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Risk factors for intimate partner violence in prison inmates

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ABSTRACT

Etiological models of intimate partner violence (IPV) identify general risk factors in delinquency (sociodemographic, delinquent, and psychopathological) and specific factors in this type of aggression (characteristics of the couple relationship and attitudes favoring IPV). The goal of the present work is to study these factors in individuals convicted for drug trafficking and/or theft, so-called common delinquents ($n = 89$), comparing them with a group of partner aggressors ($n = 50$). Assessment was carried out with a mixed method, reviewing case files, clinical interviews for personality disorders, and self-reports. The results show a similar profile in sociodemographic and criminal characteristics and in attitudes favoring IPV. The differences emerge in variables of the couple relationship and psychopathological variables, finding higher prevalence of the antisocial disorder in common delinquents and of the borderline disorder in aggressors. The final model identifies the level of relationship satisfaction, control over the partner, blaming female victims, and incidence of borderline personality disorder as relevant variables. The implications of these results for penitentiary treatment as a preventive measure of IPV, both in IPV aggressors and in the general prison population, are discussed.

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Factores de riesgo de violencia de pareja en población penitenciaria

RESUMEN

Los modelos etiológicos de la violencia contra la pareja (VCP) identifican factores de riesgo generales en delincuencia (sociodemográficos, delictivos y psicopatológicos) y factores específicos en este tipo de agresión (características en la relación de pareja y actitudes que facilitan la VCP). El objetivo del presente trabajo es estudiar estos factores en sujetos condenados por tráfico de drogas y/o robo, denominados delincuentes comunes ($n = 89$), comparándolos con un grupo de agresores contra la pareja ($n = 50$). La evaluación se ha realizado a través de un método mixto, con supervisión de expedientes penitenciarios y entrevistas clínicas para los trastornos de personalidad y autoinformes. Los resultados muestran un perfil similar en características sociodemográficas, delictivas y en actitudes que favorecen la VCP. Las diferencias se dan en variables de relación de pareja y psicopatológicas, encontrando una mayor prevalencia del trastorno antisocial en los delincuentes comunes y del trastorno límite en los agresores. El modelo final identifica como variables relevantes el nivel de satisfacción en la relación, control sobre la pareja, culpabilización a las mujeres víctimas e incidencia del trastorno límite de personalidad. Se discuten las implicaciones de estos resultados en el tratamiento penitenciario, tanto de los agresores en VCP como de la población reclusa en general, como medidas preventivas de la VCP.

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Palabras clave:

Factor de riesgo

Violencia contra la pareja

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Perfil delictivo

Delincuente común

Intimate partner violence (IPV) is one of the forms of violence that causes worldwide concern, not only affecting women but also children and other relatives (Caetano, Vaeth, & Ramisetty-Milker, 2008). One of the greatest problems of IPV is its concealment within the family (Duterte et al., 2008). This may be due to not recog-

nizing psychological maltreatment (such as control or coercion) as aggression, and also to the cultural basis of this perception, which leads to the idea of privacy of family matters. This drives people to try to resolve their conflicts within the family (Ahrens, Rios-Mandel, Isas, & Lopez, 2010; McDermott & Lopez, 2013). According to the World Health Organization (2013), IPV is a worldwide epidemic because 38% of the female victims of murder and 42% of the female victims of physical and/or sexual assault were attacked by their

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partners or ex-partners, and IPV is considered the most common type of violence against women. Although Asia and the Middle East are the areas with the highest incidence, in Europe the numbers show that this situation is also severe. According to the European Union Agency of Fundamental Rights (2014), 22% of women have suffered physical and/or sexual violence, 43% have suffered psychological violence, and 55% have suffered sexual harassment. However, 67% of these victims do not communicate this kind of aggression to anyone, which reveals the magnitude of the hidden numbers of IPV and the need to sensitize the population to eradicate this type of violence.

Research of partner aggressors has mainly focused on etiological models, types of aggressors, and tools for the prediction of risk of recidivism, with the main purpose of preventing new violent actions and designing efficacious therapeutic strategies. The etiological models have evolved from proposals placing the cause of such violence within a single group of factors, such as the sociological theories of power relations and dominance of men over women (Walker, 1984) or the psychopathological factors of the aggressors, the establishment of typologies (Amor, Echeburúa, & Loinaz, 2009), to functional models that adopt a global comprehension of the problem, relating the factors involved and placing them at diverse phases of the aggression (Bell & Naugle, 2008; Stuart, 2005).

Within these models, proposals like that of Stuart (2005), which considers the relationship between personal and environmental factors to be dynamic and bidirectional, is notable. This model classifies risk factors in three large blocks: predisposers, potentiators, and elicitors. Another theoretical contribution is made by Bell and Naugle (2008), based on the cognitive-behavioral model, which uses functional analysis of IPV, identifying antecedents and consequences that reinforce such behaviors.

Using different meta-analyses, explanatory models were obtained that encompass the main risk factors identified in this type of violence, with emphasis on those carried out by Stith, Smith, Penn, Ward, and Tritt (2004) and Capildi, Knoble, Shortt, and Kim (2012).

Stith et al. (2004) carry out a broad description and justification of risk factors, grouping them according to four levels of inclusiveness: (a) macro-system, or social influence level, made up of the factors related to culture, social values, ideology, and social beliefs; (b) exo-system, or community influence level, which includes work, educational level, occupational/life stress, violence against relatives (other than the partner), economic income, prior arrests, and age; (c) micro-system, or group influence level, describing risk variables such as being a victim of child abuse, forcing sexual relations, harassing, level of satisfaction with the couple relationship, separation from the partner, level of control over the partner, cruelty to animals, jealousy, provoking emotional and/or verbal abuse, and the history of partner aggressions; and (d) ontogenic level, with characteristics that are exclusive to the aggressor, which include illegal drug abuse, hatred/hostility, attitudes justifying violence against women, traditional ideology in sex roles, depression, alcohol abuse, and empathic capacity (Stith et al., 2004).

One of the most recent proposals of the functional model, ratifying the above model, was made by Capildi et al. (2012), through a systematic review of 228 studies of risk factors in IPV. These authors conceptualize aggression as a dynamic or functional system in which the aggressor's and the victim's characteristics, along with the social context and type of relationship, all interact, provoking the aggression. Risk factors are classified as sociodemographic variables, characteristics of the social environment, factors acquired during development (childhood violence, type of parenting, peer group, support network), psychological and behavioral factors (psychopathological disorders, personality disorders, alcohol and drug abuse, self-esteem, antisocial behavior), cognitive factors (hostile attitudes and beliefs), and, lastly, relational risk factors (satisfaction, jealousy, attachment).

Another line of research with IPV aggressors has classified them in different typologies, in order to delimit and facilitate preventive and therapeutic measures. Aggressors have been classified according to different dimensions, such as their psychopathological characteristics, the type of violence employed, the severity of the aggression, anger management, or as a function of aggressor's stage or change process (Amor et al., 2009). The most cited and validated typology has been the one proposed by Holtzworth-Munroe and Stuart (1994), classifying aggressors according to psychopathological characteristics, and the extension and severity of the violence, obtaining three types: (a) family only, mainly using psychological abuse, with predominance of the passive aggressive personality profile; (b) exclusively partner aggressors, characterized by emotional instability, cyclic violence, with phases of repentance and predominance of borderline personality disorder; and lastly, (c) generally violent aggressors in any setting, including the partner and family, also called anti-social aggressors, due to the major personality disorder they present. This typology of aggressors has been confirmed in diverse studies (Huss, & Ralston, 2008; Johnson et al., 2006; Waltz, Babcock, Jacobson, & Gottman, 2000).

The risk factors identified in the different models and typologies of aggressors allow the design of the therapeutic intervention and resulting success of the therapy (Arias, Arce, & Vilariño, 2013), and the elaboration of tools for the prediction of risk of recidivism (Messing & Thaller, 2013). There are different types of prediction instruments depending on the professional who uses them and the violence to be predicted (Storey & Hart, 2014). One of the most widely used guides worldwide is the Spousal Assault Risk Assessment Guide, or SARA (Kropp, Hart, Webster, & Eaves, 1999), considered as one of the most complete tools, due to the number of items it appraises, the clinical-actuarial method employed, and the contexts in which it can be applied (Storey, Kropp, Hart, Belfrage, & Strand, 2014). In Spain, the Escala de Predicción del Riesgo de Violencia Grave Contra la Pareja [Scale for the Prediction of Risk of Severe Intimate Partner Violence] (EPV-R; Echeburúa, Amor, Loinaz, & Corral, 2010) is noteworthy.

These scales have grouped the risk factors into sections following the functional models, encompassing aggressors' socioeconomic and psychopathological characteristics, criminal and violent antecedents, IPV history, and lastly the characteristics of the aggression committed.

Currently in Spain, individuals convicted for IPV make up 7.61% of the total prison population, sharing space with other criminal profiles that include high percentages (23.22%) of people convicted for drug trafficking (crimes against public health), and 37.92% for theft (crimes against property) (Secretaría de Estado de Instituciones Penitenciarias [Secretary of State of Penitentiary Institutions], 2014). The inmates sentenced for these two types of crimes present very similar sociodemographic, psychopathological, and criminal characteristics, defining a general profile characterized by being under 40 years old, having economic deficits, low educational level, low professional qualification, drug use (between 60–70%), and personality disorders, mainly antisocial disorder. Their criminal history is also usually extensive, displaying criminal versatility, recidivism, and violation of judicial measures, use of weapons and violence (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009; Fridell, Hesse, Jaeger, & Kühlnhorn, 2008; Salize, Dressing, & Kief, 2007). In these criminal profiles, drug trafficking and theft are closely related, with similar characteristics, and both felonies normally coincide in these individuals' criminal history, thus becoming the collective with the largest representation among the prison population. The inmates convicted for one or both of these crimes make up more than 60% of the total prison population. Due to these similarities and to the purpose of the present study, they are included in the same delinquent profile under the term common delinquents (CD).

The defining characteristics of CD are included in the above-mentioned risk factors of IPV. Therefore, two groups of risk factors can be distinguished in IPV aggressors: (a) general factors of delinquency (variables shared by CD) and (b) specific IPV factors.

IPV prevention requires knowing the state of the risk factors in the general population in order to introduce psychoeducational measures with different educational and promotional strategies. In Spain, this has led to conducting research on attitudes favoring IPV in students (Ferrer, Bosch, Ramis, Torres, & Navarro, 2006) and in prison inmates (Loinaz, Echeburúa, Ortiz-Tallo, & Amor, 2012). Expanding this line of research to the rest of the specific IPV risk factors would contribute important information about the prevention of this phenomenon, and the prison population is a priority collective for this research, as it presents the above-mentioned general IPV risk factors.

The present study proposes to identify the differences and similarities in the profiles of individuals convicted for IPV and CD, as well as a general model for such differences, distinguishing general risk factors for delinquency and the specific IPV factors. We propose to verify, on the one hand, whether IPV aggressors present a similar profile to that of the CD, where IPV would be one more behavior within their criminal versatility and, on the other hand, to identify in the CD the level or presence of specific IPV factors, describing the type of partner relationship, their conflicts and how they solve them, appraising whether they are a risk for their partners and whether it would be necessary to include psycho-educational measures within penitentiary treatments to prevent this type of violence.

Method

Participants

The sample is made up of 139 participants from the Penitentiary Center of Alicante-II (Spain), distributed in two groups as a function of the type of crime for which they are sentenced: IPV and crimes against property and/or against public health – so-called common delinquents (CD). The first group is made up of 50 prison inmates and the second is made up of 89, with no significant differences (IPV: $M = 35.8$, $SD = 9.33$; CD: $M = 32.9$, $SD = 7.18$), $t(137) = 1.94$, *ns*. Regarding sociodemographic characteristics, significant differences were observed in the variable nationality: foreigners represent 3.4% of the group of CD versus 14% of the IPV group, $\chi^2(1, N = 139) = 5.41$, $p < .05$. Both groups are characterized by coming from families with a low economic level, being social services users (IPV: 54% vs. CD: 68.5%), needing social or family aid (IPV: 58% vs. CD: 62.9%), having no studies or only primary studies (IPV: 74% vs. CD: 79.8%), being unemployed or having temporary contracts (IPV: 58% vs. CD: 64%).

Instruments

According to the theoretical framework, the IPV risk factors have been grouped into: (a) general delinquency factors (socioeconomic, delinquent, and psychopathological characteristics) and (b) specific IPV factors (satisfaction with the relationship, control, jealousy, psychological and/or verbal aggression, and attitudes favoring IPV).

Three procedures were used in the assessment: review of the expert technical case files of the Penitentiary Institutions (penal, penitentiary, and social), structured interviews, and self-reports.

Review of the expert (penal, penitentiary, and social) technical case files. These documents contain the information gathered by specialists such as police officers, psychologists, social workers, health professionals, judicial agents, penitentiary officials, etc. These three case files contain the necessary information to execute the judge's sentence and the general risk factors, except for personality disorder, can be extracted from them. According to the above-mentioned blocks, these risks are the following: (a) sociodemographic risk factors (na-

tionality, socioeconomic level of the family of origin, studies, economic level, and work situation the year before being sentenced); (b) delinquent risk factors, i.e., describing the characteristics and history of the crimes committed (violence against family members, violence against a relative, penal antecedents, being the victim and/or witness of violence in childhood, violation of probation or other court measures, convicted for the use of weapons and/or believable threats of death); and (c) psychopathological risk factors (suicidal ideas and/or suicide attempts, drug consumption, and alcohol abuse). The review of these case files allows us to contrast the truthfulness of the information provided in the interview, attempting to control the high social desirability of this collective. These variables were appraised categorically, the sociodemographic variables by means of diverse levels and the rest of the variables dichotomically, as presence/absence of the variable.

Structured Clinical Interview for DSM-IV Axis-II Personality Disorders (SCID-II; First, Gibbon, Spitzer, Williams, & Smith, 1999), in its Spanish version, to assess the presence of antisocial, borderline, and aggressive-passive personality disorders, as they are the disorders proposed by Holtzworth-Munroe and Stuart (1994) in their classification of aggressors to be the most relevant. The diagnosis was made by examining the criteria established by the Diagnostic and Statistical Manual of Mental Disorders-IV (American Psychiatric Association, 1994) classification for each disorder, through the information provided in the structured interview, and completed with the data extracted from the case file. Each criterion is scored as a function of behavior duration: 3 - *permanent*, 2 - *occasional*, 1 - *non-existent*, and ? - *insufficient information*. The interview for antisocial disorder explores the four proposed diagnostic criteria, in two parts. Part A examines the behavior patterns before 15 years of age with 15 items, and the result is positive if two items are marked with a score of 3 (*permanent*). Part B is carried out if part A was positive, exploring behaviors after the age of 15 through 7 items: a score of 3 in three items is required to make the diagnosis of antisocial disorder. The interviews of the other two disorders present a simpler structure: in the borderline disorder, nine criteria are examined and five of them must be met, whereas the interview of passive-aggressive disorder appraises seven criteria and the diagnosis is made if the permanent behavior score is reached in four of them. The studies of the reliability show a kappa index between .78 and .91 (Lobbestael, Leurgans, & Amtz, 2010). In our case, an inter-interviewer kappa of .81 and an inter-encoder kappa of .73 were obtained. The results of this diagnosis were presented categorically by means of the presence/absence of the disorders, distinguishing the diverse comorbidities among the three disorders diagnosed.

Self-reports

Questionnaire of variables elaborated ad hoc, in order to complement the information obtained from reviewing the case files, because not all of them provide complete data of the risk factors. When obtaining information contrary to that obtained from the case file, the case file data prevailed, as it was considered more reliable because it had been gathered by diverse professionals such as police officers, health and judicial professionals, and penitentiary officials. This questionnaire explores the same sociodemographic, criminal, and psychopathological variables that are assessed in the review of the penal, penitentiary, and social case file.

Relationship Appraisal Scale (RAS; Hendrick, 1998). We used the adaptation to Spanish carried out by Moral (2008). This scale is made up of 7 items, with a Likert-type response format ranging from 1 to 5, so the total score varies from 7 to 35 points. It has a unifactorial structure, with adequate consistency (Cronbach's $\alpha = .86$) and high correlations with other scales rating the couple relationship, such as the Dyadic Adjustment Scale (Spanier, 1976) or the Index of Sexual Satisfaction (Hudson, 1982).

Dominating and Jealous Tactics Scale (Kasian & Painter, 1992). We used the adaptation to Spanish carried out by González (2008). This scale has 11 items that describe 7 tactics of dominance or control of the partner and 4 tactics about feelings and jealous behaviors in the relationship. The scale has a Likert-type response format, and presents adequate internal consistency, with a Cronbach's alpha of .72 for dominance tactics, and .76 for jealous tactics (Cano, Avery-Leaf, Cascardi, & O'Leary, 1998). The version used has an internal consistency of .67 and .73, respectively for the two scales.

Inventario de Pensamientos Distorsionados sobre la Mujer y la Violencia [Inventory of Distorted Thoughts about Women and Violence] (IPDMV; Echeburúa, & Fernández-Montalvo, 1998). We used the version of Ferrer et al. (2006). It assesses thoughts that undervalue women and the tolerance of the use of violence, mainly in the sphere of the partner and the family. It has 24 items with a four-point Likert-type response format, in contrast to the original scale Echeburúa and Fernández-Montalvo (1998), which had 29 items with a dichotomic response format. This version has four factors, two related to cognitive distortions about women, and the other two referring to violence. The resulting factors are: (a) Factor 1, acceptance of the traditional sexist stereotype and misogyny, made up of 7 items; (b) Factor 2, blaming the female victims of abuse, made up of 8 items; (c) Factor 3, acceptance of violence as an adequate problem-solving strategy, with 5 items; and (d) Factor 4, minimization of violence against women and excusing the abuser, with 4 items. The version used has good internal consistency with a Cronbach's alpha = .84.

Conflict Tactics Scales-2 (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) (Spanish version by Loinaz, 2009). This scale provides five factors: negotiation, psychological aggression, physical aggression, sexual aggression, and injuries. In the present study, we only used the subscale of psychological aggression, made up of 8 items, obtaining two measures, minor and severe psychological aggression. The response form is an eight-point Likert-scale, depending on the frequency of the aggressive behavior. It presents adequate internal consistency with a Cronbach's alpha of .82 (Loinaz, Echeburúa et al., 2012).

Procedure and Design

This is a descriptive, relational, cross-sectional study, which was initiated after receiving the corresponding authorizations of the Secretary of State of Penitentiary Institutions and Penitentiary Centers. The sample was selected out of the total of prison inmates of the penitentiary center as a function of crime for which the individuals were serving time. We selected a total of 58 men who were convicted for IPV and 118 men who were convicted for crimes against public health and/or property, who made up the CD group. Upon applying the inclusion and exclusion criteria, the final sample included 50 participants in the IPV group and 89 in the CD group. Inclusion criteria were the type prison sentence and voluntary participation in the study. Exclusion criteria were having undergone prior psychological therapy for IPV and a deficient cognitive level to participate in a psychological assessment. Assessment was performed individually, starting with the case file review and subsequently the SCID-II diagnostic interview and finally completing the self-reports in the presence of the researcher.

Ethical Considerations

This investigation was authorized by the bioethical committee of the University of Murcia (Spain), meeting the ethical criteria of psychology and code of conduct proposed by the American Psychological Association (2002, 2010): beneficence and nonmaleficence; professional responsibility and confidentiality; personal integrity,

no deception; justice and equity in the benefits from the contributions; and respect for the person's dignity, not excluding any collective of persons from the benefits. The participants received prior information about the study and authorized it by means of their informed consent. The conclusions will provide preventive information and data to improve the treatment of IPV, with benefits for society in general.

Data Analysis

We performed a descriptive analysis, by means of contingency tables and chi-square tests to estimate the association between qualitative variables, as well as central tendency indexes (e.g., mean, standard deviation), and Student's *t* for the difference of means. Subsequently, these variables were incorporated into the binary logistic regression analysis, using the forward stepwise procedure based on the Wald statistic. The effect sizes were estimated with phi, Cramer's V, and Odds Ratio.

Results

General Criminal Factors

Table 1 shows the results of the criminal and psychopathological variables. As seen in Table 1, in the criminal variables there are no statistically significant differences: a tendency was observed only in the case of penal antecedents, $\chi^2(1, N = 139) = 3.67, p < .055, \phi = .160$, which were more frequent in the CD group (IPV = 785 vs. CD = 89.9%). The rest of variables describe a similar criminal profile in both groups, characterized by perpetrating violence against unfamiliar in most of the sample and violence against family members in 20% of the cases. Moreover, approximately one half of the participants were victims and/or witnesses of violence during their childhood and used weapons when committing their crimes.

At the psychopathological level, significant differences were appraised in drug use, $\chi^2(1, N = 139) = 8.68, p < .01, \phi = .250$, as 96.6% of the CD group and 82% of the IPV group, respectively, were consumers. There were also differences in the presence of suicidal ideas/attempts, $\chi^2(1, N = 139) = 3.91, p < .05, \phi = .168$, with a greater percentage of cases in the IPV group. Another notable result is the abusive consumption of alcohol, as this is present in practically the entire sample.

Regarding personality disorders, we found two results with significant differences, the borderline disorder without comorbidity in Axis II, $\chi^2(1, N = 139) = 17.72, p < .001, \phi = .347$, predominantly present in the IPV group, and the antisocial disorder without comorbidity in Axis II, which was more frequent in the CD group, $\chi^2(1, N = 139) = 9.36, p < .01, \phi = .260$. Although the differences were non-significant, 88% of the IPV and 93.3% of the CD groups were diagnosed in one of the three personality disorders assessed and 40% of both groups presented antisocial disorder with Axis II comorbidity.

Specific IPV Factors

Most of the specific IPV factors revealed significant differences (Table 2). The IPV group revealed less satisfaction with the partner relationship, $t(137) = 4.54, p < .001, d = 0.797$, more control, $t(137) = 2.29, p < .05, d = 0.406$, higher level of jealousy, $t(137) = 2.12, p < .05, d = 0.372$, and a greater number of behaviors of Minor psychological aggression, $t(137) = 16.65, p < .001, d = 0.717$, but no differences were observed in Severe psychological aggression.

Regarding attitudes, significant differences were only found in Factor 2: Blaming the female victims of aggression, $t(137) = 3.42, p < .001, d = 0.611$, with the IPV group presenting higher levels of attitudes legitimizing violence. In order to study this result in depth, we

Table 1
Results of the Delinquent and Psychopathological Variables

	IPV		CD		χ^2	φ
	<i>f</i>	%	<i>f</i>	%		
Delinquent variables						
Violence against family members	10	20	20	22.5	0.11	.029
Violence against unfamiliar	34	68	63	70.8	0.11	.029
Penal antecedents	39	78	80	89.9	3.67*	.160
Victim and/or witness of violence	27	54	40	44.9	1.05	.087
Violation court measures or probation	15	30	25	28.1	0.05	.020
Use of weapons	23	46	47	52.8	0.59	.065
Psychopathological variables						
Drug use	41	82	86	96.6	8.68**	.250
Abusive alcohol consumption	49	98	87	97.8	0.00	.008
Suicidal ideas and/or attempt	26	52	31	35.8	3.90*	.168
Personality disorder	44	88	83	93.3	1.12	.090
Antisocial	10	20	41	46.1	9.36**	.260
Borderline	12	24	2	2.2	16.72***	.347
Antisocial with comorbidity	20	40	35	39.3	0.01	.007

Note. IPV = intimate partner violence, CD = common delinquents, *f* = frequency.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 2
Specific Partner Violence Variables

	IPV		CD		Cohen's	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i> (137)	<i>d</i>
Satisfaction with relationship	18.68	6.46	23.71	6.15	4.54***	0.80
Control of the partner	11.48	4.09	9.79	4.23	2.29*	0.41
Jealousy	7.58	3.63	6.27	3.40	2.12*	0.37
CTS-2:						
Minor psychological aggression	11.18	7.33	6.03	7.02	16.65***	0.72
Severe psychological aggression	2.39	3.45	1.80	4.54	0.61	0.15
ATTITUDES:						
F 1: Acceptance sexist stereotypes	1.44	0.43	1.39	0.41	0.74	0.12
F 2: Blaming the female victim	2.51	0.53	2.17	0.58	3.42**	0.61
F 3: Acceptance of violence	1.48	0.40	1.61	0.54	1.44	0.27
F 4: Minimizing violence	2.33	0.63	2.20	0.64	1.07	0.21

Note. IPV = intimate partner violence, CD = common delinquents.

* $p < .05$, ** $p < .01$, *** $p < .001$.

examined the indicators that make up this factor, finding differences in two of them: Item 11, “Many women deliberately provoke their husbands so they will lose control and hit them”, $\chi^2(1, N = 139) = 10.78, p < .05, \phi = .279$ and Item 13, “The fact that most women do not usually call the police when they are abused proves that they want to protect their husbands”, $\chi^2(1, N = 139) = 8.37, p < .05, \phi = .245$. Likewise, a tendency towards significance was observed in Item 26, “Women also often injure their husbands”, $\chi^2(1, N = 139) = 7.57, p < .05, \phi = .233$. Figure 1 represents these results, along with other notable results, using the score favoring violence, offering a description of the thoughts of many of the participants, such as “Women

should not contradict their husbands” (Item 6), or “Very few women present sequelae of abuse” (Item 23), or “If they did not pester their husbands so much, they would not be abused” (Item 24).

Multivariate Model

We used logistic regression analysis to identify the variables that best discriminate between the groups, including all the variables with significant differences. The regression model used was the forward stepwise method (Wald), which concluded in five steps, obtaining a Nagelkerke R^2 of .419 as fit value, and correctly classifying

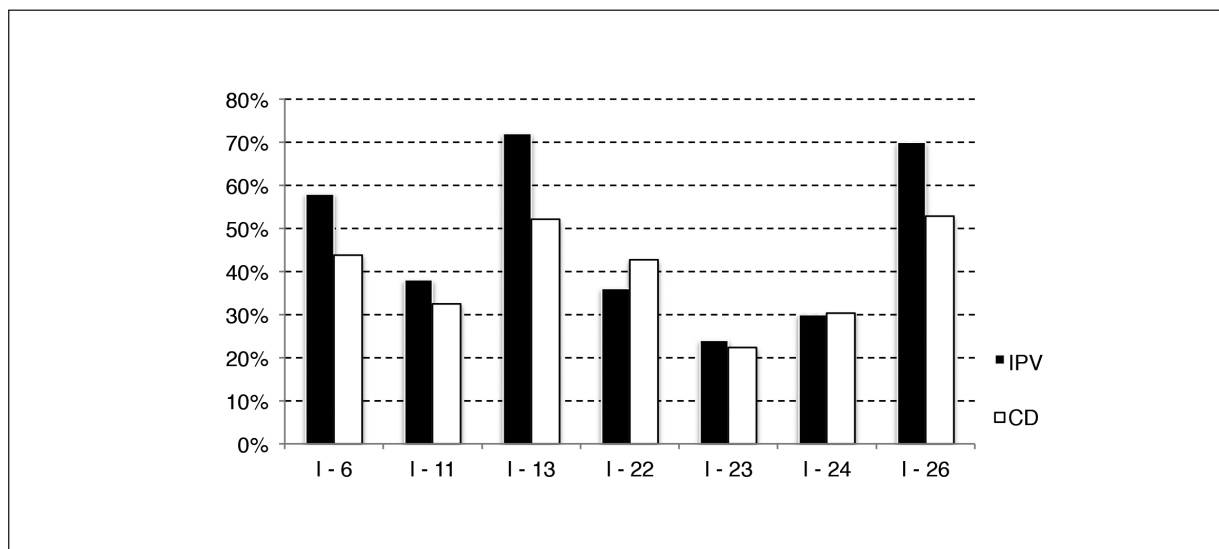


Figure 1. Percentage of Men with Attitudes favoring IPV.

Note. IPV = intimate partner violence, CD = common delinquents

Item 6: A wife should not contradict her husband

Item 11: Many women provoke their husbands, generating the aggressions

Item 13: Women don't call the police in order to cover up for their husbands

Item 22: Whatever happens in the family is only the family's business

Item 23: Very few women have sequelae from maltreatment

Item 24: If women didn't provoke us so much, they wouldn't be maltreated

Item 26: Women also often injure their husbands

Table 3

Results of the Binary Logistic Regression

	B	SE	Wald	df	p	OR	95% CI
Drug use	-2.161	0.847	6.519	1	.011	8.684	1.652 - 45.635
Satisfaction with relationship	-0.122	0.035	12.023	1	.001	1.130	1.055 - 1.211
Control of the partner	0.095	0.048	3.820	1	.051	0.910	0.827 - 1.000
Factor 2: Blaming the woman	0.870	0.395	4.843	1	.028	0.419	0.193 - 0.909
Only borderline disorder	2.415	0.870	7.701	1	.006	0.089	0.016 - 0.492
Constant	0.696	1.703	0.167	1	.683	0.498	

74.8% of the sample (IPV: 76% vs. CD: 74.2%), $\chi^2(1, N = 139) = 50.65$, $p < .001$. Table 3 shows the variables obtained in the analysis and the OR, and the value of the probability associated with belonging to each group. In the final model, we found two variables that increased the probability of belonging to the CD group: drug use, increasing the possibilities by up to 8 times, and the level satisfaction with the relationship, with an OR of 1.130. The other three variables selected increased the probability of belonging to the IPV group, with the following values: (a) presenting a high level of control of the partner increased it by .827; (b) a high value in attitudes of Factor 2 (blaming women) produced an OR of 0.193, and c) borderline personality disorder without comorbidity increased the probability of belonging to the IPV group by .089.

Discussion

The present study attempts to identify risk factors for committing IPV, comparing men convicted for common crimes (against property and/or for drug trafficking) with IPV aggressors. The results, at a global level, show that these groups have similar profiles regarding sociodemographic and criminal characteristics and attitudes favoring IPV, and differences in psychopathological and partner relationship factors. According to the multivariate model obtained, the group

of IPV aggressors presents a higher incidence of borderline personality disorder, higher levels of control and jealousy, less satisfaction with the relationship, and attitudes blaming female victims.

We shall now comment on the differences between the two groups, as a function of their sociodemographic, delinquent, and psychopathological characteristics, and of their relationship characteristics and attitudes towards IPV.

Sociodemographic Characteristics

Regarding these variables, both groups present a similar profile, which describes people with high possibilities of suffering from life stress, a precarious work and economic situation, a low academic level, and coming from disadvantaged family environments (Lila, Gracia, & Murgui, 2013). In contrast, we found differences in the variable nationality, as there was a greater percentage of foreigners in the IPV group. Although this characteristic has been identified by other authors as a risk factor of committing IPV (Echauri, Fernández-Montalvo, Martínez, & Azkárte, 2013; Erez, Adelman, & Gregory, 2009), we note that the foreigners in Spain make up 11% of the total population (Secretaría de Estado de Inmigración y Emigración [Secretary of State of Immigration and Emigration], 2011), a percentage approaching that presented in our group of IPV. In our opinion, new

works should study this aspect in more depth – being a foreigner is considered a risk factor.

Delinquent Characteristics

The risk factors of IPV, of a criminal nature, are present in both groups and mainly consist of having penal antecedents, perpetrating violence, using weapons, and violating judicial measures such as restraining orders and conditional freedom. Likewise, these groups present experiences of childhood violence, with likely vicarious learning of these behaviors, which could be related to the perpetration of violence on their families, including their partner. The generalized presence of this violent and antisocial profile, typical of the CD group (García, Moral, Frías, Valdivia, & Díaz, 2012; Krueger, Markon, Patrick, Benning, & Kramer, 2007), is characteristic of the type of offenders referred to as Generally Violent/Antisocial Aggressors (GVA) or Low-Level Antisocial Aggressors (LLA), according to the proposal of typologies of Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart (2000). The possible extensive presence of this type of aggressors in the prison sample should be verified due to the implications in the design of treatment in prison (Lila, Oliver, Galiana, & Gracia, 2013).

Psychopathological Characteristics

In the results of these variables, personality disorders are notable, both because of the high incidence in the two groups and because of their distribution. The rate of disorders obtained is higher than that observed in different studies, both in men convicted for IPV (Fernández-Montalvo, & Echeburúa, 2008; Gondolf, 1999; Hart, Dutton, & Newlove, 1993) and the general penitentiary population (Casaes-López et al., 2010; Fazel & Baillargeon, 2011; Salize et al., 2007). This high incidence may be explained by the methodology used. The diagnostic interview, in contrast to self-reports, has been recommended due to the complexity of assessing personality disorders and because of the characteristics of the penitentiary population, where difficulties understanding the items and high social desirability are habitual (Dutton, 2003).

Regarding the distribution of the disorders, the antisocial disorder was notable in both groups, an expected result in the CD group but not in the IPV aggressors, because, according to the typologies, the other two disorders – borderline and passive-aggressive – should be more frequent (Holtzworth-Munroe et al., 2000). A possible explanation may be found in the type of sample and in the diagnostic tool. The models of typologies of aggressors proceed from the general sample, both penal and community, and the diagnostic tool predominantly used is the self-report, mainly the MCMI (Loinaz, Ortiz-Tallo, & Ferragut, 2012), in contrast to this study, which used exclusively a penitentiary sample and the diagnostic interview.

Regarding the remaining psychopathological variables, we found significant differences in some of them, such as drug use and suicidal ideas or attempts. We emphasize drug use because of the existence of differences and because of its high incidence in both groups. This feature is very common in the general population of prison inmates (Evans, Huang, & Hser, 2011; Fazel, Bains, & Doll, 2006; Fridell et al., 2008; Salize et al., 2007) and is a generator of life stress and loss of behavioral control, factors that elicit IPV (Feingold, Kerr, & Capaldi, 2008). The presence of suicidal ideas or attempts is notable in the IPV group, and this is an indicator of emotional instability and the capacity to perpetrate violence, even self-injury (Fazel, Grann, Kling, & Hawton, 2011).

The characteristics generally identified in the CD groups and in individuals convicted for IPV describe two collectives with a marked antisocial profile, such as problems with psychosocial adjustment, a prolonged criminal career with the use of weapons and violence, and generalized use of drugs and alcohol (Kosson, Lorenz, & Newman, 2006). These results coincide with the IPV-type aggressor, who has

antisocial tendencies, exerts generalized violence to resolve conflicts in diverse contexts including the couple relationship, and who has habitually been described in the typologies of aggressors (Huss & Ralston, 2008).

Characteristics of the Couple Relationship

The relationship characteristics are described by four variables, with significant differences in all of them. The CD group presents a dysfunctional relationship style, due to their antisocial characteristics, as they usually have numerous short-term relationships, with a high likelihood of offspring for whom they refuse to be held responsible, due to their emotional coldness and use of aggressive responses to conflicts, and this is a source of IPV (Humbad, Donnellan, Iacono, & Burt, 2010; Wymbs, Pelham, Molina, Gnagy, & Wilson, 2008). In contrast, in men convicted for IPV, in addition to antisocial couple relationships we find relational problems associated with borderline personality disorder, characterized by psychological aggression due to their intimate partners' emotional dependence and their own control and jealousy. Consistent with our expectations, the results obtained with the CTS-2 show a higher level of psychological aggression in the aggressors than in the CD group (Loinaz, Echeburúa et al., 2012). This personality profile can lead to a type of violence called cyclic violence, characterized by alternating phases of accumulation of tension when the relationship does not meet expectations, followed by a violent explosion of accumulated anger, ending with the aggressor's repentance when he comprehends that his acts can provoke a break-up, and then the cycle starts all over again (Beck, Anderson, O'Hara, & Benjamin, 2013).

Attitudes Related to IPV

These attitudes are differentiated in four factors, only showing differences in the attitudes blaming female victims of violence. This result could be explained by the external locus of control usually present in this type of aggressors. In this sense, in both groups we identified beliefs about how women provoke the initiation of the violent episodes, or how they also attack their partners, becoming generators of IPV and, therefore, also guilty (Costa, & Babcock, 2008; Heene, Buysse, & Van Oost, 2005; Maccoon, & Newman, 2006). However, it is noteworthy that no differences were found in the sexist stereotypes. We verified attitudes of a patriarchal family type, with strong cultural roots, which show that, in spite of the effort carried out in the past century to equate women's rights, the advances are very slow (Fincham, Cui, Braithwaite, & Pasley, 2008; Lila, Oliver, Catalá-Miñana, Galiana, & Gracia, 2014; McDermott, & Lopez, 2013).

These data support the etiological functional models, which describe the need for both predisposing and eliciting factors of aggression to concur in order for aggression to finally occur (Bell, & Naugle, 2008; Finkel, 2007; Stith et al., 2004; Stuart, 2005). The group of CD with distorted thoughts about women, a violent repertory in conflict resolution, criminal antecedents, use of weapons, high consumption of alcohol and drugs, and stressing life situations provoked by economic and work problems can be considered as men at risk of committing IPV (Novo, Fariña, Seijo, & Arce, 2012). The presence of precipitating circumstances, such as relationship problems, increases the probability of committing IPV.

Implications for Psychosocial Intervention

Taking into account that jointly the groups make up 70% of the penitentiary population (Secretaría de Estado de Instituciones Penitenciarias, 2014), and based on the crime for which they are sentenced, the data obtained can have important implications for penitentiary intervention. Treatment programs with delinquents should be based on the principles of risk, need, and response capacity, with

the goal of reducing delinquent recidivism (Andrews & Bonta, 2010a, 2010b). According to the above characteristics, there are two groups of prison population, convicted for diverse types of crimes but with similar profiles of a marked antisocial nature, reflected both in the general delinquency factors and in attitudes related to IPV. Hence, and following the principle of need, we propose an intervention of a general nature, focused on drug dependence, educational and labor deficits, control of impulses, interpersonal skills, empathy, conflict resolution techniques, and cognitive distortions about women and the use of violence (Amor et al., 2009; Olver, Stockdale, & Wormith, 2011). Thus, we would intervene to prevent new violent episodes in the couple relationships they initiate or recover when leaving prison, with the resulting harm both for the women and the children. Such violence provokes suffering in the children, and – another aspect that is equally alarming – they generate learning by teaching violent models of relationships, which are easily replicated by the children in their adult relationships.

Another aspect to note in this section is the large number of suicidal attempts and/or ideas, so that maximum importance is granted to existing suicide prevention programs in penitentiary centers (Fazel et al., 2011).

Limitations

The main limitation is the sample size. We recommend new lines of research, extending the sample, focusing mainly on personality disorders and typology of aggressors, using for this purpose the interview as a diagnostic tool. In this way, one could determine whether the high incidence of personality disorders is maintained and which typology of aggressor is more highly represented in prison. Likewise, one could verify the differences in the specific IPV factors between the IPV aggressor with an antisocial profile and the CD, as a way to orient penitentiary treatment.

Conflict of Interest

The authors of this article declare no conflict of interest.

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