: Implications of interpersonal theory. In D. J. Cooke, A. E. Forth, & R. D. Hare (Eds.), *Psychopathy: Theory, research and implications for society* (pp. 269-302). Dordrecht, The Netherlands: Kluwer.
- Blair, R. J. (2001). Neurocognitive models of aggression, the antisocial personality disorders, and psychopathy. *Journal of Neurology, Neurosurgery & Psychiatry, 71*, 727-731.
- Blumstein, A., Cohen, J., Roth, A., & Visher, C. A. (1986). *Criminal careers and career criminals*. Washington, DC: National Academy Press.
- Cleckley, H. (1976). *The mask of insanity* (6th ed.). St. Louis, MO: Mosby.
- Cohen, P. (1996). Childhood risks for young adult symptoms of personality disorder: Method and substance. *Multivariate Behaviour Research, 31*, 121-148. doi:10.1207/s15327906mbr3101_7
- Coid, J. U., Yang, M., Ullrich, S., Roberts, et al. (2009). Psychopathy among prisoners in England and Wales. *International Journal of Law and Psychiatry, 32*, 134-141. doi:10.1016/j.ijlp.2009.02.008
- Cook, D. J., Mitchie, C., Hart, S. D., & Clarke, D. A. (2004). Reconstructing psychopathy: Clarifying the significance of antisocial and socially deviant behavior in the diagnosis of psychopathic personality disorder. *Journal of Personality Disorders, 18*, 337-357.
- Dobash, R. E., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy*. New York, NY: Free Press.

- Dobash, R. E., & Dobash, R. P. (1980). Wives: The “appropriate” victims of marital violence. *Victimology: An International Journal*, 2, 426-442.
- Dolan, M., & Doyle, M. (2007). Psychopathy: Diagnosis and implications for treatment. *Psychiatry*, 6, 404-408. doi:10.1016/j.mppsy.2007.07.005
- Dutton, D. G. (1995). A scale for measuring propensity for abusiveness. *Journal of Family Violence*, 10, 203-221.
- Dutton, D. G. (2006). *Rethinking domestic violence*. Vancouver: University of British Columbia Press.
- Ehrensaft, M.K., Cohen, P., & Johnson, J.G. (2006). Development of personality disorder symptoms and the risk for partner violence. *Journal of Abnormal Psychology*, 115, 474-483. doi: 10.1037/0021-843X.113.2.258
- Ehrensaft, M. K., Moffitt, T. E., & Caspi, A. (2004). Clinically abusive relationships in an unselected birth cohort: Men’s and women’s participation and developmental antecedents. *Journal of Abnormal Psychology*, 113, 258-270. doi:10.1037/0021-843X.113.2.258
- Farrington, D. P. (2003). Key results from the first forty years of the Cambridge study in delinquent development. In T. P. Thornberry & M. Krohn (Eds.), *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies* (pp. 137-183). New York, NY: Kluwer.
- Farrington, D. P. (2006). Family background and psychopathy. In C. J. Patrick (Ed.), *Handbook of psychopathy* (pp. 229-250). New York, NY: Guilford Press.
- Farrington, D.P., Coid, J.W., Harnett, L., Jolliffe, D., Soteriou, N., Turner, R.E., & West, D.J. (2006). *Criminal careers up to age 50 and life success up to age 48: New findings from the Cambridge Study in Delinquent Development*. London: Home Office (Home Office Research Study No. 299).
- Farrington, D. P., Piquero, A. R., & Jennings, W. G. (2013). *Offending from childhood to late middle age: Recent results from the Cambridge Study in Delinquent Development*. New York, NY: Springer.
- Farrington, D. P., & Welsh, B. C. (2007). *Saving children from a life of crime: Early risk factors and effective interventions*. Oxford, UK: Oxford University Press.
- First, M. B., Gibbon, M., Spitzer, R. L., & Williams, J. B. W. (1997). *Structured clinical interview for DSM-IV Axis II personality disorders*. Washington, DC: American Psychiatric Press.
- Foshee, V. A., Reyes, H. L. M. (2009). Primary prevention of adolescent dating abuse perpetration: When to begin, whom to target, and how to do it. In D. J. Whitaker & J. R. Lutzker (Eds.), *Preventing partner violence: Research and evidence-based intervention strategies* (pp. 141-168). Washington, DC, US: American Psychological Association. doi:org/10.1037/11873-007
- Goldberg, D. (1978). *Manual of the General Health Questionnaire*. Windsor, Ontario, Canada: NFER-Nelson.
- Gottman, J.M., Jacobson, N.S., Rushe, R.H. et al. (1995). The relationship between heart rate reactivity, emotionally aggressive behavior and general violence in batterers. *Journal of Family Psychology*, 9, 227-248.

- Hare, R. D. (1991). *The Hare Psychopathy Checklist-Revised*. Toronto, Ontario, Canada: Multi-Health Systems.
- Hare, R. D. (2003). *Hare Psychopathy Checklist-Revised* (2nd ed.). Toronto, Ontario, Canada: Multi-Health Systems.
- Hare, R.D., Clark, D., Grann, M., & Thornton, D.(2000). Psychopathy and the predictive validity of the PCL-R: An international perspective. *Behavioural Science and the Law*, 18,623-645.
- Hare, R.D., & Neumann, S.C. (2008). Psychopathy as a clinical and empirical construct. *Annual Review of Clinical Psychology*, 4, 217-246. doi:10.1146/annurev.clinpsy.3.022806.091452
- Hare, R.D., McPherson, L.M., & Forth, A. (1988). Male psychopaths and their criminal careers. *Journal of Consulting and Clinical Psychology*,56,710-714.
- Harpur, T. J., Hart, S. E., & Hare, R. D. (1994). The personality of the psychopath. In P. T. Costa & T. A. Widiger (Eds.), *Personality disorders and the five-factor model of personality* (pp. 149-173). Washington, DC: American Psychological Association.
- Harris, G.T., Rice, M.E., & Cormier, C.A. (1991). Psychopathy and violent recidivism. *Law and Human Behavior*, 15,625-637.
- Hart, S.D., & Hare, R.D. (1996). Psychopathy & antisocial personality disorder. *Current Opinion in Psychiatry*, 9, 129-132.
- Hart, S. D., Cox, D., & Hare, R. D. (1995). *Manual for the Psychopathy Checklist: Screening Version (PCL:SV)*. Toronto, Ontario, Canada: Multi-Health Systems.
- Hemphill, J.F., Hare, R.D., & Wong, S. (1998). Psychopathy and Recidivism: A review. *Legal & Criminological Psychology*, 3, 139-170.
- Hicks, B. M., Markon, K. E., Patrick, C. J., Krueger, R. F., & Newman, J. P. (2004). Identifying psychopathy subtypes on the basis of personality structure. *Psychological Assessment*, 16, 276-288. doi:10.1037/1040-3590.16.3.276
- Hilton, Z.N., Harris, G.T., & Rice, M.E. (2001). Predicting violence by serious wife assaulters. *Journal of Interpersonal Violence*, 16, 408-423. doi:10.1177/088626001016005002
- Holtzworth-Munroe, A., Meehan, J. C., Herron, K., Rehman, U., & Stuart, G. L. (2000). Testing the Holtzworth-Munroe and Stuart (1994) batterer typology. *Journal of Consulting and Clinical Psychology*, 68, 1000-1019.
- Holtzworth-Munroe, A., Meehan, J.C., Herron, K., Rehman, U., & Stuart, G. L. (2003). Do subtypes of maritally violent men continue to differ over time? *Journal of Consulting and Clinical Psychology*, 71, 728-740. doi:org/10.1037/0022-006X.71.4.728
- Holtzworth-Munroe, A., & Stuart, L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, 116, 476-497.
- Huss, M. T., & Ralston, A. (2008). Do batterer subtypes actually matter? Treatment completion, treatment response, and recidivism across a batterer typology. *Criminal Justice and Behavior*, 35, 710-724. doi:10.1177/0093854808316218
- Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and Family*, 62, 948-963.

- Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues, 26*, 322-349. doi:10.1177/0192513X04270345
- Kiehl, K. A. (2006). A cognitive neuroscience perspective on psychopathy: Evidence for paralimbic system dysfunction. *Psychiatry Research, 142*, 107-128. doi:10.1016/j.psychres.2005.09.013
- Langhinrichsen-Rohling, J., Huss, M. T., & Ramsey, S. (2000). The clinical utility of batterer typologies. *Journal of Family Violence, 15*, 37-53.
- Lösel, F. (2001). Is effective treatment of psychopathy possible? In A. Raine & J. Sanmartin (Eds.), *Violence and psychopathy* (pp. 171-195). New York, NY: Kluwer.
- Lussier, P., Farrington, D. P., & Moffitt, T. E. (2009). Is the antisocial child father of the abusive man? A 40-year prospective longitudinal study of the developmental antecedents of intimate partner violence. *Criminology, 47*, 741-780. doi:10.1111/j.1745-9125.2009.00160.x
- Lynam, D. R., Piquero, A. R., & Moffitt, T. E. (2004). Specialization and the propensity to violence. *Journal of Contemporary Criminal Justice, 20*, 215-228. doi:10.1177/1043986204263781
- Magdol, L., Moffitt, T. E., Caspi, A., Newman, D. L., Fagan, J., & Silva, P. A. (1997). Gender differences in partner violence in a birth cohort of 21-year-olds: Bridging the gap between clinical and epidemiological approaches. *Journal of Consulting and Clinical Psychology, 65*, 68-78.
- Miller, R. G., Jr. (1998). *Beyond ANOVA: Basics in applied statistics*. Boca Raton, Florida: CRC Press.
- Moffitt, T. E., Caspi, A., Krueger, R.F., Magdol, L., Margolin, G., & Silva, P.A. (1997). Do partners agree about abuse in their relationship? A psychometric evaluation of interpartner agreement. *Psychological Assessment, 9*, 47-56.
- Piquero, A. R., Brame, R., Fagan, J., & Moffitt, T. E. (2006). Assessing the offending activity of criminal domestic violence suspects: Offense specialization, escalation, and de-escalation evidence from the Spousal Assault Replication Program. *Public Health Reports, 121*, 409-418.
- Piquero, A. R., Farrington, D. P., & Blumstein, A. (2003). The criminal career paradigm. In M. Tonry (Ed.), *Crime and justice* (Vol. 30, pp. 409-418). Chicago, IL: University of Chicago Press.
- Piquero, A. R., Farrington, D. P., & Blumstein, A. (2007). *Key issues in criminal career research: New analyses from the Cambridge Study in Delinquent Development*. Cambridge, UK: Cambridge University Press.
- Piquero, A. R., Farrington, D. P., Fontaine, N. M., Vincent, G., Coid, J., & Ullrich, S. (2012). Childhood risk, offending trajectories, and psychopathy at age 48 years in the Cambridge Study in Delinquent Development. *Psychology, Public Policy, and Law, 18*, 577-598. doi:10.1037/a0027061
- Piquero, A. R., Farrington, D. P., Nagin, D. S., & Moffitt, T. E. (2010). Trajectories of offending and their relation to life failure in late middle age: Findings from the

- Cambridge Study in Delinquent Development. *Journal of Research in Crime & Delinquency*, 47, 151-173. doi:10.1177/0022427809357713
- Piquero, A. R., Farrington, D. P., Welsh, B. B., Tremblay, R., & Jennings, W. G. (2009). Effects of early family/parent training programs on antisocial behaviour and delinquency. *Journal of Experimental Criminology*, 5, 83-120. doi:10.1007/s11292-009-9072-x
- Piquero, A.R., Jennings, W.G., & Barnes, J.C. (2012). Violence in criminal careers: A review of the literature from a developmental life-course perspective. *Aggression & Violent Behavior*, 17, 171-179. doi:10.1016/j.avb.2012.02.008
- Piquero, A. R., Theobald, D., & Farrington, D. P. (2014). The overlap between offending trajectories, criminal violence, and intimate partner violence. *International Journal of Offender Therapy and Comparative Criminology*, 58, 286-302. doi:10.1177/0306624X12472655
- Roberts, B. W., & DelVecchio, W. F. (2000). The rank-order consistency of personality traits from childhood to old age: A quantitative review of longitudinal studies. *Psychological Bulletin*, 126, 3-25. doi:10.1037/0033-2909.126.1.3
- Robins, L. N., Tipp, J., & Pryzbeck, T. (1991). Antisocial personality. In L. N. Robins & D. A. Regier (Eds.), *Psychiatric disorders in North America* (pp. 258-290). New York, NY: Free Press.
- Sarkar, S., Clark, B.S., & Deeley, Q. (2011). Differences between psychopathy and other personality disorders:evidence from neuroimaging. *Advances in Psychiatric Research*, 17,191-200. doi:10.1192/apt.bp.107.004747
- Skeem, J. L., & Cooke, D. J. (2010). Is criminal behavior a central component of psychopathy? Conceptual directions for resolving the debate. *Psychological Assessment*, 22, 433-445. doi:10.1037/a0008512
- Skeem, J. L., Johansson, P., Andershed, H., Kerr, M., & Eno Loudin, J. (2007). Two subtypes of psychopathic violent offenders that parallel primary and secondary variants. *Journal of Abnormal Psychology*, 116, 395-409. doi:10.1037/0021-843X.116.2.395
- Spidel, A., Vincent, G., Hyuss, M. T., Winters, J., Thomas, L., & Dutton, D. (2007). The psychopathic batterer: Subtyping perpetrators of domestic violence. In A. Hervé & J. C. Yuille (Eds.), *The psychopath: Theory, research and practice* (pp. 327-340). Mahwah, NJ: Lawrence Erlbaum.
- Straus, M.A. (1979). Measuring intra-family conflict and violence: The Conflict Tactics (CT) scales. *Journal of Marriage and Family*, 41, 75-88. doi:10.2307/351733
- Straus, M. A. (1990). The Conflict Tactics Scales and its critics: An evaluation and new data on validity and reliability. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American societies: Risk factors and adaptations to violence in 8,145 families* (pp. 49-73). New Brunswick, NJ: Transaction.
- Straus, M. A. (2011). Gender symmetry and mutuality in perpetration of clinical-level partner violence: Empirical evidence ad implications for prevention and treatment. *Aggression and Violent Behavior*, 16, 279-288. doi:10.1016/j.avb.2011.04.010
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (2006). *Behind closed doors: Violence in the American family*. New Brunswick, NJ: Transaction.

- Sullivan, M. (2011). *Fundamentals of statistics: Informed decisions using data*. New Jersey: Prentice Hall.
- Sweeten, G., Piquero, A. R., & Steinberg, L. (2013). Age and the explanation of crime revisited. *Journal of Youth and Adolescence*, *42*, 921-938. doi:10.1007/s10964-013-9926-4
- Swogger, M. T., Walsh, Z., & Kosson, D. S. (2007). Domestic violence and psychopathic traits: Distinguishing the antisocial batterer from other antisocial offenders. *Aggressive Behavior*, *33*, 1-8. doi:10.1002/ab.20185
- Taft, C. T., Murphy, C. M., King, D. W., Musser, P., & DeDeyn, J. M. (2003). Process and treatment adherence factors in group cognitive-behavioral therapy for partner violent men. *Journal of Consulting and Clinical Psychology*, *71*, 812-820. doi:10.1037/0022-006X.71.4.812
- Theobald, D., & Farrington, D. P. (2012). Child and adolescent predictors of male intimate partner violence. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *53*, 1242-1249. doi:10.1111/j.1469-7610.2012.02577.x
- Tweed, R. D., & Dutton, D. G. (1998). A comparison of impulsive and instrumental subgroups of batterers. *Violence and Victims*, *13*, 217-230.
- Ullrich, S., & Coid, J. C. (2009). The age distribution of self-reported personality disorder traits in a household population. *Journal of Personality Disorders*, *23*, 187-200.
- Ullrich, S., Farrington, D. P., & Coid, J. W. (2008). Psychopathic personality traits and life-success. *Personality and Individual Differences*, *44*, 1162-1171. doi:10.1016/j.paid.2007.11.008
- Verona, E., Patrick, C. J., & Joiner, T. E. (2001). Psychopathy, antisocial personality, and suicide risk. *Journal of Abnormal Psychology*, *110*, 462-470. doi:10.1037/0021-843x.110.3.462
- Weinstein, Y., Gleason, M. E. J., & Oltmanns, T. F. (2012). Borderline but not antisocial personality disorder symptoms are related to self-reported partner aggression in late middle-age. *Journal of Abnormal Psychology*, *121*, 692-698.

Author Biographies

Delphine Theobald is Associate Professor in forensic psychology at Kingston University London, UK. Prior to this she was a Lecturer in forensic mental health and psychology at the Institute of Psychiatry, Psychology and Neuroscience at King's College, London. Her research interests lie in the effects of family relationships on offending behavior including intimate partner violence. She received the Early Career Award from the American Society of Criminology, Division of Developmental and Life Course Criminology in 2013.

David P. Farrington, OBE, is Emeritus Professor of psychological criminology and Leverhulme Trust Emeritus Fellow at the Institute of Criminology, Cambridge University. He received the Stockholm Prize in Criminology, and the Freda Adler Distinguished Scholar Award of the American Society of Criminology Division of International Criminology, in 2013, and he received the Vollmer Award of the

American Society of Criminology in 2014. He is the joint editor of *Criminal Behaviour and Mental Health* and is also a member of the editorial board of 16 other journals. His major research interest is in developmental criminology and he is the director of the Cambridge Study in Delinquent Development and co-investigator of the Pittsburgh Youth Study.

Jeremy W. Coid completed medical training at Sheffield University and training in forensic psychiatry at the Maudsley and Broadmoor Hospitals. He was trained in research at the Institute of Psychiatry, Psychology and Neuroscience, King's College, London, where he completed his MD. As a consultant forensic psychiatrist, he established the medium secure service to East London for mentally disordered offenders. He has extensive experience of giving evidence in court as an expert witness in cases of serious violence and sexual offending, and on child care. He has been an advisor to the Department of Health, Ministry of Justice, and Ministry of Defence on management of high risk offenders.

Alex R. Piquero is Ashbel Smith Professor in the Program in Criminology in the School of Economic, Political, and Policy Sciences at the University of Texas at Dallas; adjunct professor at the Key Centre for Ethics, Law, Justice, and Governance, Griffith University; and co-editor of the *Journal of Quantitative Criminology*. He has published more than 300 peer-reviewed articles in the areas of criminal careers, criminological theory, and quantitative research methods, and has collaborated on several books. In addition to his membership on more than a dozen editorial boards of journals in criminology and sociology, he has given congressional testimony on evidence-based crime prevention practices in the area of early-family/parent training programs, and has provided counsel and support to several local, state, national, and international criminal justice agencies. He has received several research, teaching, and service awards and is Fellow of both the American Society of Criminology and the Academy of Criminal Justice Sciences. In 2014, he received The University of Texas System Regents' Outstanding Teaching Award.