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Personality characteristics in specialist and generalist intimate partner violence perpetrators

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Abstract

Intimate partner violence (IPV) is one of the most common types of violence against women. Although personality disorders have been associated with IPV, perpetration research regarding personality according to the classification specialist/generalist IPV perpetrators is scarce. The general aim of this study was to describe personality in a large sample of IPV Spanish male perpetrators considering their classification (specialist vs. generalist). Participants were 1093 men convicted of IPV crimes whose ages ranged from 18 to 76 years old ($M = 40.15$; $SD = 10.32$). Of them, 554 men were classified as specialist perpetrators and 539 men were classified as generalist perpetrators. Participants completed questionnaires regarding sociodemographic and violence aspects as well as the Spanish version of the Millon Clinical Multiaxial Inventory III. Generalist perpetrators showed higher means in nearly all the personality disorders scales compared to specialist perpetrators. Prevalence rates in the majority of personality disorders were lower than 5%. Higher scores on the avoidant, histrionic, and self-defeating scales and lower scores on the aggressive, borderline, and drug dependence scales were related to being a specialist perpetrator. This study contributes to a better understanding of personality among generalist and specialist perpetrators.

KEYWORDS

intimate partner violence, MCMI-III, perpetrators, personality, typologies

1 | INTRODUCTION

Intimate partner violence (IPV) is a public health problem due to its high prevalence, as well as its great impact at individual, social and family levels (World Health Organization [WHO], 2016). IPV is one of the most common types of violence against women. It includes men's behaviours against their partners/ex-partners such as physical

aggression, sexual coercion, psychological abuse and controlling behaviours. IPV causes physical, sexual or psychological harm (WHO, 2013). Globally, it is considered a pandemic that affects 30% of women over 15 years of age during their lifetime. Moreover, around 38% of the murders of women are committed by their intimate partners (WHO, 2017). Specifically in Spain, during 2019, 30,495 men were convicted of IPV (National Institute of

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Statistics, 2021). In 2020, a total of 554,960 women were reported as IPV victims, and 41 murders of women as a consequence of IPV were informed (Government of Spain, 2020).

Research focused on typologies is crucial to identify those variables that could differentiate among IPV perpetrators (e.g., González-Álvarez et al., 2021; Herrero et al., 2016; Holtzworth-Munroe & Stuart, 1994; Vignola-Lévesque & Léveillé, 2021). A multitude of typologies has been proposed, some based on the severity of violence and risk to victims (Cavanaugh & Gelles, 2005; Echeburúa et al., 2009) and others based on psychopathological and/or physiological characteristics of IPV perpetrators (Gottman et al., 1995; Greene et al., 1994; Hamberger et al., 1996; Holtzworth-Munroe et al., 2000; Langhinrichsen-Rohling et al., 2000; Tweed & Dutton, 1998). One of the most widely accepted classification was developed by Holtzworth-Munroe and Stuart (1994) who proposed the following types of IPV perpetrators: family only IPV perpetrators; borderline or dysphoric perpetrators; and generally violent or antisocial. In Spain, Llor-Esteban et al. (2016) identified profiles of IPV perpetrators as a function of their risk of recidivism and also assessed whether there was a correspondence with type of offenders proposed by Holtzworth-Munroe and Stuart (1994). They concluded that there were three profiles of IPV perpetrators according to their risk of recidivism: high-risk IPV perpetrators who coincided with the dysphoric/borderline type, medium-risk IPV perpetrators who coincided with the low-level antisocial type and the low-risk group that coincided with the type of IPV perpetrators family only. Other classifications have distinguished between instrumental (severe violence against women/IPV) and impulsive perpetrators (Tweed & Dutton, 1998), among perpetrators without psychopathological features, passive-aggressive dependent perpetrators and antisocial perpetrators (Hamberger, 1997); among non-pathological (exclusively familial), pathological type (dysphoric/borderline) and psychopathic or antisocial type (Langhinrichsen-Rohling et al., 2000); among non-pathological perpetrators, altered perpetrators (with distress problems linked to delinquency) and antisocial/violent perpetrators (Cunha & Gonçalves, 2013).

Recent researches have shown the usefulness of a dual typology, constituted by a 'partner-only violent' and 'generally violent' subtypes of IPV (Petersson & Strand, 2020). In Spain, the classification proposed by Rodríguez-Franco et al. (2017) and Herrero et al. (2016) differentiated between generalist and specialist perpetrators. According to this classification, generalist perpetrators have a long and varied criminal history, linked to IPV and also against other people. In contrast, specialist perpetrators committed crimes exclusively related to IPV. Herrero et al. (2016) distinguished between both groups in terms of personality characteristics, evidencing that generalist perpetrators showed higher levels of psychopathology (antisocial and borderline personality) and substance dependence compared to specialist perpetrators although both groups presented similar scores on histrionic and narcissistic personality characteristics. Furthermore, more research is needed regarding the characteristics of these two types of IPV perpetrators that could help in the development of different intervention programs (if necessary) according to these two subgroups of

Key Practitioner Message

- Prevalence rates of personality disorders were lower than 5% in both groups. In generalist perpetrators, the narcissistic personality disorder was the most prevalent (9.8%). In the case of specialist perpetrators, the compulsive personality disorder showed the highest prevalence rate (17.9%).
- Results show a profile of specialist perpetrator related with higher scores on the avoidant, histrionic and self-defeating scales as well as lower scores on the aggressive, borderline and drug dependence scales.
- Prevalence rates of MCMI-III personality disorders and clinical syndrome scales were low both in specialist and generalist perpetrators
- If the percentages of IPV perpetrators who presented at least one personality disorder/clinical syndrome are considered, we found that 55.7% of generalist and 25.1% of specialist perpetrators exhibited at least one clinical syndrome and that 36.1% of specialist and 26.2% of generalist perpetrators showed at least one personality disorder.
- Considering personality and psychopathological profile of both specialist and generalist IPV perpetrators could be useful in the design of interventions aimed to this population as well as to reduce IPV recidivism.

IPV perpetrators. Moreover, studies on the characteristics of each subtype could help to improve and adapt the treatments as well as to reduce the existing high recidivism rates in IPV perpetrators (Fitzgerald & Graham, 2016).

In general terms, personality disorders have been associated with IPV perpetration (Collison & Lynam, 2021). For example, in IPV perpetrators samples from Spain, borderline personality and alcohol problems have been identified as risk factors for IPV (Jose et al., 2014). Moreover, some results have shown that the use of alcohol acted as a coping mechanism in antisocial and borderline men which increased the likelihood of psychological IPV occurrence (Juarros-Basterretxea et al., 2022). Although psychological theories have emphasized the importance of individual differences in personality traits of IPV perpetrators to explain IPV (Cameranesi, 2016), many studies have been focused on comparing IPV perpetrators with nonviolent men (e.g., Ferrer et al., 2004; Holtzworth-Munroe et al., 1997; Holtzworth-Munroe et al., 2000; Okuda et al., 2015; Shorey et al., 2012). Recently, Petersson and Strand (2020) after conducting a review of studies, pointed out that there were only nine studies comparing family-only (specialist) and generally violent perpetrators (generalist) and of them, only three studies analysed personality. Therefore, research regarding personality according to the classification specialist/generalist IPV perpetrators is scarce. Considering that standard interventions do not fit the needs of all IPV perpetrators, it is plausible to expect that these interventions show different degrees of effectiveness according to

the specific personality characteristics of IPV perpetrators (Cameranesi, 2016; Torres et al., 2013). Therefore, considering the personality characteristics of IPV perpetrators seems to be a key issue.

One of the most used personality measures is the Millon Clinical Multiaxial Inventory (MCMI) (Torres et al., 2013). This instrument has been widely used in the assessment of personality characteristics in male IPV perpetrators (Siria, Fernández-Montalvo, et al., 2021; Torres et al., 2013). As Craig (2003) pointed out, a specific MCMI profile associated with IPV perpetration cannot be established. However, some personality disorders and clinical syndromes have been found to be more prevalent among IPV perpetrators. For example, narcissistic, antisocial, histrionic, obsessive-compulsive and borderline personality traits have been commonly reported in this population (Collison & Lynam, 2021; Craig, 2003; Ehrensaft et al., 2006). Regarding clinical syndromes, drug and/or alcohol dependence have been the most frequently reported in IPV perpetrators (Arteaga et al., 2015; Catalá-Miñana et al., 2014). The MCMI has been used internationally to propose typologies in samples of IPV perpetrators (e.g., White & Gondolf, 2000) as well as in Spain (e.g., Loinaz et al., 2010; Loinaz et al., 2011). For example, Loinaz et al. (2010) identified two clusters of IPV perpetrators using the MCMI-III: cluster 1 (individuals who presented a type of violence focused on the partner) was characterized by higher scores in compulsive and histrionic scales. Cluster 2 (those individuals who presented a more generalized violence) showed higher scores on personality disorders scales compared to individuals from cluster 1. Although there are few recent studies in Spain that have addressed personality in IPV perpetrators using the MCMI-III (e.g., Herrero et al., 2016; Juarros-Basterretxea et al., 2018; Siria, Fernández-Montalvo, et al., 2021; Siria, Leza, et al., 2021), it is necessary to deeply analyse the personality profile according to the specialist and generalist classification in large samples of IPV perpetrators. Therefore, the present study intends to fill this gap in literature and our general aim is to describe personality in a large sample of IPV Spanish male perpetrators considering their classification (specialist vs. generalist). Specifically, the aims of this study are as follows: 1. to analyse the prevalence of personality disorders and clinical syndromes assessed with the MCMI-III in IPV perpetrators according to their classification (specialist vs. generalist); 2. to analyse if there are differences in personality disorders and clinical syndromes assessed with the MCMI-III in IPV perpetrators according to their classification (specialist vs. generalist) and 3. to identify which of the personality disorders and clinical syndromes are related to being a specialist perpetrator.

2 | METHOD

2.1 | Participants

Participants were 1093 men convicted of IPV crimes recruited from several prisons in Andalusia (Spain). Ages ranged from 18 to 76 years old ($M = 40.15$; $SD = 10.32$). Based on the classification proposed by

Herrero et al. (2016) as well as questions regarding violence collected with the sociodemographic and violence questionnaire (the access to officially reported information was not possible), these men were classified into two groups: (a) 554 men specialist perpetrators (male offenders whose only type of offences were related to IPV) and (b) 539 men generalist perpetrators (male offenders who were convicted of IPV but they also had been aggressive with other people). There were age differences between specialists ($Mean = 42.41$; $SD = 10.82$) and generalist perpetrators ($Mean = 37.82$; $SD = 9.18$) ($t_{1091} = 7.54$; $p = 0.001$). According to Spanish law (Law 1/2004, Comprehensive Protection Law against Gender Violence [Ley Orgánica 1/2004, de 28 de diciembre, de Medidas de Protección Integral contra la Violencia de Género]), first convictions for IPV without sexual or physical abuse are classified as a misdemeanour, which implies that the person is sent to a mandatory community intervention programme (Center for Social Insertion [CSI]) of the Ministry of Justice, but not to prison. In CSI, IPV perpetrators should attend IPV rehabilitation programs. In the case of sexual or physical abuse with any physical injury, IPV perpetrators go to prison. The sample is composed by IPV perpetrators who were both in CSI and prison. Other sociodemographic characteristics of participants are shown in Table 1.

2.2 | Instruments

Sociodemographic and violence questionnaire. An ad hoc self-report questionnaire to collect socio-demographic and violence data was used. This questionnaire included questions regarding age, nationality, educational level and type of IPV crime (see Table 1). Specifically, questions were the following:

- *What is your nationality?* Answer options were 'Spanish' or 'Non-Spanish'.
- *What is your correctional facility?* Response options were 'CSI' or 'Prison'.
- *What is your educational level?* Response options were 'No education'; 'Primary-level education'; 'Secondary level education'; 'University education'.
- *Select one or more of the following options regarding the IPV crime you committed.* Response options were: 'Psychological maltreatment'; 'Physical maltreatment'; 'Psychological, physical and sexual maltreatment'.
- *With whom have you ever had a violent event? You can select more than one option.* Response options were 'Family'; 'Friends'; 'Unknown people'; 'A former partner'; 'I have never had a violent event'.

The Spanish version of the *Millon Clinical Multiaxial Inventory III* (MCMI-III) (Cardenal & Sánchez, 2007) was used. This is the Spanish version of the MCMI-III developed by Millon (1997). It is a self-report instrument that assesses personality disorders. It is composed of 175 dichotomous items (true/false) and assesses 24 clinical scales

TABLE 1 Results of sociodemographic variables, type of IPV crime and severity of violence (CTS2) according to the group of IPV perpetrator

Variables	Specialist perpetrators (n = 554) n (%)	Generalist perpetrators (n = 539) n (%)	Total N = 1093 n (%)	χ^2 (df)	p
Nationality				9.08 (1)	0.003
Spanish	487 (88.2)	503 (93.5)	990 (90.8)		
Non-Spanish	65 (11.8)	35 (6.5)	100 (9.2)		
Prison system				42.62 (1)	0.001
CSI ^a	190 (34.4)	92 (17.1)	282 (25.9)		
Prison	362 (65.6)	446 (82.9)	808 (74.1)		
Educational level				10.25 (3)	0.017
No education	45 (8.2)	60 (11.2)	105 (9.6)		
Primary-level education (ages 6–12)	333 (60.3)	343 (63.8)	676 (62.0)		
Secondary-level education (ages 13–18)	137 (24.8)	117 (21.7)	254 (23.3)		
University education	37 (6.7)	18 (3.3)	55 (5.0)		
Type of IPV crime^b					
Psychological maltreatment	315 (59.5)	368 (70.5)	683 (65.0)	13.85 (1)	0.001
Physical maltreatment	200 (37.8)	202 (38.7)	402 (38.2)	0.09 (1)	0.767
Psychological, physical and sexual maltreatment	28 (5.3)	14 (2.7)	42 (4.0)	4.67 (1)	0.031
CTS2	Mean (SD)	Mean (SD)	Mean (SD)	t (df)	p
Negotiation	4.46 (1.56)	4.52 (1.44)	4.49 (1.51)	−0.67 (1091)	0.503
Psychological violence	2.35 (2.02)	3.62 (2.11)	2.97 (2.16)	−10.15 (1091)	0.001
Physical violence	1.09 (1.72)	1.91 (2.29)	1.50 (2.06)	−6.69 (1091)	0.001
Sexual coercion	0.27 (0.79)	0.42 (1.04)	0.34 (0.92)	−2.79 (1091)	0.005
Injury	0.70 (1.26)	0.94 (1.42)	0.82 (1.35)	−2.84 (1091)	0.004
Severity of physical violence	2.00 (4.3)	3.77 (6.02)	2.87 (5.29)	−5.59 (1091)	0.001

^aAccording to Spanish law (Law 1/2004, Comprehensive Protection Law against Gender Violence [Ley Orgánica 1/2004, de 28 de diciembre, de Medidas de Protección Integral contra la Violencia de Género]), first convictions for IPV without sexual or physical abuse are classified as a misdemeanour, which implies that the person is sent to an open facility (CSI) of the Ministry of Justice, but not to prison. In CSI, perpetrators should attend IPV rehabilitation programs. In the case of sexual or physical abuse with any physical injury, perpetrators go to prison.

^bMore than one option could be selected. Each answer option is considered as a separate variable. Of each answer option, the percentage of participants who selected such option is shown.

divided into four categories (11 personality disorders, 3 severe personality disorders, 7 clinical syndromes, 3 severe syndromes) and has 4 validity indices. In the Spanish adaptation, the MCMI-III shows a Cronbach's alpha ranging from 0.82 and 0.96. This inventory uses base rate (BR) scores, which are transformed scores reflecting the prevalence rates of particular characteristics within the standardization sample, ranging from 0 to 115. A BR score of 60 corresponds to the median raw score; a BR score >75 indicates the presence of a trait, and a BR score ≥85 indicates the presence of a disorder (McCann & Dyer, 1996).

The Spanish version of the conflict tactics scales (CTS-2) (Straus et al., 1996). The Spanish version developed by Loinaz et al. (2012) was used. It assesses IPV and it is used to detect the presence of physical and/or psychological violence against a partner (or ex-partner) in the last year or in the entire relationship, as well as its frequency and intensity. This instrument assesses five areas (negotiation,

psychological violence, physical violence, sexual coercion, and injury). Regarding reliability, the CTS-2 shows a Cronbach's alpha = 0.88 (Loinaz et al., 2012).

2.3 | Procedure

First of all, we obtained approval from the Institute of Prisons in Spain. After such approval, participants were recruited from different prisons in Andalusia (Spain). Participants were invited to collaborate in the study on a voluntary and anonymous basis. The Research Ethics Committee of the University of Granada (Spain) approved this study before data collection. Confidentiality of data was kept and guaranteed according to the Spanish legislation on personal data protection (Organic Law 3/2018, December 5). Data collection took place between the years 2005 and 2018. Participants signed a written

informed consent document and received €20 as an economic compensation for the inconveniences that their participation could cause. Participants had the right to withdraw from the study at any time. The inclusion criteria to participate were: individuals 18 years old or older who had been convicted of a crime of physical, psychological or sexual aggression against a partner or ex-partner (Law 1/2004, Comprehensive Protection Law against Gender Violence, order 1/2004, Spain). The exclusion criteria were the presence of illiteracy and invalid profiles in the MCMI-III (according to the scores on both, the Disclosure scale and the Validity scale). None of the study participants met the criteria of having invalid scores in both subscales simultaneously. Data collection was carried out in groups of 10 men and conducted by two researchers with prior training and experience in administering questionnaires.

2.4 | Statistical analyses

The statistical software package SPSS 26 (IBM Corp, 2019) was used. To analyse differences between specialist and generalist perpetrators in the sociodemographic characteristics and MCMI-III scales, chi-square or *t* student tests were conducted depending on the nature of the variables. Effect sizes (Cohen's *d*) were provided (Cohen, 1992): $d = 0.20$ (small effect); $d = 0.50$ (medium effect) and $d = 0.80$ (large effect). Finally, a logistic regression analysis was conducted to determine which personality factors were more relevant in differentiating between specialist and generalist perpetrators. Signification level was $p \leq .05$.

3 | RESULTS

3.1 | Sample characteristics

Table 1 shows the sociodemographic characteristics of participants as well as the type of IPV crime and severity of violence assessed with the CTS-2. As can be noted in Table 1, the majority of perpetrators were Spanish (90.8%). Regarding the type of IPV perpetrator, 49.3% were specialist and 50.7% were generalist. Likewise, the majority of specialist (65.6%) and generalist perpetrators (82.9%) were in prison. Regarding their educational level, 63.8% of generalist perpetrators and 60.3% of specialist perpetrators had a primary-level education. Psychological maltreatment was the main type of IPV crime in both generalist (70.5%) and specialist perpetrators (59.5%) followed by physical maltreatment (37.8% of specialist perpetrators and 38.7% of generalist perpetrators). There were significant differences between specialist and generalist perpetrators in nationality, prison system and type of IPV crime (psychological maltreatment; psychological, physical and sexual maltreatment) (see Table 1). Regarding the violence within intimate relationships that was assessed with the CTS-2 scale, there were significant differences between specialist and generalist perpetrators on psychological violence, physical violence, sexual coercion, injury and severity of physical violence. In all

these scales, generalist perpetrators showed higher mean scores compared to specialist perpetrators.

3.2 | MCMI-III personality disorders and clinical syndromes

Table 2 presents the means and standard deviations in the MCMI-III scales according to the type of IPV perpetrator. There were found significant differences between the two groups of perpetrators on nearly all the personality disorders and clinical syndromes scales except the dependent and narcissistic scales (see Table 2). Generalist perpetrators showed higher means in nearly all the personality disorders scales compared to specialist perpetrators with the exception of the histrionic and compulsive scales, where the specialist perpetrators showed higher mean scores (see Table 2). The mean on the narcissistic scale was the highest in both groups.

Considering the clinical syndromes, the drug dependence scale presented the highest mean score in the group of generalist perpetrators. The delusional disorder scale showed the highest mean score in the group of specialist perpetrators. Regarding modifying indices, specialist perpetrators scored higher on Desirability and lower on Debasement scales compared to the group of generalist perpetrators (see Table 2).

Table 3 presents the prevalence of the MCMI-III personality disorders and clinical syndrome scales ($BR \geq 85$) according to the type of IPV perpetrator. According to that BR, the prevalence rate of personality disorders (percentage of IPV perpetrators who presented at least one personality disorder) in the total sample was 31.2%. In the case of clinical syndromes, this prevalence in the total sample was 40.2%. Considering the group of perpetrator, the rate of personality disorders was higher in the specialist perpetrators (36.1%) compared to the generalist perpetrators (26.2%). However, the prevalence rate of clinical syndromes was higher in the generalist (55.7%) compared to specialist (25.1%) perpetrators (see Table 3).

There were significant differences between specialist and generalist perpetrators in histrionic, aggressive, compulsive and borderline personality disorders (see Table 3). Specifically, significant higher rates of histrionic and compulsive personality disorders were found among specialist perpetrators compared to generalist perpetrators. Significant higher rates of aggressive and borderline personality disorders were found in generalist perpetrators compared to specialist perpetrators. Nevertheless, the prevalence rates in the majority of personality disorders were lower than 5%. The compulsive disorder showed the highest prevalence rate in the group of specialist perpetrators (17.9%), followed by the narcissistic disorder (7.2%). In the group of generalist perpetrators, narcissistic (9.8%) and compulsive (5.6%) disorders showed the highest prevalence rates.

Regarding the clinical syndromes, generalist perpetrators presented higher prevalence rates of anxiety, bipolar, alcohol dependence, drug dependence, post-traumatic stress disorder (PTSD), thought disorder and delusional disorder compared to specialist perpetrators. Anxiety (15.9% in specialist perpetrators; 33.6% in

TABLE 2 Mean scores and standard deviations in the MCMI-III scales according to the group of IPV perpetrator

MCMI-III scales	Specialist perpetrators (n = 554) M (SD)	Generalist perpetrators (n = 539) M (SD)	Total N = 1093 M (SD)	t (1091)	p	d
Modifying indices						
Desirability	77.27 (15.61)	72.10 (16.15)	74.72 (16.08)	5.38	0.001	0.32
Debasement	49.28 (22.39)	60.13 (20.28)	54.63 (22.05)	-8.39	0.001	0.51
Personality disorder scales						
Schizoid	45.16 (19.57)	45.52 (19.95)	47.66 (18.65)	-4.52	0.001	0.02
Avoidant	42.45 (22.69)	45.52 (19.95)	43.96 (21.43)	-2.37	0.018	0.14
Depressive	43.31 (24.74)	52.88 (20.83)	48.03 (23.38)	-6.91	0.001	0.42
Dependent	45.17 (19.21)	45.78 (19.30)	45.47 (19.25)	-0.52	0.603	0.03
Histrionic	48.47 (17.67)	42.40 (18.06)	45.47 (18.12)	5.61	0.001	0.34
Narcissistic	67.81 (12.80)	66.89 (13.27)	67.36 (13.04)	1.17	0.241	0.07
Antisocial	47.83 (22.17)	64.37 (12.84)	55.99 (19.97)	-15.03	0.001	0.91
Aggressive	40.25 (21.83)	57.04 (13.88)	48.53 (20.17)	-15.13	0.001	0.92
Compulsive	62.49 (18.44)	50.31 (18.72)	56.48 (19.55)	10.84	0.001	0.66
Passive-aggressive	45.17 (21.42)	55.28 (15.99)	50.15 (19.59)	-8.83	0.001	0.53
Self-defeating	38.37 (23.26)	44.81 (19.69)	41.55 (21.81)	-4.94	0.001	0.30
Schizotypal	40.51 (25.70)	50.74 (22.54)	45.55 (24.72)	-6.99	0.001	0.42
Borderline	38.94 (23.77)	54.14(18.10)	46.44 (22.48)	-11.87	0.001	0.72
Paranoid	54.42 (24.84)	62.56 (19.88)	58.44 (22.89)	-5.97	0.001	0.36
Clinical syndrome scales						
Anxiety	54.59 (30.83)	69.31 (26.99)	61.85 (29.90)	-8.39	0.001	0.51
Somatiform	36.13 (25.92)	42.40 (24.71)	39.22 (25.51)	-4.09	0.001	0.25
Bipolar	56.46 (21.11)	66.31 (17.67)	61.32 (20.09)	-8.35	0.001	0.61
Dysthymia	36.85 (26.27)	46.04 (24.51)	41.38 (25.82)	-5.97	0.001	0.36
Alcohol dependence	50.93 (24.83)	67.09 (17.57)	58.90 (23.02)	-12.39	0.001	0.75
Drug dependence	51.25 (28.69)	75.12 (19.61)	63.02 (27.37)	-16.01	0.001	0.97
PTSD	39.31 (25.91)	51.74 (23.65)	45.44 (25.58)	-8.23	0.001	0.50
Thought disorder	40.74 (27.81)	55.84 (27.03)	48.18 (28.43)	-9.10	0.001	0.55
Major depression	36.93 (28.63)	47.03 (28.17)	41.91 (28.84)	-5.87	0.001	0.36
Delusional disorder	58.86 (26.02)	66.49 (19.94)	62.62 (23.52)	-5.43	0.001	0.33

generalist perpetrators) and drug dependence (8.7% in specialist perpetrators; 29.5% in generalist perpetrators) showed the highest prevalence rates. In the case of generalist perpetrators, the prevalence rates in half of the clinical syndrome scales were lower than 10%, and in 3 out of 10 the prevalence rates were lower than 15%. In the group of specialist perpetrators, 9 out 10 prevalence rates were lower than 10% (see Table 3).

3.3 | Logistic regression analysis for differentiating between specialist and generalist perpetrators

In order to determine which of the MCMI-III scales were most relevant in differentiating between specialist and generalist IPV perpetrators, a logistic regression analysis was conducted. The Hosmer–Lemeshow test was used to assess the goodness of fit of the

model ($p = 0.31$). As it can be seen in Table 4, the MCMI-III higher scores on the avoidant, histrionic and self-defeating scales were related to being a specialist perpetrator. Lower scores on the aggressive, borderline and drug dependence scales were related to being a specialist perpetrator. The adjusted $R^2 = 0.33$. These variables correctly classified 70.7% of the total cases, 78.7% of generalist perpetrators and 63.0% of specialist perpetrators.

4 | DISCUSSION

The general aim of the present study was to analyse personality traits according to the specialist/generalist classification in Spanish IPV perpetrators as well as to examine which characteristics of personality differentiated between specialist and generalist IPV perpetrators. We have found that the prevalence rates of

TABLE 3 Prevalence of the MCMI-III personality disorders and clinical syndrome scales (base rate ≥ 85) according to the group of IPV perpetrator

MCMI-III scales	Specialist perpetrators (n = 554) n (%)	Generalist perpetrators (n = 539) n (%)	Total N = 1093 n (%)	χ^2 (1)	p
Modifying indices					
Desirability	214 (38.6)	158 (29.3)	372 (34.0)	10.56	0.001
Debasement	36 (6.5)	79 (14.7)	115 (10.5)	19.32	0.001
Personality disorder scales					
Schizoid	1 (0.2)	4 (0.7)	5 (0.5)	1.89	0.169
Avoidant	5 (0.9)	2 (0.4)	7 (0.6)	1.21	0.271
Depressive	4 (0.7)	6 (1.1)	10 (0.9)	0.46	0.497
Dependent	2 (0.4)	6 (1.1)	8 (0.7)	2.13	0.145
Histrionic	28 (5.1)	9 (1.7)	37 (3.4)	9.56	0.002
Narcissistic	40 (7.2)	53 (9.8)	93 (8.5)	2.39	0.122
Antisocial	10 (1.8)	20 (3.7)	30 (2.7)	3.72	0.054
Aggressive	2 (0.4)	10 (1.9)	12 (1.1)	5.62	0.018
Compulsive	99 (17.9)	30 (5.6)	129 (11.8)	39.73	0.001
Passive-aggressive	2 (0.4)	4 (0.7)	6 (0.5)	0.73	0.394
Self-defeating	1 (0.2)	4 (0.7)	5 (0.5)	1.89	0.169
Schizotypal	9 (1.6)	13 (2.4)	22 (2.0)	0.86	0.354
Borderline	0 (0.0)	8 (0.7)	8 (0.7)	8.28	0.004
Paranoid	14 (2.5)	21 (3.9)	35 (3.2)	1.65	0.199
TOTAL^a	200 (36.1)	141 (26.2)	341 (31.2)	12.57	0.001
Clinical syndrome scales					
Anxiety	88 (15.9)	181 (33.6)	269 (24.6)	46.11	0.001
Somatoform	5 (0.9)	7 (1.3)	12 (1.1)	0.39	0.530
Bipolar	23 (4.2)	57 (10.6)	80 (7.3)	16.62	0.001
Dysthymia	7 (1.3)	14 (2.6)	21 (1.9)	2.58	0.108
Alcohol dependence	19 (3.4)	58 (10.8)	77 (7.0)	22.42	0.001
Drug dependence	48 (8.7)	159 (29.5)	207 (18.9)	77.25	0.001
PTSD	9 (1.6)	23 (4.3)	32 (2.9)	6.71	0.010
Thought disorder	40 (7.2)	80 (14.8)	120 (11.0)	16.23	0.001
Major depression	31 (5.6)	36 (6.7)	67 (6.1)	0.56	0.455
Delusional disorder	16 (2.9)	36 (6.7)	52 (4.8)	8.66	0.003
TOTAL^a	139 (25.1)	300 (55.7)	439 (40.2)	106.22	0.001

^aTotal number of intimate partner violence (IPV) perpetrators who presented at least one personality disorder/clinical syndrome. Therefore, the total number of IPV perpetrators affected by personality disorders/clinical syndromes is less than the total sum of disorders due to there were perpetrators who presented more than one personality disorder/clinical syndrome.

MCMI-III scales	β	Odds ratio	p	95% confidence interval
Avoidant	0.02	1.02	0.002	1.01–1.03
Histrionic	0.02	1.02	0.005	1.01–1.03
Aggressive	−0.03	0.97	0.001	0.98–1.01
Self-defeating	0.01	1.01	0.010	1.00–1.03
Borderline	−0.02	0.99	0.023	0.97–1.00
Drug dependence	−0.02	0.98	0.001	0.97–1.00

Note: Dependent variable: Type of perpetrator (1 = specialist; 0 = generalist).

TABLE 4 Multivariate logistic regression analysis for differentiating between specialist and generalist perpetrators

personality disorders were lower than 5% in both groups. In generalist perpetrators, the narcissistic personality disorder was the most prevalent (9.8%). In the case of specialist perpetrators, the compulsive personality disorder showed the highest prevalence rate (17.9%). Regarding clinical syndromes, the prevalence rates in the generalist perpetrators were lower than 10%; in three out of 10 they were lower than 15%. Anxiety (33.6%) and drug dependence (29.5%) showed the highest prevalence rates. In the case of specialist perpetrators, 9 out of 10 prevalence rates were lower than 10% and anxiety (15.9%) and drug dependence (8.7%) scales showed the highest prevalence rates. Our results also show a profile of specialist perpetrator related with higher scores on the avoidant, histrionic and self-defeating scales as well as lower scores on the aggressive, borderline and drug dependence scales. Similar findings were reported by Herrero et al. (2016) who found lower scores on the borderline and drug dependence scales among specialist perpetrators compared to their generalist counterparts.

According to the review of studies conducted by Petersson and Strand (2020), family-only perpetrators (or specialist perpetrators or partner-only violent) showed low levels of traits related to personality disorders. Therefore, our results are consistent with Petersson and Strand (2020) since we have found that the prevalence rates in the majority of personality disorders were less than 5%. As prevalence rates were low in both groups, the difference between specialist and generalist perpetrators lies in the personality disorder that is most prevalent: the narcissistic (9.8%) in the case of generalist perpetrators and the compulsive (17.9%) in the case of specialist perpetrators. This prevalence of narcissistic personality disorder found in our sample of generalist perpetrators (male offenders who were convicted of IPV but had also been aggressive with other people) is in line with the results of other studies that have shown an association between the narcissistic personality and violent behaviour (Loinaz et al., 2012; Nestor, 2002; Novaco, 2010; Stone, 2007; Völlm, 2009). Moreover, other studies have found that specialist perpetrators showed an inflexible psychological profile as well as ideas that are change resistant which has been associated with compulsive behaviours (Herrero et al., 2016). According to our results, participants in the present study did not show a severe psychopathological profile since they present high scores on the narcissistic, histrionic and compulsive scales in the MCMI-III, which have been considered as absence of psychopathology (Craig, 2005; Ortiz-Tallo et al., 2011). Such scores might correspond to what White and Gondolf (2000) described as defensive “looking good” responses. Moreover, we have found a high desirability in both, specialist and generalist IPV perpetrators. Therefore, these results may be attributable to IPV perpetrators minimizing their symptoms as previous research has pointed out (see Gibbons et al., 2011). Therefore, to clinical and therapeutic purposes MCMI should be used in conjunction with structured clinical interview (McDonagh et al., 2021).

Regarding clinical syndromes, our results are also in line with Petersson and Strand (2020). We have found that specialist perpetrators show a low prevalence of psychopathology. However, generalist perpetrators show a higher prevalence in the majority of clinical

syndromes compared to specialist perpetrators. Anxiety (33.6%) and drug dependence (29.5%) were the two clinical syndrome scales with the highest prevalence rates in generalist perpetrators. These results are consistent with previous scientific research showing that generalist perpetrators have higher rates of anxiety, drugs and alcohol use (Calvete, 2008; Herrero et al., 2016; Loinaz et al., 2011). The high prevalence rate of drug dependence found among generalist perpetrators is also in line with findings that pointed out that drugs use facilitates violent behaviour among this group (Lila et al., 2020). The prevalence rate of clinical syndromes (percentage of perpetrators who presented at least one clinical syndrome) was higher in the generalist (55.7%) compared to specialist (25.1%) perpetrators. Therefore, this result is consistent with previous studies that concluded that generalist perpetrators evidenced a greater tendency to psychopathy compared to specialist perpetrators (Cunha & Gonçalves, 2013; Graña et al., 2014; Petersson et al., 2019).

As Petersson and Strand (2020) pointed out, we also have found higher scores of desirability in specialist perpetrators compared to generalist perpetrators. Moreover, desirability was high for both groups. This high desirability has also been reported in other studies (e.g., Catalá-Miñana et al., 2014; Siria, Fernández-Montalvo, et al., 2021). Desirability assesses underreporting of psychiatric symptoms (Millon, 1997), and, therefore it is important to take into account when IPV perpetrators are assessed.

This study has some limitations. The use of the Spanish adaptation of the MCMI-III could be considered as a limitation, but it must be considered that MCMI-IV was released in Spain in 2018, and it was essential for the research to maintain the use of the same assessment instrument for all participants. Although sample size was high ($N = 1093$), participants in this study were not representative of the Spanish IPV perpetrators so results cannot be generalized. Moreover, our sample was limited to Spanish IPV perpetrators and results cannot be generalized to perpetrators from other countries and, probably, intercultural differences could be present (Bent-Goodley, 2021). The cross-sectional design of this study does not allow to establish cause-effect associations. Finally, social desirability could influence IPV perpetrators' responses regarding their past history of violence. This is a common limitation in research involving imprisoned populations. However, as the access to officially reported information was not possible, socio-demographic and violence data were collected using a self-report questionnaire. Similar limitations have been highlighted in previous research (e.g., Rodríguez-Franco et al., 2017). Despite these limitations, the characteristics of participants are an important strength. Although other studies have been conducted in Spain using the MCMI-III in IPV perpetrators (e.g., Herrero et al., 2016; Juarros-Basterretxea et al., 2018; Siria, Fernández-Montalvo, et al., 2021), to the authors' knowledge this is the first that has addressed personality traits in a large sample of generalist and specialist perpetrators. Moreover, this study contributes to a better understanding of personality among generalist and specialist perpetrators. This knowledge could be useful in tailoring effective interventions according to the classification (specialist/generalist) aimed to prevent future IPV perpetration among this population.

Although many studies have been focused on the analysis of personality traits in IPV perpetrators using the different versions of the MCMI (e.g., Loinaz et al., 2012; Nigudkar et al., 2020; Romero-Martínez et al., 2021; Siria, Fernández-Montalvo, et al., 2021) there is a scarcity of research on personality considering the specialist/generalist typology (Petersson & Strand, 2020). Therefore, this study provides further insights regarding personality traits in IPV perpetrators according to this classification. Moreover, the results of this study have important implications for clinical practice and research. Although prevalence rates of MCMI-III personality disorders and clinical syndrome scales were (in general) low both in specialist and generalist perpetrators, considering the percentages of IPV perpetrators who presented at least one personality disorder/clinical syndrome, we found that 55.7% of generalist and 25.1% of specialist perpetrators exhibited at least one clinical syndrome and that 36.1% of specialist and 26.2% of generalist perpetrators showed at least one personality disorder. According to McDonagh et al. (2021), the design of specific interventions based on the personality and psychopathological characteristics of IPV perpetrators may yield improved results of such interventions both in terms of their efficacy and recidivism reduction. Therefore, considering personality and psychopathological profile of both specialist and generalist IPV perpetrators could be useful in the design of interventions aimed to these populations as well as to reduce recidivism.

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CONFLICT OF INTEREST

No conflict of interest is declared.

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