

Aggressors against women in prison and in the community: an  
exploratory study of a differential profile

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**TITLE**

Aggressors against women in prison and in the community: An exploratory study of a differential profile

**ABSTRACT**

The current study compares the demographic and psychopathological characteristics of 54 men, who were in prison because of a serious offence of violence against women, and of 42 violent men against women at home, who belonged to a program of community treatment. There were no significant differences in demographic variables between the two samples. However, from a psychopathological point of view, the psychiatric antecedents and current emotional instability were much more frequent and severe in aggressors within the community. Therefore two possible differential profiles among the violent men are presented. Implications of these results for further research and clinical practice are commented upon.

**Key words:** Aggressors against women. Psychopathology. Prison. Community.

## INTRODUCTION

Violent behaviors in a marital relationship involve an attempt by one person to control the other, and reflect an abuse of power (Echeburúa & Corral, 1998). This explains why violence is vented by men on women, children and the elderly, as the most vulnerable members of a household (Corsi, 1995). However, violence in a marital relationship always gives rise to negative physical and emotional consequences and both degrade the victim and diminish the perpetrator's self-esteem.

The most up-to-date figures on violence against women are alarming: between 4% and 12% in Spain (Ministerio de Trabajo y Asuntos Sociales e Instituto de la Mujer, 2000), and between 15% and 30% in the United States (Goldman, Horan, Warshaw, Kaplan y Hendricks-Matthews, 1995; Straus y Gelles, 1990). These disturbing figures have led to a greater interest on the part of the scientific community in studying the perpetrators of this violence, and this has resulted in a greater knowledge of the clinical characteristics of violent men (Echeburúa, Fernández-Montalvo & Amor, 2003).

From a psychopathological point of view, numerous studies have indicated the existence of psychiatric upsets in violent men. More specifically, alcohol abuse is present in more than half of the aggressors (Bland & Orn, 1986; Conner & Ackerley, 1994; Fernández-Montalvo & Echeburúa, 1997a; Kaufman & Straus, 1987; Van Hasselt, Morrison & Bellack, 1985), while the incidence rates for drug consumption fluctuate between 13% and 35% of the subjects studied (Bergman & Brismar, 1993; Fagan, Steward & Hansen, 1983; Roberts, 1988).

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One clinically significant aspect is the presence of pathological jealousy. 38% of aggressors considered in the study by Fernández-Montalvo & Echeburúa (1997a) were found to have sexual jealousy, a finding that is in keeping with other previous studies (Faulkner, Stoltemberg, Cogen, Nolder & Shooter, 1992; Howes, 1980; Saunders, 1992).

Personality disorders have also often been identified in this type of subjects (Bernard & Bernard, 1984; Dinwiddie, 1992; Hamberger & Hastings, 1986; Stewart & DeBlois, 1981), the most frequent manifestations being the antisocial, borderline and narcissistic disorders (Hamberger & Hastings, 1988a, 1991; White, & Gondolf, 2000).

Likewise, when men who show violence towards women are compared with the general population, they have been found to be more anxious and depressive, emotionally cold, dominant and hostile, with little control over their outward expression of anger and impulses in general (Bersani, Chen, Pendleton & Denton, 1992).

From the point of view of interpersonal relationships, aggressors against women tend to possess very poor communication skills, inadequate problem-solving strategies and a low tolerance to frustration (Corsi, 1995). All this makes easy that the everyday conflicts and frustrations of such persons, even if no greater than usual, are enough on many occasions to set off violent incidents (Faulkner *et al.*, 1992; Hamberger & Hastings, 1988b).

Cognitive bias is frequently found to be present. This type of bias refers, on the one hand, to mistaken thoughts about sexual roles and the inferiority of

women, and, on the other, to distorted ideas about the legitimacy of violence as a way of resolving conflicts (*cf.* Corsi, 1995; Echeburúa *et al.*, 2003; Fernández-Montalvo & Echeburúa, 1997a; Howes, 1980).

All this does not mean, however, that perpetrators of violence against women form a homogenous group, as witnessed by the different typologies produced by various studies (Fernández-Montalvo & Echeburúa, 1997a; Gleason, 1997; Holtzworth, 2000; Huss & Langhinrichsen, 2000). Establishing classifications is of interest not only from the psychopathological perspective, but mainly from a therapeutic point of view. Only in this way the most suitable treatment can be chosen for each particular case.

The aim of this study is to compare the demographic and psychopathological characteristics of aggressors sentenced to prison for an offence involving gender-based violence (*cf.* Echeburúa *et al.*, 2003) with those involved in community treatment. In short, the intention is to differentiate between the profiles of these two types of aggressors, as certain authors have suggested (*cf.* White & Gondolf, 2000). This purpose may be relevant because of the lack of previous studies about this topic. As a main hypothesis, batterers in prison would be expected to present a different and more disturbed psychopathological profile, because they have been involved in a more serious crime and they have been living in prison for a long time. If so, specific intervention programs for these subjects' types might then be designed at a later stage

## **METHOD**

### **Subjects**

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The sample for this study consisted of 96 subjects, all of them aggressors against women. In short, 42 subjects who currently lived in a marital relationship, sought community outpatient treatment at the Program of Family Violence in Bilbao (Spain). The 54 remaining subjects were at this time imprisoned for a serious offence of violence against their intimate partner. These last participants are part of research about the effectiveness of a pilot program of psychological intervention with prisoners convicted of violence against women that ran in seven Spanish penal institutions in 2001 and 2002.

The rationale to be in an imprisonment or community treatment was the severity of the offence against the partner. In the first case, men were accused to the court by serious crime; in the second one, men were living with their partners and had not been accused to the court or to the police by their partners, who wanted to live on with them.

According to the criteria for admission to the study, the sample of outpatient setting were required to: a) be adult males (between 18 and 65 years old) currently involved in a couple relationship; b) behave in a violent way, either emotional or physical, against their wives, without having been accused to the court or to the police; c) not be suffering from any severe mental disorder or serious physical illness; and d) take part voluntarily in the treatment program, financially supported by the social services of the local government.

Those selected for the sample in prison were required to be: a) adult males (between 18 and 65) having been involved in violence against the partner; b) serving a sentence for a serious offence in relation to gender violence; c) not

suffering from any serious mental disorder or disabling physical disease; and d) taking part voluntarily in the program, having been properly informed of its characteristics.

### **Assessment Measures**

The *SCL-90-R* (Derogatis, 1975; Spanish version created of González de Rivera, 2002) is a self-administered general psychopathological assessment questionnaire. It comprises 90 items with 5 alternatives for each item on a Likert-type scale, ranging from 0 (*none*) to 4 (*very much*). The aim of the questionnaire is to reflect a participant's symptoms of psychological disturbance. As it has been shown to be sensitive to therapeutic change, it may be used for either single or repeated assessments. The *SCL-90-R* consists of nine areas of primary symptoms (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism). It also provides three overall indices that reflect the subject's overall level of severity. The cut-off point of the general symptoms index (*GSI*) is 63.

The *State-Trait Anger Expression Inventory (STAXI-II)* (Spielberger, 1988; Spanish version of Miguel-Tobal, Casado & Cano-Vindel, 2001) consists of 10 items related with state-anger (the intensity of the emotion of anger in a specific situation) and a further 10 related with trait-anger (the individual disposition to experience anger habitually). The range of scores is from 10 to 40 on each scale. The *STAXI* also has a third subscale of 24 items connected with the form of expressing anger (anger expression-out, anger expression-in and anger control).

The *Self-Esteem Scale* (Rosenberg, 1965) assesses the feeling of satisfaction that a person has about himself or herself. There are 10 general items, each carrying a score of between 1 and 4 on a Likert-type scale, giving a questionnaire range of 10 to 40. The higher the score, the greater the level of self-esteem. The cut-off point for the adult population is 29. Test-retest reliability is .85, and the internal consistency *alpha* coefficient is .92. Convergent validity and discriminant validity are likewise satisfactory (*cf.* Zubizarreta, Sarasua, Echeburúa, Corral, Sauca & Emparanza, 1994). The Spanish version of the scale used in this study can be found in Fernández-Montalvo & Echeburúa (1997b).

The *Inadaptation Scale* (Echeburúa & Corral, 1987) reflects the extent to which the participant's current problems affect different areas of daily life. This instrument also has a subscale that takes account of the overall level of maladjustment in every life. The self-report comprises a total of six items, each carrying a score of between 0 and 5 in accordance with a Likert-type scale. The full range of the instrument is therefore 0 to 30, with 12 points representing the overall cut-off point. The higher the score, the greater the level of inadaptation. The psychometric properties of this scale can be found in Echeburúa, Corral & Fernández-Montalvo (2000).

### **Procedure**

All the participants completed the questionnaires individually in the psychologist's presence during pretreatment assessment before the intervention program. The assessment of convicted aggressors was carried out during September and October 2001 by prison psychologists under the direction of the



authors of this study. Likewise the assessment of aggressors in community was carried out when they arrived at the community program of family violence.

## **RESULTS**

The paragraphs below present the results for comparison between the two samples (outpatient and imprisoned aggressors) in demographic characteristics, as well as in psychopathological and adjustment variables.

### **Sociodemographic variables**

Sociodemographic characteristics and results of comparison between community aggressors and convicted aggressors are shown in *table 1*. As it can be seen, there are two significant differences. The first of them is in marital status, with a higher percentage of widowed and divorced in convicted men, and a greater rate of married in community aggressors. To understand this difference, it should not be forgotten that the main cause of being in prison for convicted aggressors is the homicide (or attempted homicide) to the couple. The second relevant difference is that community aggressors were more likely to have a previous history of psychiatric problems than convicted aggressors. The former ones were, in consequence, more emotionally unstable. In the rest of studied variables there were no significant differences.

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*PLACE TABLE 1 HERE*  
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### **Psychopathological and adjustment variables**

On a psychopathological level, the results of the *SCL-90-R* (Derogatis, 1975) may be seen in *table 2*. It is important to highlight the existence of significant

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differences in all the psychopathological dimensions evaluated –both in the global indexes and in the dimensions of primary symptoms-. The community aggressors, who currently lived in a marital relationship, were affected by many psychopathological symptoms and also in a higher degree that those who were in prison.

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*PLACE TABLE 2 HERE*

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The results in the other variables studied are shown in *table 3*. The only significant differences may be seen in the *STAXI-II*. The aggressors in an outpatient setting suffered from a bigger intensity of feelings of anger (state-anger) and a higher bias to the anger (trait-anger) that those who were in prison.

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*PLACE TABLE 3 HERE*

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Regarding the self-esteem and the adjustment level, the scores were rather low in the total sample, but significant differences were not observed between the two groups.

## **DISCUSSION**

An attempt has been made in this study to delimit the psychopathological differences between aggressors against women who are in prison and those who participate in a community domestic violence program.

From a sociodemographic point of view, the typical profile in both cases is a male aged about 40 with only a very basic education, of lower-middle or lower

social class. The clearest differences between one group and the other lie in marital status and psychiatric history. In the group of prisoners, there is a high number of widowers and divorced men, and this is directly linked to the type of offence committed (homicide or serious bodily harm involving women). The group of batterer men following community programs, on the other hand, contains mostly married men. This is connected with attendance at a community program not linked to the court (but to the social services), which, in some way, is attempting to save couples from breaking up.

The number of cases of previous history of psychiatric problems in the prison inmates group is only slightly higher than in the population as a whole. This is not the case with the community program group, however, where such histories are numerous: almost half the subjects have a history of psychiatric problems, particularly related to depression, addiction or personality disorders, as other studies have also found (*cf.* Schumacher, Feldau-Kohn, Smith & Heyman, 2001; White, & Gondolf, 2000).

From the psychopathological viewpoint, the men in the community program group are much more conflictive and emotionally unstable with respect to controlling anxiety, anger and jealousy than the imprisoned aggressors. In other words, the profile of the imprisoned violent equates with that of a relatively normal person without a previous criminal career who loses control in a fit of rage or passion and commits a serious offence or, as Huss & Langhinrichsen (2000) also stated, a cold-blooded aggressor who with no previous emotional instability commits an offence in a non empathic manner.

In short, batterer men who show violence towards women tend to be persons characterized by emotional instability, who frequently abuse of alcohol and drugs and who have a history of psychiatric problems. However, side by side with this profile, which is the one most frequently studied in community programs for treating domestic violence, is the profile of violent men sent to prison, which corresponds to relatively normal persons who in a fit of rage or jealousy commit a serious gender-based violent offence. That is, this apparent lack of symptomatology could be due to the lack of their partners in prison, most of all in people affected by a possible impulse control disorder or by an Intermittent Explosive Disorder. They were able to express their anger and either injure or kill only the wife against whom they had hostile feelings.

There are some limitations in this study. The differences founded between aggressors in the community and aggressors in prison are related to different profiles. However, the experience of being in prison for a long time in the second group may modify the specific psychopathological profile of this group. Likewise the weight of social desirability in the low level of psychopathology encountered cannot be disregarded in this study. Such desirability in the group of batterers in prison may be greater than expected. In short, affecting a degree of *normality* in front of assessors may be one way of gaining faster access to probation. Therefore further studies are needed to test these conclusions. If these psychopathological profiles are confirmed, treatment programs will have to be differentiated and the personnel needed in each case (in prison and in the community) must be trained in accordance with these specific requirements.

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**TABLE 1**  
**COMPARISON IN SOCIODEMOGRAPHIC VARIABLES**

	<b>Aggressors in community N=42</b> ----- <b>Mean (SD)</b>	<b>Aggressors in prison N=54</b> ----- <b>Mean (SD)</b>	<b>t</b>
Age	42.1 (10.2)	40.2 (8.4)	0.99
	<b>Aggressors in community N=42</b> ----- <b>N (%)</b>	<b>Aggressors in prison N=54</b> ----- <b>N (%)</b>	<b>χ<sup>2</sup></b>
<b>Marital status</b>			
Married	36 (85.7%)	9 (16.6%)	54.4 **
Single	3 (7.1%)	3 (5.5%)	
Divorced	3 (7.1%)	31 (57.4%)	
Widowed	0	11 (20.3%)	
<b>Education</b>			
None	3 (7.1%)	2 (3.7%)	7.17
Primary studies	24 (57.1%)	44 (81.4%)	
Secondary studies	11 (26.2%)	6 (11.1%)	
University	4 (9.5%)	2 (3.7%)	
<b>Socioeconomic status</b>			
Low	16 (38.1%)	11 (20.3%)	5.70
Middle-low	10 (23.8%)	20 (37.1%)	
Middle	14 (33.3%)	21 (38.8%)	
Middle-high	2 (4.8%)	2 (3.7%)	
High	0	0	
<b>Previous psychiatric history</b>			
Yes	19 (45.2%)	12 (22.2%)	5.65 *
No	23 (54.8%)	42 (77.7%)	

\*  $p < .05$ ; \*\*  $p < .001$

**TABLE 2**  
**RESULTS IN PSYCHOPATHOLOGICAL**  
**VARIABLES OF SCL-90-R (Derogatis, 1975)**

	Aggressors in community N=42 ----- Mean (SD)	Aggressors in prison N=54 ----- Mean (SD)	<i>t</i>
<b>GSI</b>	71.6 (8.7)	46.2 (11.1)	9.91 **
<b>PSDI</b>	58.7 (9.3)	46.2 (11.6)	4.67 **
<b>PST</b>	64.9 (9.7)	45.7 (14.6)	5.88 **
<b>Somatization</b>	60.6 (8.8)	50.8 (12.9)	3.39 *
<b>Obsessive-compulsive</b>	66.2 (10.7)	44.4 (11.1)	8.01 **
<b>Interpersonal sensitivity</b>	71.1 (7.1)	41.2 (15.7)	8.79 **
<b>Depression</b>	73.7 (7.9)	46.7 (9.5)	12.01 **
<b>Anxiety</b>	69.6 (8.5)	43.5 (13.4)	8.70 **
<b>Hostility</b>	67.7 (9.3)	40.3 (18.1)	7.04 **
<b>Phobic anxiety</b>	62.2 (10.1)	39.6 (20.2)	5.15 **
<b>Paranoid ideation</b>	68.1 (7.2)	46.8 (15.5)	6.32 **
<b>Psychoticism</b>	67.4 (8.4)	41.6 (19.2)	6.29 **

\*  $p < .01$ ; \*\*  $p < .001$

**TABLE 3**  
**COMPARISON IN OTHER VARIABLES**

	<b>Aggressors in community N=42</b> ----- <b>Mean (SD)</b>	<b>Aggressors in prison N=54</b> ----- <b>Mean (SD)</b>	<b><i>t</i></b>
<b>State-anger</b> ( <i>Range: 10-40</i> )	15.8 (4.5)	13.5 (4.6)	2.36 *
<b>Trait-anger</b> ( <i>Range: 10-40</i> )	23.1 (7.1)	15.8 (5.1)	5.86 **
<b>Self-esteem</b> ( <i>Range: 10-40</i> )	29.1 (4.5)	29.8 (4.5)	0.87
<b>Inadaptation</b> ( <i>Range: 0-30</i> )	18.4 (6.4)	17.8 (7.6)	0.44

\*  $p < .05$ ; \*\*  $p < .001$