

Batterer men in prison and in court-referred treatment programmes: What is the difference?

Short title: Differential profiles of batterers

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ABSTRACT

This paper describes the demographic, gender violence and psychopathological characteristics of 399 men in a specialized treatment programme for gender violence. Furthermore, a comparison of all the variables studied among the subjects referred by the court to the treatment programme (n=276) and those who were imprisoned (n=123) was conducted. The results showed the existence of numerous statistically significant differences between groups, primarily in psychopathological variables and in cognitive bias about women and violence use. In general, imprisoned batterers showed more irrational beliefs both about women and about violence as a strategy to cope with everyday difficulties. Moreover, batterers in prison had significantly higher scores on all psychopathological symptoms as assessed by SCL-90-R, as well as in most of STAXI-2 subscales. According to these results, batterers in prison showed a higher severity in variables studied than those who were referred by the court to the treatment programme. Implications of these results for further research and clinical practice are also commented on.

Key words: gender violence; batterers; psychopathology; prison; court-referred.

RESUMEN

En este artículo se presentan las características demográficas, de violencia y psicopatológicas de 399 hombres que acuden a un programa especializado en el tratamiento de violencia de género. Además, se lleva a cabo una comparación en todas las variables estudiadas entre los agresores enviados al programa como suspensión de la ejecución de la pena (n=276) y aquellos que cumplían condena en prisión (n=123). Los resultados obtenidos mostraron la existencia de numerosas diferencias estadísticamente significativas entre los dos grupos. En general los maltratadores en prisión mostraron más ideas irracionales sobre la mujer y sobre la violencia como forma aceptable de resolver las dificultades cotidianas. Además, los agresores en prisión presentaron puntuaciones más altas en los síntomas psicopatológicos evaluados con el SCL-90-R, así como en la mayoría de las subescalas del STAXI-2. Con arreglo a estos resultados, los maltratadores en prisión presentaban una mayor gravedad en las variables estudiadas en comparación con aquellos enviados al programa de tratamiento como alternativa a la ejecución de la pena. Se discuten las implicaciones de estos resultados para la investigación futura y para la práctica clínica con agresores.

Palabras-clave: violencia de género; maltratadores; psicopatología; prisión; suspensión de condena.

INTRODUCTION

In recent years, treatment programmes for batterers have greatly increased in number around the world. Batterer intervention programmes for men have evolved into the most prominent and visible form of intervention aimed at ending intimate partner violence. At present, many countries (United States, Canada, Spain, etc.) have adopted some form of batterer intervention programme development (Lehmann & Simmons, 2009; Rueda, 2007). The available proposals are very heterogeneous in content (cognitive-behavioural therapy, psycho-educational intervention, support therapy, etc), as well as in format (individual or group) and implementation setting (community, prison or court order). However, only a few intervention modalities have been subjected to rigorous empirical analyses. One meta-analysis of treatment programmes for batterer men can be found in Babcock, Green and Robie (2004).

In Spain, the first treatment programme appeared in 1995, and its preliminary results were published in 1997 (Echeburúa & Fernández-Montalvo, 1997). A recent study on the efficacy of this programme from 1997 to 2007 confirmed the usefulness of these kinds of treatments, although they present an important limitation in preventing treatment rejections and dropouts (Echeburúa, Sarasua, Zubizarreta, & Corral, 2009). Since 2004, when the Law of Integral Protection Measures against Gender Violence was approved by the Spanish Government, there has been a significant increase in treatment programmes for male batterers. The Law states that autonomous regions of Spain should implement specific therapeutic programmes for males convicted of gender violence in their respective territories. Thus, in cases where the perpetrator has no criminal record and a sentence of less than two years (depending on the severity of the crime), the judge may impose a suspended sentence on the batterer if he agrees to

complete a therapeutic programme (Organic Law 1/2004 of 28 December). This has resulted in a change in the way offender treatment programmes are considered, creating specific and varied proposals with very different characteristics, to serve this specific population.

In consequence, the number of batterer men who participate in these treatment programmes after a suspended sentence has been rising. Most offenders prefer court-mandated psychological treatment over a prison sentence. However, this situation questions both the true motivation of these patients to complete treatment and the actual effectiveness of these programmes. At present, results from batterer treatment programmes indicate that the motivation of batterers is often weak at the beginning of treatment, and very unstable along the course of treatment (Echeburúa, Sarasua, Zubizarreta, Amor, & Corral, 2010). Because of this tenuous and fluctuating motivation for therapy, dropout rates in batterer intervention programmes range from 50% to 75% (Babcock et al., 2004).

However, the notable increase of reported gender violence has produced an increasingly high rate of offenders receiving treatment, either in prison programmes, or in court-mandated outpatient programmes. From a legal perspective, a judge's decision on the best fate for a batterer is often influenced by the severity of the behaviour and the sentence (Rueda, 2007). There are no psychological reasons for deciding whether it is better to place a batterer male in court-mandated treatment or in a programme in prison.

In addition to judicial reasons, it is important to have psychological criteria for evaluating the appropriateness of beginning a treatment programme as an alternative to a prison sentence. In this sense, some attempts to develop reliable tools for predicting the risk of both general and gender based violence (Andrés-Pueyo & Echeburúa, 2010)

have been carried out (Echeburúa, Fernández-Montalvo, Corral, & López-Goñi, 2009). There has also been a growing interest in empirical research about typologies of men who batter (Amor, Echeburúa & Loinaz, 2009). In this regard, knowing the different characteristics of offenders who are imprisoned versus those who form part of court-referred treatment programmes may significantly contribute to the field.

The aim of this study was to compare the demographic and psychopathological characteristics of aggressors sentenced to prison for an offence involving gender based violence to those of aggressors involved in a court-referred treatment programme. The intention was to differentiate between the profiles of these two types of aggressors. This goal may be relevant because of the lack of previous studies on 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 have been living in prison for a long time. If so, specific intervention programmes for these participants' types might be designed at a later stage.

METHOD

Participants

The sample in this study consisted of 399 men who were in a specialized treatment programme because of having committed an offence of gender violence. From the total sample, 276 patients were referred to a treatment programme by the court. The 123 remaining subjects were at that time imprisoned for a serious offence of violence against their intimate partner.

The subjects form part of a research programme about the effectiveness of psychological intervention with batterers. This treatment programme was developed in Navarre (Spain) in 2005 by "PSIMAE Instituto de Psicología Jurídica y Forense", and it is

directed by the Social Service of Justice of the Government of Navarre (Spain). All patients were assessed in the programme from January of 2005 to June of 2010.

Those selected for the sample were required to be: a) adult males (older than 18) who have been involved in violence against their 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 programme, having been properly informed of its characteristics. The rationale of placing a subject in an imprisonment treatment versus a court-referred treatment was mainly related to the severity of the offence against the partner. Spanish legislation allows judges to impose a suspended sentence if the person is a first offender, the total sentence imposed does not exceed two years imprisonment, and the offender agreed to participate in a specialized treatment programme.

Assessment measures

Violence variables

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 inventory score ranges between 0 and 13 points. The higher the score, the greater the number of cognitive distortions related to women.

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

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.

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 nine areas of primary symptoms: somatisation, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. It also provides three indices that reflect the subject's overall level of severity.

The State-Trait Anger Expression Inventory (STAXI-2) (Spielberger, 1988; 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 a further 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 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).

Procedure

Once the clinical sample was selected using the previously described criteria, the assessment of the sample was carried out in two sessions. Each session took place once a week for two weeks, and the time interval between sessions was the same for each participant. In the first session, data related to socio-demographic 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.

Data analysis

Descriptive analyses were conducted for all variables. Bivariate analyses were employed using χ^2 or t-test statistics, depending on the nature of the variables studied. A difference of $p < .05$ was considered significant. Statistical analyses were carried out using SPSS (version 15.0 for Windows).

RESULTS

Socio-demographic variables

Socio-demographic characteristics of the total sample are described in Table 1. The mean age of the total sample was 36.7 ($SD = 9.59$; range = 18 to 74). The level of education of most participants was low, with a clear predominance of participants who left school at the minimum leaving age (60.6%) and only 4.3% of the total sample had a university education. The unemployment rate was very high, at 44.5% of the sample.

PLACE TABLE 1 HERE

A previous history of psychiatric problems was observed in 42.6% of the sample. The main disorders for which psychological or psychiatric attention had been administered were, in decreasing order of prevalence, addictive behaviours (69.4%),

emotional disorders, mainly anxiety and depression (21.2%) and personality disorders (9.4%).

A comparison of results for demographic variables between those who were referred by court and those who were in prison revealed significant differences in three variables: education level, employment situation and type of psychiatric history. Regarding education level, most patients belonging to both groups had completed their primary studies. However, even though the rate of completion of primary studies was higher in imprisoned males than in court-referred males, the rate of completion of secondary studies was much higher in offenders who were mandated by court than in those who were imprisoned. The unemployment situation when gender violence was detected was higher in males serving a prison sentence. Finally, comparison between groups showed that personality disorders, as a previous psychiatric history, were more prevalent in imprisoned than in court-referred men.

Gender violence variables

Regarding gender 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, was observed in almost all the patients studied (Table 2). Comparison between the two groups showed statistically significant differences; imprisoned batterers 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.

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Just over half of the total sample (49.4%) had witnessed episodes of violence in childhood. In most cases, patients had been direct victims of such violence. However, although this is a relevant variable, no significant differences between the two groups were observed.

Psychopathological variables

On a psychopathological level, the results of the SCL-90-R may be seen in Table 3. All aggressors in the sample showed clinically significant psychopathological symptoms, with a score above the 75 percentile in many dimensions of the questionnaire. Moreover, it is important to note the existence of significant differences in all of the psychopathological dimensions evaluated, both in the global indexes and in the dimensions of primary symptoms. The imprisoned aggressors, who were currently serving a prison sentence, were affected by many psychopathological symptoms to a higher degree than those who were mandated by court to treatment.

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However, the aggressors of the sample did not show a clinically relevant level of anger, as assessed by the STAXI-2. There were still statistically significant differences between both groups, with a higher index of anger expression and anger as a personality trait in batterers in prison compared to court-referred aggressors.

DISCUSSION

The psychopathological profile of men who commit violence against women has been studied in previous studies in Spain, both in community (Boira & Jodrá, 2010; Fernández-Montalvo & Echeburúa, 1997; Redondo, Graña, & González, 2009) and in

prison settings (Echeburúa, Fernández-Montalvo, & Amor, 2003; Fernández-Montalvo & Echeburúa, 2005). There has even been a study in which both psychopathological profiles (community and prison) have been compared (Fernández-Montalvo, Echeburúa, & Amor, 2005). More recently, due to the increase of immigrant perpetrators, mainly in court-mandated treatment programmes, the differential profile of national and immigrants batterers has also been studied (Fernández-Montalvo, Echauri, Martínez, & Azcárate, 2011). Knowledge of the specific profile of this population allows for the development and implementation of specific programmes focused to modify the characteristics of these men, which contribute to an increase in the probability of reproducing gender violence. However, there are virtually no studies specifically focused on analysing the profile of aggressors attending a court-referred treatment programme in comparison with the profile of those in prison. An attempt has been made in this study to delimit the psychopathological differences between aggressors in prison and in court-mandated programmes.

From a sociodemographic point of view, participants have a mean age of 36.6, most of them have only a basic education level, slightly more than half are immigrants, they have an unemployment rate strongly higher than that of the general population (approximately 10%), and they suffer from a high rate of previous psychiatric history (42.6% of the sample), mainly related to addiction problems. These results are similar to those found in other studies of batterer men (Boira & Jodrá, 2010; Echeburúa et al., 2003; Redondo et al., 2009; White & Gondolf, 2000) showing a profile of young batterer men in treatment programmes, with low levels of education, increasing rates of immigrants receiving treatment (Fernández-Montalvo et al., 2011), and alcohol and drug abuse (Fals-Stewart, Golden, & Schumacher, 2003; Fernández-Montalvo, López-

Goñi, & Arteaga, 2011; Moore et al., 2008). The statistical differences between both groups studied lie in education, employment situation and the type of previous psychiatric history. Batterers in prison showed a lower level of education (most had only completed their primary studies) and a higher unemployment rate before being in prison. Moreover, imprisoned batterers with a previous psychiatric history underwent more previous treatments for personality disorders than court-referred batterers.

Regarding violence variables, there are statistically significant differences between both groups. Although most patients showed cognitive biases and distorted thoughts related to women (mainly about sexual roles and the inferiority of women) and to the use of violence as an acceptable way of resolving conflicts, comparison between the two groups revealed a higher rate of cognitive biases in imprisoned batterers than in those who received treatment in a court-mandated programme. Sexist ideas about women and cognitive biases about the use of violence as an acceptable way of resolving conflicts were frequently observed in previous studies as well (Boira & Jodrá, 2010; Echeburúa et al., 2003; Fernández-Montalvo & Echeburúa, 1997, 2005; Fernández-Montalvo et al., 2005). Moreover, it is important to highlight that nearly half of the sample of offenders (49.4%) had suffered or observed abuse in childhood. However, there are no significant differences between the two groups studied in the rate of abuse.

From a psychopathological point of view, the whole sample demonstrated a high rate of comorbid symptoms. Scores on most scales of the SCL-90-R exceeded the 75 percentile. These results support data obtained in previous studies which show that mental health disorders are associated with men who batter (Dinwiddie, 1992; Fernández-Montalvo & Echeburúa, 2008; Gondolf, 2009; Hamberger & Hastings, 1991). When both groups studied were compared, statistically significant differences

were found in all of the psychopathological dimensions evaluated, both in the global indexes and in the dimensions of primary symptoms. The imprisoned aggressors currently serving a prison sentence were affected by more psychopathological symptoms, and to a higher degree of these symptoms, than those who were court-mandated to treatment. Regarding anger measures, scores on the STAXI-2 scales were generally moderate. However, there were statistically significant differences between groups; batterers in prison showed a higher index of anger expression as well as anger as a personality trait than did aggressors referred by the court.

In summary, the results obtained in this study show a more severe profile of batterers in prison than of batterers participating in court-referred treatment programmes. A relevant conclusion derived from this research is that severity of violence (to be in prison) is not only related to having committed more serious offenses of gender-based violence and serving long prison sentences, but also to showing more irrational beliefs about women and violence and more comorbid psychopathological symptoms.

However, this study has some limitations. The differences found show different profiles of aggressors. Yet, the experience of being in prison for a long time may modify the specific psychopathological profile of the prison group. Some studies have found that time spent in prison affects the presence of cognitive biases on violence, as well as the intensity of psychopathological symptoms (Echeburúa et al., 2003). Therefore, further studies are needed to test these conclusions. If these different psychopathological profiles are confirmed by other studies, treatment programmes will have to be differentiated, and the personnel needed in each case (in prison and in court-mandated programmes) must be trained in accordance with these specific requirements.

Carefully designing and implementing individually-tailored strategies may make it possible to improve results in intervention programmes with batterer men. Moreover, as a consequence of the different profiles found in both treatment programmes, it would be interesting to study the influence of the referral source in the successful completion of the treatment programme.

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Table 1
Results in socio-demographic variables

	Total N = 399		Court-referred N = 276		Imprisoned N = 123		
	Mean	(SD)	Mean	(SD)	Mean	(SD)	t
Mean age	36.6	(9.51)	36.3	(9.53)	37.1	(9.48)	.74
Years of relations with the victim	8.19	(7.84)	8.00	(7.35)	8.64	(8.86)	.75
	N	(%)	n	(%)	n	(%)	X²
Age groups							
18-30	121	(30.3%)	86	(31.2%)	35	(28.5%)	.41
31-50	247	(61.9%)	169	(61.2%)	78	(63.4%)	
51-65	27	(6.8%)	18	(6.5%)	9	(7.3%)	
>65	4	(1%)	3	(1.1%)	1	(.8%)	
Nationality							
Spanish	189	(47.4%)	124	(44.9%)	65	(52.8%)	2.14
Immigrant	210	(52.6%)	152	(55.1%)	58	(47.2%)	
Education							
Primary	246	(61.6%)	134	(55.7%)	92	(74.7%)	17.9***
Secondary	136	(34.1%)	112	(45.5%)	26	(21.1%)	
University	17	(4.3%)	12	(4.3%)	5	(4.1%)	
Employment situation							
Employed	224	(56.1%)	169	(61.2%)	55	(44.7%)	9.54**
Unemployed	161	(44.4%)	99	(35.9%)	62	(50.4%)	
Retired	14	(3.5%)	8	(2.9%)	6	(4.9%)	
Children							
Yes	249	(62.4%)	157	(63.4%)	74	(60.2%)	.38
No	150	(37.6%)	101	(36.6%)	49	(39.8%)	
Previous psychiatric history							
Yes	170	(42.6%)	111	(40.2%)	59	(48%)	2.09
No	229	(57.4%)	165	(59.8%)	64	(52%)	
Type of psychiatric history (n=170)							
Addiction	118	(69.4%)	79	(71.2%)	39	(66.1%)	9.82**
Emotional disorder	36	(21.2%)	27	(24.3%)	9	(15.3%)	
Personality disorder	16	(9.4%)	5	(4.5%)	11	(18.6%)	

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

Table 2
Results in violence variables

	Total N=399		Court-referred N=276		Imprisoned N=123		
Inventory of Distorted Thoughts							
	Mean	(SD)	Mean	(SD)	Mean	(SD)	t
Cognitive bias about women	3.80	(2.43)	3.52	(2.51)	4.49	(2.09)	3.49***
Cognitive bias about violence use	4.49	(2.58)	4.06	(2.56)	5.56	(2.30)	5.21***
	N	(%)	n	(%)	n	(%)	X²
Victim of childhood abuse							
Yes	197	(49.4%)	135	(48.9%)	62	(50.4%)	
No	202	(50.6%)	141	(51.1%)	61	(49.6%)	.07
Type of childhood abuse (n=197)							
Suffered	116	(58.9%)	74	(54.8%)	42	(67.7%)	
Observed	81	(41.1%)	61	(45.2%)	20	(32.3%)	2.93

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

Table 3
Results in psychopathological variables

SCL-90-R	Total N=399		Court-referred N=276		Imprisoned N=123		t
	Mean	(SD)	Mean	(SD)	Mean	(SD)	
GSI	.65	(.57)	.52	(.45)	.95	(.70)	6.89***
PSDI	1.62	(.57)	1.50	(.46)	1.94	(.69)	7.15***
PST	32.2	(20.4)	28.9	(19.5)	40.6	(20.3)	5.15***
Somatisation	.60	(.64)	.52	(.57)	.80	(.76)	3.88***
Obsessive-compulsive	.73	(.67)	.62	(.56)	1.01	(.81)	5.24***
Interpersonal sensitivity	.60	(.63)	.49	(.52)	.88	(.79)	5.48***
Depression	.93	(.77)	.75	(.62)	1.39	(.91)	7.82***
Anxiety	.59	(.73)	.45	(.56)	.94	(.96)	6.09***
Hostility	.41	(.61)	.31	(.44)	.64	(.86)	4.79***
Phobic anxiety	.33	(.51)	.25	(.42)	.53	(.64)	4.95***
Paranoid ideation	.80	(.74)	.66	(.61)	1.14	(.90)	5.82***
Psychoticism	.44	(.55)	.33	(.41)	.72	(.73)	6.48***
STAXI							
Trait - Anger	16.4	(5.11)	15.9	(4.65)	17.5	(5.96)	2.76**
Anger temperament	7.01	(2.61)	6.79	(2.31)	7.52	(3.19)	2.43*
Anger reaction	9.34	(3.29)	9.14	(3.07)	9.84	(3.75)	1.83
External expression	9.44	(3.24)	9.05	(2.80)	10.4	(3.98)	3.71***
Internal expression	11.7	(3.54)	11.4	(3.57)	12.4	(3.39)	2.31*
External control	17.7	(5.27)	18.1	(5.11)	16.9	(5.59)	1.86
Internal control	15.9	(4.95)	15.8	(4.85)	16.3	(5.20)	.99
Index of Anger Expression	23.3	(11.2)	22.5	(10.4)	25.4	(12.7)	2.28*

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