What differentiates batterer men with and without histories of childhood family violence?

Short title: Childhood abused batterer men

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ABSTRACT

Aims: The goals of this study were to explore the prevalence of childhood family violence (CFV) (both suffered and witnessed) among male batterers in treatment, and to analyse the specific psychological profile of these perpetrators with CFV. Method: A sample of 1421 men recruited from a specialized batterer treatment programme was assessed. A description of the sociodemographic, violence and psychopathological characteristics of the sample was carried out. Moreover, a comparison of all the variables studied between batterer men with and those without CFV was conducted. Findings: The results showed that 35.2% (n = 500) of the sample reported having been victims of CFV (67.2% of them directly suffered abuse, and 32.8% witnessed violence between their parents, mainly from father to mother). Batterers with CFV presented with more irrational beliefs both about women and about violence as a strategy to cope with everyday difficulties. Moreover, they had significantly higher scores than batterers without CFV on all psychopathological symptoms as assessed by the SCL-90-R, as well as on most of the STAXI-2 subscales. In the logistic regression analysis, the main variables related to having a history of CFV were low education level, voluntary access to the programme, having a previous psychiatric history, being an immigrant, having children, and presenting a greater number of psychopathological symptoms. Major implications: According to these results, batterers with CFV showed a higher severity in most of the variables studied than those without CFV. Consequently, these findings highlight the importance of tailoring batterer treatment programmes to their specific characteristics, particularly those regarding childhood victimization. **Key words:** intimate partner violence; batterers; childhood family violence;

psychopathology; assessment.

What differentiates batterer men with and without histories of childhood family violence?

Gender violence constitutes one of the most relevant social issues in modern societies. According to the European Union Agency for Fundamental Rights (2014), 22% of European women who are or have been involved in an intimate relationship have experienced physical and/or sexual intimate partner violence (IPV). In Spain, this percentage ranges between 10% and 19% (European Union Agency for Fundamental Rights, 2014). Additionally, throughout 2019, 125,936 cases of gender violence were reported to Spanish authorities (Delegación del Gobierno para la Violencia de Género, 2020). Due to the social relevance of the issue, in recent years, a substantial number of studies analysing IPV have been carried out (Afifi et al., 2017; Hilton et al., 2019; Martin-Fernandez et al., 2019; Poulsen, 2018; Smith-Marek et al., 2015). Understanding the background characteristics of male IPV perpetrators is crucial to developing accurate prevention and treatment strategies. Moreover, exploring IPV from the perspective of batterer men helps to identify specific risk factors and potential processes that drive the relation between environment and IPV (Voith et al., 2020). Thus, there has been an effort by researchers and clinicians to identify meaningful subtypes of batterers according to different characteristics, such as referral source (Garcia-Jimenez et al., 2014), alcohol or drug misuse (Downs et al., 1996; Fernández-Montalvo & Echeburúa, 1997), personality characteristics (Cunha & Goncalves, 2013; Echauri et al., 2011; White & Gondolf, 2000), the extent of violence both inside and/or outside the family (Holtzworth-Munroe & Stuart, 1994; Waltz et al., 2000), or criminal history (generalist versus specialist) (Herrero et al., 2016; Teva et al., 2020). However, there is little research distinguishing male IPV perpetrators exclusively in terms of their childhood family violence (CFV) history.

One of the main individual risk factors that repeatedly appears in the literature as a determinant of male IPV perpetration is the presence of early exposure to family violence (Davis et al., 2018; Fulu et al., 2017; Godbout et al., 2009; Murrell et al., 2007; Teva et al., 2020; Whitfield et al., 2003). This exposure to family violence encompasses both direct childhood maltreatment and witnessing interparental violence. Research has shown a general rate of CFV for batterer men that ranges from 20% to 76% (Delsol & Margolin, 2004; Fernández-Montalvo et al., 2012; Fernández-Montalvo et al., 2011; Lee et al., 2013; Mbilinyi et al., 2012). More specifically, the direct victimization percentages of batterer men range from 22% to 76%, and their witnessed violence percentages range from 20% to 54% (Delsol & Margolin, 2004; Fernández-Montalvo & Echeburúa, 1997). These figures are higher than those found in the general male population, in which the rates of witnessed violence towards the mother or stepmother range from 11.5% to 16.8%, while the direct victimization percentages vary from 6.7% to 35% (Centers for Disease Control and Prevention, 2020; Edwards et al., 2003; Merrick et al., 2018). These figures should be taken into consideration, as the correlation between CFV and later violence perpetration in adulthood is well established (Afifi et al., 2017; Fergusson et al., 2008; Hilton et al., 2019; Jin et al., 2007; Wareham et al., 2009).

As a consequence of these rates of CFV among male batterers, the intergenerational transmission of violence through social learning theory has been frequently used to explain IPV (Murrell et al., 2007; Reitzel-Jaffe & Wolfe, 2001; Stith et al., 2000; Wareham et al., 2009). However, the effect sizes reported in this literature are typically small (Corvo, 2006; Stith et al., 2000). Furthermore, this explanation fails to consider other risk and protective factors that interact with CFV and does not provide a dynamic understanding of the process of violence development (Smith-Marek et al., Fernández-Montalvo, J., Echauri, J., Azkárate, J.M., Martínez, M., Siria, S. y López-Goñi, J.J. (in press). What differentiates batterer men with and without histories of childhood family violence? *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520958648 2015). Anyway, family-of-origin violence exposure could be a factor contributing to IPV perpetration (Delsol & Margolin, 2004), but not all perpetrators have been exposed to it.

Attending to the fact that not all batterer men have been exposed to violence as children, differences between those who were exposed and those who were not could be expected. Despite the relevance of this distinction, few investigations have focused on this issue. One of the latest studies addressing this comparison was carried out by Lee et al. (2013) with men arrested for physical assault. Their results revealed that the presence of violence during childhood was a marker for more severe attitudinal and behavioural problems. These authors found significant differences by race (more CFV in whites) and education level (more CFV in those with higher levels of education) between groups. Moreover, perpetrators with CFV had significantly more adversarial sex beliefs, were more hostile towards women, expressed more anger, reported more ineffective arguing, expressed a greater desire to control their partners, scored significantly lower on perceived self-control, had more substance abuse-related relationship problems, and had higher levels of physical fighting (Lee et al., 2013).

Similarly, Murrell et al. (2007) found in a court-ordered sample that men who had witnessed domestic violence committed more frequent IPV compared to those who had not. Fergusson et al. (2006), assessing a community sample, observed statistically significant differences in psychological aggression and total perpetration scales for those who had been exposed to interparental violence, but no differences were found for physical assault. Mbilinyi et al. (2012) also identified in a community sample a clear trend in which the perpetration of IPV increased along with levels of CFV. Teva et al. (2020), with a sample of imprisoned batterers, identified higher percentages of childhood exposure to violence, both suffered and witnessed, for generalist batterers Fernández-Montalvo, J., Echauri, J., Azkárate, J.M., Martínez, M., Siria, S. y López-Goñi, J.J. (in press). What differentiates batterer men with and without histories of childhood family violence? *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520958648 (those who had a long and varied criminal history) compared to specialist batterers (those who only had offences related to IPV).

Due to the relevance of CFV in male IPV perpetrators and the few studies carried out to date, more research about the specific characteristics of batterers with and without CFV is necessary. These types of studies are essential for understanding the link between CFV and the later development of IPV perpetration, as well as for tailoring treatment programmes to the specific characteristics of batterers, particularly those regarding childhood victimization. Therefore, the main aims of this study were, first, to determine the prevalence rate of CFV among male batterers of their partners who were receiving a specialized treatment and, second, to explore the differential characteristics (sociodemographic and violence variables and psychopathological symptoms) between batterer men with and without CFV. The primary hypothesis of this study is that those batterers with childhood victimization will present a more severe profile and more associated psychopathological symptoms compared to those perpetrators without a history of violence.

Method

The protocol for this study was approved by the ethics committee of the Universidad Pública de Navarra (code PI-037/19).

Participants

The sample in this study consisted of 1421 men who were in a specialized treatment programme due to having committed an offence of gender violence against their female partner. From the total sample, 954 (67.1%) of the patients were on probation and had been court-referred to the treatment programme, 350 (24.6%) were imprisoned, and the 117 (8.2%) remaining subjects sought treatment voluntarily. The rationale of

placing a subject in a court-referred treatment versus an imprisonment treatment is mainly related to the severity of the offence against the partner. Spanish legislation allows judges to impose a suspended sentence if three conditions are met: the person is a primary offender, the sentence imposed does not exceed two years of imprisonment, and the offender agrees to participate in a specialized treatment programme.

The participants were attending the psychological treatment programme for batterers, which is developed by the Instituto de Psicología Jurídica y Forense (Psimae) and directed by the Social Service of Justice of the Government of Navarre, Spain. All the patients were assessed from January 2005 to December 2019.

The sample inclusion criteria were a) being older than 18 years of age; b) having been involved in violence against their female partner; c) not suffering from any serious mental disorder (psychotic disorder or intellectual disability) diagnosed by the clinical psychologist of the programme; and d) signing informed consent to participate in the study after having been properly informed of its characteristics.

Assessment measures

Violence variables.

The General Structured Interview of Batterer Men (Echeburúa & Fernández-Montalvo, 1998) consists of five sections that collect data on the respondent's demographic characteristics, potential labour problems, child and adolescent development, potential problems of abuse in previous intimate partner relationships and the current situation with their partners, health status, criminal record, and social relations. It also explores psychopathological variables that are usually related to gender violence perpetrators (mainly jealousy and abuse of alcohol). This interview was used to identify the self-reported presence and characteristics of CFV (physical, psychological

and/or sexual abuse), taking into account whether they had directly suffered or witnessed the abuse.

The Inventory of Distorted Thoughts about Women (Echeburúa & Fernández-Montalvo, 1998) comprises a checklist of 13 binary items aimed at detecting irrational thoughts in the aggressor that are related to sexual roles and the inferiority of women. Each affirmative response scores 1 point, so that the total inventory score ranges between 0 and 13 points. The higher the score, the greater the number of cognitive distortions related to women. Cronbach's alpha of this inventory is .87.

The Inventory of Distorted Thoughts on the Use of Violence (Echeburúa & Fernández-Montalvo, 1998) comprises a checklist of 16 binary items aimed at detecting irrational thoughts in the aggressor that are related to the use of violence as an acceptable method of conflict resolution. Each affirmative response scores 1 point, so that the total inventory score ranges between 0 and 16 points. The higher the score, the greater the number of cognitive distortions connected with the use of violence as an acceptable way of resolving conflicts. Cronbach's alpha of this inventory is .94

Psychopathological variables.

The Symptom Checklist-90-Revised (SCL-90-R) (Derogatis, 1992; Spanish version by González de Rivera, 2002) is a self-administered general psychopathological assessment questionnaire. It consists of 90 questions that are answered on a 5-point Likert-type scale, ranging from 0 (*none*) to 4 (*very much*). The questionnaire aims to assess the respondent's psychiatric symptoms. The SCL-90-R has been shown to be sensitive to therapeutic change and may therefore be used for either single or repeated assessments. The SCL-90-R measures the following nine areas of primary symptoms: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. It also provides three Fernández-Montalvo, J., Echauri, J., Azkárate, J.M., Martínez, M., Siria, S. y López-Goñi, J.J. (in press). What differentiates batterer men with and without histories of childhood family violence? *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520958648 indexes that reflect the subject's overall level of severity. Cronbach's alpha for the Spanish version ranges from .70 to .90.

The State-Trait Anger Expression Inventory (STAXI-2) (Spielberger, 1999; Spanish version by Miguel-Tobal, Casado, Cano-Vindel, & Spielberger 2001) consists of 15 items related to state-anger (the intensity of the emotion of anger in a specific situation) and an additional 10 items related to trait-anger (the individual disposition to experience anger habitually). The range of scores is from 15 to 60 on the state-anger scale and from 10 to 40 on the trait-anger scale. The higher the score, the higher the level of anger. The STAXI-2 also has a third subscale of 24 items connected with the form of expressing anger (anger expression-out, anger expression-in, and anger control). Cronbach's alpha for the Spanish version ranges from .82 to .89.

Procedure

Once the clinical sample was selected using the previously described criteria, the assessment of the sample was carried out in two ninety-minute sessions prior to the beginning of the treatment. The sessions took place once a week for two weeks, and the time interval between the sessions was the same for each participant (1 week). In the first session, the data related to sociodemographic characteristics and violence variables were collected. In the second session, the presence of psychopathological symptoms was assessed using the SCL-90-R and the STAXI. All the sessions were individually conducted with the presence and support of one clinical psychologist from the treatment programme. No monetary compensation was offered for participating in the study.

Data analysis

The distribution of missing data was studied, and no significant differences were found between the subjects with and without available data in each of the variables studied. Therefore, the pairwise deletion method was selected; this method involves Fernández-Montalvo, J., Echauri, J., Azkárate, J.M., Martínez, M., Siria, S. y López-Goñi, J.J. (in press). What differentiates batterer men with and without histories of childhood family violence? *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520958648 analysing the available cases in each variable. Descriptive analyses were conducted for all variables. Comparisons between the groups of patients were performed using χ^2 or Student's *t* statistics depending on the nature of the variables studied. Effect sizes (Cohen's *d*) were provided by taking into account Cohen's recommendation (Cohen, 1988): *d* = 0.20 (small effect size), *d* = 0.50 (medium effect size), and *d* = 0.80 (large effect size). A logistic regression analysis (forward method) was conducted to determine which specific factors were more relevant in differentiating between patients with and those without CFV. A difference of *p* < .05 was considered significant. Statistical analyses were carried out using SPSS (version 25.0 for Windows).

Results

Prevalence of childhood family violence

The prevalence rate of CFV in the sample was 35.2% (n = 500). Most of these participants (67.2%; n = 336) had directly suffered the abuse. The rest of the cases (32.8%; n = 164) had witnessed the violence, mainly from their father to their mother.

Comparison of sociodemographic variables and treatment programme access

The results of the comparison of the sociodemographic variables between batterers with and without CFV are shown in Table 1. The mean age of the total sample was 37.3 years (SD = 10.68), without significant differences between the groups. No differences were found in terms of the length of the relationship with the victim in years (mean = 8.24; SD = 8.53), the employment situation or having children together. Statistically significant differences were found in nationality (more immigrants presented CFV), education level (lower levels of studies in patients with CFV), and the presence of previous psychiatric history (more prevalent in patients with CFV), with small effect sizes. Specifically, patients without CFV presented with a higher rate of addictive and emotional problems, whereas patients with CFV showed a higher rate of personality disorders. Fernández-Montalvo, J., Echauri, J., Azkárate, J.M., Martínez, M., Siria, S. y López-Goñi, J.J. (in press). What differentiates batterer men with and without histories of

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PLACE TABLE 1 HERE

Regarding access to the treatment programme, statistically significant differences between groups were found, with small effect size. The rate of courtreferred batterers was higher for the group without CFV, whereas the rates of men imprisoned and men who voluntarily sought treatment were higher among batterers with CFV.

Comparison of cognitive biases

Regarding the violence variables, it is important to highlight that cognitive biases and distorted thoughts related to women (mainly about both sexual roles and the inferiority of women) and to the use of violence as an acceptable way of resolving conflicts were observed in almost all the patients studied (Table 2). Comparisons between the two groups showed statistically significant differences with small effect sizes; batterers with CFV showed a higher rate of distorted ideas about the inferiority of women and the use of violence as a correct way to cope with interpersonal problems than batterers without CFV.

PLACE TABLE 2 HERE

Comparison of psychopathological variables

On a psychopathological level, the results of the SCL-90-R may be seen in Table 2. All aggressors in the sample showed clinically significant psychopathological symptoms in many dimensions of the questionnaire. Moreover, it is important to note the existence of significant differences in all of the psychopathological dimensions evaluated with medium effect sizes, both in the global indexes and in the dimensions of primary symptoms. Batterers with a history of CFV were affected by many psychopathological symptoms to a higher degree than those without childhood abuse.

PLACE TABLE 2 HERE

Moreover, significant differences were also found in the level of anger, as assessed by the STAXI-2, with a higher index of anger expression and anger as a personality trait in batterers with histories of CFV compared to those aggressors without a history of abuse, with low-to-medium effect sizes.

Multivariate analysis for differentiating between batterers with and without CFV

A logistic regression analysis was performed to determine which specific factors were most relevant in differentiating between batterers with and without CFV (Table 3). Only those variables with statistically significant differences in the bivariate comparisons were included as independent variables. The results showed that the main variables related to having a history of CFV were a lower level of education (primary versus non-primary studies), voluntary access to the programme, previous psychiatric history, immigrant status, having children, and a greater number of psychopathological symptoms (PST of the SCL-90-R). These variables explained 11% of the variance and correctly classified 68.3% of the cases.

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Discussion

This research was conducted to assess the heterogeneity of male IPV perpetrators by the presence of CFV. This distinction was examined because previous literature has indicated a link between childhood victimization and male IPV perpetration, but limited investigations exist that distinguish batterers according to CFV. The results obtained in the current study showed that those batterers with CFV differed significantly from those who did not experience CFV regarding nationality, academic level, the presence of previous psychiatric history, distorted thoughts about women and violence, addictive and emotional problems, and personality disorders. These data support the hypothesis of the current study that exposure to family violence is Fernández-Montalvo, J., Echauri, J., Azkárate, J.M., Martínez, M., Siria, S. y López-Goñi, J.J. (in press). What differentiates batterer men with and without histories of childhood family violence? *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520958648 associated with a more severe profile and more associated psychopathological symptoms.

The first aim was to explore the prevalence of CFV among male batterers. The percentage of CFV in our sample (35%) is within the range reported in the literature regarding perpetrators (Lee et al., 2013; Mbilinyi et al., 2012) but higher than the rates found in the general population (Centers for Disease Control and Prevention, 2020). What seems to be clear is that not all male IPV perpetrators have been exposed to violence in their family of origin (Delsol & Margolin, 2004; Teva et al., 2020). Therefore, these findings provide only partial support for the social learning theory explanations of IPV, at least those that have been established in the literature. While this theory could be applied to those who suffered CFV, deeper research is required to obtain an explanatory model for those who did not grow up in a violent family environment. Undoubtedly, IPV is a complex dynamic process that should be explained from a multifactorial perspective (Stith et al., 2004). Thus, future research should focus on the identification of mediating factors present in the development of IPV (Riggs et al., 2000).

The second purpose was to identify differential characteristics between batterers with and those without CFV. In this respect, our results are similar to those found in previous research that have shown significant differences by race and education level (Lee et al., 2013). However, other authors have not found significant differences in these two demographic variables (Murrell et al., 2007). Additionally, our findings are in line with those of Lee et al. (2013) and Reitzel-Jaffe and Wolfe (2001), attending to the presence of more distorted thoughts about women and more expressed anger in those patients with CFV. Regarding psychopathological symptoms, batterer men with CFV showed higher scores in all SCL-90-R dimensions than those without CFV. There are Fernández-Montalvo, J., Echauri, J., Azkárate, J.M., Martínez, M., Siria, S. y López-Goñi, J.J. (in press). What differentiates batterer men with and without histories of childhood family violence? *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520958648 no specific previous studies comparing the psychopathological symptoms between batterers with and those without CFV. Hence, a comparison can only be made by attending to the depressive symptoms in the study of Murrell et al. (2007), which also revealed that the most depressed batterers were those with a higher exposure to CFV. According to the results, IPV perpetrators with CFV present a more severe psychological state when they are referred to the treatment programme.

Regression analysis indicates that batterers with CFV are more likely to have a lower education level, have a previous psychiatric history, have more psychopathological symptoms, have voluntarily access to the treatment programme, have children and be an immigrant. The finding that a lower education level is related to the presence of CFV is similar to those found in other studies that have linked childhood maltreatment experiences with lower school success, including absenteeism, nonengagement in school or repeating a grade (Crouch et al., 2019). This is a relevant issue to attend to because of the impact that childhood maltreatment has on severe life events. Regarding nationality, previous studies carried out in Spain have also found higher rates of CFV among immigrant than national male batterers (Fernández-Montalvo et al., 2011). Anyway, the regression model explained only 11% of the variance regarding the presence of CFV. Therefore, as it has been found in previous studies (Busby et al., 2008; Delsol & Margolin, 2004), there are other relevant variables related to CFV (e.g., presence of trauma symptoms, diagnosis of PTSD, having marital problems, substance abuse, negative communication style). All of them should be taken into account to better understand the relationship between CFV and the development of IPV.

On the other hand, the relationship between CFV and the more severe profile of perpetrators has been well established in several studies (Holtzworth-Munroe & Stuart, 1994; Lee et al., 2013; Mbilinyi et al., 2012; Murrell et al., 2007; Wareham et al., 2009).
Fernández-Montalvo, J., Echauri, J., Azkárate, J.M., Martínez, M., Siria, S. y López-Goñi, J.J. (in press). What differentiates batterer men with and without histories of childhood family violence? *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520958648

There are also other investigations that have shown that children exposed to CFV are at higher risk of becoming perpetrators as adults (Afifi et al., 2017; Delsol & Margolin, 2004; Ehrensaft et al., 2003; Milaniak & Widom, 2015; Stith et al., 2000; Whitfield et al., 2003). However, this association is not sufficient to establish a causal link between CFV and IPV perpetration (Gil-Gonzalez et al., 2008). Moreover, some studies that analyse CFV in male batterers are usually limited to the presence of physical, sexual or emotional abuse. Other adverse family-of-origin experiences should also be considered among IPV offenders (Brassard et al., 2014; Fergusson et al., 2006; Hilton et al., 2019). Childhood maltreatment rarely consists of a single type of victimization (Davis et al., 2018); thus, it is crucial to make visible all of them.

Some limitations of the present study must be highlighted. First, most of the participants in the study were court-referred to the treatment programme. Although this is the main access route to batterer programmes in Spain (Fernández-Montalvo et al., 2015), other less serious offenders could have been underrepresented. Second, this study used retrospective self-reports to assess CFV. The difficulty for some men to accurately remember all violent situations, or their tendency to minimize them, could have led to underreported rates of CFV and biased the results. Third, other individual, familial or contextual risk factors that may have influenced the perpetration of IPV were not included. This relevant information should be considered in future studies. Fourth, this study did not compare witnessed and suffered violence. Although all forms of CFV are constitute two separate constructs. This is a first exploratory research and future studies with better-balanced samples and specific assessment measures for CFV should assess this issue accurately.

This investigation contributes to enhancing the research differentiating male IPV perpetrators in terms of their CFV history. Accepting the referred limitations, the findings suggest that male perpetrators with CFV present with a more severe psychological state. Consequently, treatment programmes should be tailored to their characteristics because batterers with CFV require a treatment that encompasses resources aimed at particular needs. CFV is a key point to consider for specialized batterer treatments as well as for primary prevention policies. Moreover, future research should not overlook the wide spectrum of types of childhood maltreatment, as well as the rest of the risk factors that mediate the development of IPV when CFV is not present.

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	Total	With CFV	Without CFV			
	N=1421	<i>n</i> = 500	<i>n</i> = 921			
	Mean (SD)	Mean (SD)	Mean (SD)	d	t (df)	р
Age	37.49 (10.68)	36.8 (10.68)	37.8 (10.67)	.09	1.77 (1419)	.077
Length of						
relationship with	8.47 (8.59)	8.77 (8.95)	8.30 (8.39)	.05	0.99 (1419)	.322
the victim (years)						
	N (%)	n (%)	n (%)	Phi	χ² (df)	р
Nationality						
Spanish	667 (46.9%)	217 (43.4%)	450 (48.9%)	.05	3.88(1)	.049
Immigrant	754 (53.1%)	283 (56.6%)	471 (51.1%)			
Education level	, ,		· · · ·			
Primary	781 (54.9%)	315 (63.0%)	466 (50.6%)			
Secondary	566 (39.8%)	165 (33.0%)	401 (43.5%)	.12	20.26 (2)	.000
University	74 (5.2%)	20 (4.0%)	54 (5.9%)			
Employment	`````````````````````````````````	<u> </u>				
situation						
Employed	752 (52.9%)	251 (50.2%)	501 (54.4%)			
Unemployed	608 (42.8%)	224 (44.8%)	384 (41.7%)	.04	2.71 (2)	.258
Retired	61 (4.3%)	25 (5.0%)	36 (3.9%)			
Children						
Yes	802 (56.4%)	300 (60.0%)	502 (54.5%)	.05	3.98(1)	.046
No	619 (43.7%)	200 (40.0%)	419 (45.5%)			
Previous						
psychiatric history						
Yes	823 (57.9%)	327 (65.4%)	496 (53.9%)	.11	17.72(1)	.000
No	598 (42.1%)	173 (34.6%)	425 (46.1%)			
Type of						
psychiatric history						
(n = 823)						
Addiction	580 (70.5%)	223 (68.2%)	357 (72.0%)			
Emotional disorder	170 (20.7%)	63 (19.3%)	107 (21.6%)	.10	9.14 (2)	.010
Personality disorder	73 (8.9%)	41 (12.5%)	32 (6.5%)			
Programme access						
Court referred	954 (67.1%)	306 (61.2%)	648 (70.4%)			
Prison	350 (24.6%)	135 (27.0%)	215 (23.3%)	.11	17.72 (2)	.000
Voluntary	117 (8.2%)	59 (11.8%)	58 (6.3%)			

Table 1Results of sociodemographic variables and treatment programme access

	Total	With CFV	Without CFV			
	N=1421	n = 500	<i>n</i> = 921			
IDT	Mean (S	D) Mean (SD)	Mean (SD)	d	t (df)	р
IDT-women	3.22 (2.34) 3.47 (2.38)	3.09 (2.31)	.16	2.72 (1229)	.006
IDT- violence use	3.85 (2.53) 4.19 (2.61)	3.66 (2.47)	.20	3.52 (1229)	.000
SCL-90-R						
GSI	0.57 (0.53) 0.70 (0.57)	0.49 (0.49)	.38	6.57 (1227)	.000
PSDI	1.56 (0.57) 1.67 (0.58)	1.50 (0.56)	.29	4.94 (1227)	.000
PST	29.1 (20.20) 34.38 (20.9)	26.26 (19.2)	.40	6.84 (1227)	.000
Somatisation	0.54 (0.60) 0.66 (0.64)	0.48 (0.56)	.29	5.04 (1227)	.000
Obsessive-compulsive	0.67 (0.64) 0.80 (0.67)	0.60 (0.61)	.31	5.32 (1227)	.000
Interpersonal sensitivity	0.52 (0.60) 0.65 (0.65)	0.45 (0.55)	.32	5.57 (1227)	.000
Depression	0.84 (0.76) 1.01 (0.83)	0.75 (0.70)	.34	5.88 (1227)	.000
Anxiety	0.50 (0.61) 0.63 (0.66)	0.42 (0.57)	.33	5.75 (1227)	.000
Hostility	0.35 (0.57) 0.47 (0.65)	0.29 (0.52)	.31	5.38 (1227)	.000
Phobic anxiety	0.26 (0.45) 0.34 (0.51)	0.22 (0.41)	.26	4.48 (1227)	.000
Paranoid ideation	0.67 (0.67) 0.81 (0.72)	0.59 (0.62)	.32	5.58 (1227)	.000
Psychoticism	0.37 (0.51) 0.49 (0.59)	0.30 (0.44)	.36	6.16 (1227)	.000
STAXI						
Trait-anger	16.40 (5.28	3) 17.39 (5.70)	15.86 (4.95)	.29	4.91 (1227)	.000
Anger temperament	7.10 (2.77) 7.61 (3.05)	6.83 (2.57)	.27	4.71 (1227)	.000
Anger reaction	9.27 (3.22) 9.70 (3.49)	9.03 (3.03)	.20	3.51 (1227)	.000
External expression	9.32 (3.20) 9.81 (3.41)	9.05 (3.05)	.23	3.97 (1227)	.000
Internal expression	11.51 (3.54	11.9 (3.60)	11.26 (3.49)	.19	3.35 (1227)	.001
External control	18.21 (5.26	5) 17.61 (5.34)	18.54 (5.18)	.17	2.99 (1227)	.003
Internal control	15.99 (5.20) 15.97 (5.23)	16.01 (5.19)	.01	0.12 (1227)	.904
Index of anger						
Expression	22.57 (11.8	2) 24.04 (12.24)	21.78 (11.51)	.19	3.21 (1227)	.001

Table 2Results of psychological variables

IDT: Inventory of Distorted Thoughts

	Logistic Regression (Dependent variable = CFV ; $0 = No$; $1 = Yes$)					
	Variable	OR	р	95% CI		
	Education (Primary)	2.52	.004	(1.35-4.71)		
	Programme access (voluntary)	2.14	.002	(1.31-3.50)		
	Previous psychiatric history (yes)	1.46	.004	(1.13-1.89)		
	Nationality (immigrant)	1.40	.009	(1.09-1.80)		
	Children (yes)	1.34	.023	(1.04-1.72)		
	Positive symptoms total (PST)	1.02	<.001	(1.01-1.02)		
	Constant	0.12	<.001			
Adjusted R ²	.11					
Correctly classified	68.3% (Total)	25.5% (With CFV)	91.5% (Without CFV)			

Table 3Multivariate analysis for differentiating between batterers with and without CFV