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Specialist Versus Generalist Intimate Partner Violence Against Women (IPVAW) Perpetrators: Comparison on Sociodemographic, Violence, Psychological, Social Cognition, and Executive Functioning Variables

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Objective: Intimate partner violence against women (IPVAW) is a significant global public health concern, resulting in a growing scientific literature on different IPVAW perpetrator classifications. Although prior research has found differences in some variables from the theoretical explanatory models of IPVAW, only a few studies have used the specialist/generalist IPVAW perpetrators classification. This classification delineates individuals' criminal histories: generalists possess diverse criminal records, while specialists exclusively engage in IPVAW offenses. Consequently, this study aims to (a) identify key variables distinguishing specialist and generalist IPVAW perpetrators, drawing from prior research, and (b) explore the relevance of social cognition and neuropsychological factors. ***Method:*** One thousand five males convicted of IPVAW crimes were categorized as either specialists ($n = 523$) or generalists ($n = 482$). Two block logistic regression analyses were conducted: one to ascertain which factors, identified in previous studies with other IPVAW perpetrator classifications, were most pertinent in differentiating between specialists/generalists, another incorporating additional psychological variables, and two new blocks: social cognition and executive functioning. ***Results:*** The results showed that age, having children, having a complaint for two or more types of violence (physical, psychological, and/or sexual violence), blaming the ex-partner, and scoring higher on perspective increased the likelihood of being a specialized perpetrator in IPVAW. Conversely, longer sentences, jealousy, exposure to IPVAW, distorted thoughts about violence, and meeting the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) criteria for drug dependence reduced this likelihood. ***Conclusions:*** These findings underscore the heterogeneity among IPVAW perpetrators and carry implications for crafting targeted interventions to enhance treatment adherence and diminish dropouts in this population.

Keywords: intimate partner violence, specialist intimate partner violence against women perpetrators, generalist intimate partner violence against women perpetrators, social cognition, executive functioning

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Intimate partner violence against women (IPVAW) is a global public health and social concern, representing one of the most prevalent manifestations of violence directed toward women (World Health Organization, 2016). It encompasses physical aggression, sexual coercion, psychological maltreatment, and coercive control perpetrated by men against their partners or former partners (WHO, 2013). Given its paramount significance, an expanding body of scientific literature is dedicated to comprehending the multifaceted

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nature of this issue. Therefore, the present study aims to explore the essential variables for characterizing IPVAW perpetrators. It will assess the effectiveness of previously identified discriminative variables (Petersson & Strand, 2020) in classifying specialist/generalist IPVAW perpetrators. Additionally, it will investigate the significance of social cognition, executive functioning, and other psychological/personal variables in distinguishing between this IPVAW perpetrators classification.

Contemporary theoretical perspectives on the etiology of IPVAW can be summarized as feminist/sociocultural, intergenerational transmission, and psychological/psychosocial (Corvo & Delara, 2010). According to the feminist/sociocultural perspective, IPVAW is an outcome of patriarchal structures, where they serve as mechanisms for the exertion of power and control by men over women. The intergenerational transmission perspective posits that IPVAW is rooted in the exposure to or the observation of violence within the family context, leading to the formation of positive beliefs, attitudes, and norms regarding the acceptability of violence. Last, the psychological/psychosocial theory postulates the presence of psychological, psychiatric, behavioral, and neurological risk factors associated with IPVAW (Corvo & Delara, 2010).

Additionally, researchers have proposed several typologies of IPVAW perpetrators, drawing upon characteristics of the violence perpetrated (Abbott et al., 1995), characteristics of the perpetrators themselves (Holtzworth-Munroe & Stuart, 1994), or a combination of both approaches (Ross & Babcock, 2009). One well-established classification introduced by Holtzworth-Munroe and Stuart (1994) delineates three subtypes of perpetrators: family-only, borderline/dysphoric, and generally violent/antisocial perpetrators. This classification has been extensively studied in relation to variables from theoretical explanatory models of IPVAW: sociodemographic factors (e.g., age, level of education, and annual income; see Cantos et al., 2015; Goldstein et al., 2016), variables related to the violence committed (e.g., severity of IPVAW, type of violence, and recidivism; see Goldstein et al., 2016; Petersson et al., 2019), and psychological/personal factors (e.g., the presence of psychological problems, jealousy, hostility toward women, and childhood exposure to IPVAW; see Graña et al., 2014; Theobald et al., 2016). However, according to Herrero et al. (2016), the classification proposed by Holtzworth-Munroe and Stuart (1994) presented two main limitations: (a) it lacked representation for the category of less violent offenders (family-only perpetrators) and (b) it resulted in an overlap between the most violent offenders and those with more psychological problems. To overcome these limitations, Rodríguez-Franco et al. (2017) and Herrero et al. (2016) proposed a classification that categorized perpetrators into "generalists" and "specialists" IPVAW perpetrators. Such classification was established considering their criminal history: generalist IPVAW perpetrators had a lengthy and varied criminal record, encompassing IPVAW as well as other offenses, while specialist perpetrators exclusively engaged in crimes related to IPVAW.

Although there is a scarcity of studies using the specialist/generalist IPVAW perpetrators, some variables from the feminist/sociocultural, intergenerational, and psychological/psychosocial models (Corvo & Delara, 2010) have been studied using such classification. To date, studies have reported that specialist perpetrators, although exhibiting a shorter criminal history, less substance abuse, and fewer antisocial and borderline traits compared to generalist perpetrators (Herrero et al., 2016; Teva et al., 2022), were also involved in moderate to severe violent acts that can escalate to lethality (Herrero et al., 2016). Conversely, generalist perpetrators tended to be younger and committed their criminal activities at an earlier age (Herrero et al., 2016). Furthermore, both groups were different concerning their family of origin: specialist perpetrators tended to exhibit significantly more family-of-origin problems compared to generalist perpetrators (Herrero et al., 2016; Teva et al., 2021). Finally, in terms of cognitive distortions, studies have shown that generalist perpetrators had higher levels of- hostile sexism but similar levels of benevolent sexism in comparison to specialist perpetrators (Herrero et al., 2016).

Despite all mentioned above, there are other relevant variables from these explanatory models that have been studied in other classifications of IPVAW perpetrators (see Holtzworth-Munroe & Stuart, 1994) but not according to the specialist/generalist classification. Among these variables, social cognition (Vignola-Lévesque & Léveillée, 2021) and neuropsychological functioning (Bueso-Izquierdo, Hidalgo-Ruzzante, et al., 2016) are highlighted and deserve further research. Regarding social cognition, studies have shown that IPVAW perpetrators often exhibited difficulties in emotional decoding, empathy, and theory of mind (Bueso-Izquierdo, Verdejo-Román, et al., 2016; Romero-Martínez et al., 2016), but few studies have considered social cognition according to IPVAW perpetrators classifications (see Vignola-Lévesque & Léveillée, 2021) and as far as we know, none is known to have used the specialist/generalist classification.

On the other hand, neuropsychological functioning is also relevant due to the existing association between deficits in executive cognitive functioning and IPVAW perpetration (Bueso-Izquierdo, Hidalgo-Ruzzante, et al., 2016). Studies have shown that IPVAW perpetrators tended to perform less effectively compared to control groups across various components of executive cognitive functioning, including verbal skills, vocabulary, attention, memory, and learning (Bueso-Izquierdo, Hidalgo-Ruzzante, et al., 2016; Corvo, 2014; Farrer et al., 2012; Romero-Martínez & Moya-Albiol, 2013; Walling et al., 2012). Although few studies have analyzed executive functioning in relation to IPVAW classifications (see Romero-Martínez et al., 2021; Walling et al., 2012), there is no study regarding the association of executive cognitive functioning according to specialist/generalist IPVAW perpetrators.

In sum, although the previous studies offer relevant information on the variables associated with IPVAW perpetrators classifications, studies rarely use a multifactorial approach that simultaneously incorporates multiple variables. Examining the variables in a single analysis provides information on the relative contribution of each variable in order to differentiate between IPVAW perpetrators classification. Therefore, for the first time, our study will compare the importance of sociodemographic variables, variables related to the previous history of IPV, and the main psychological variables of perpetrators to differentiate specialist IPVAW perpetrators versus generalist ones. Furthermore, our study will study the role of variables related to social cognition and neuropsychological functioning in differentiating specialists from generalist IPVAW perpetrators.

Therefore, the present study has two objectives: (a) The first is to study variables that have been shown to be useful in discriminating between other IPVAW perpetrator classifications (see Petersson & Strand, 2020) to verify if they are useful in classifying specialist/generalist IPVAW perpetrators. Therefore, the intention is to test whether adding these variables to the preexisting body of knowledge contributes to the classification of specialist/generalist IPVAW perpetrators. (b) The second study is to assess the importance of social

cognition and executive functioning variables in the differentiation between specialist/generalist IPVAW perpetrators as well as important psychological/personal variables (victim blaming and type of education) that have not been previously studied using any IPVAW perpetrators classification.

According to previous studies in other IPVAW perpetrators classifications, although our hypotheses are exploratory, we expect to find that the variables that have been useful for differentiating between IPVAW perpetrators using other classifications, will also be relevant for the specialist/generalist classification (Objective 1).

On the other hand, we hypothesize that specialist IPVAW perpetrators will have better performance in executive functioning, greater empathy, and better decoding of facial emotions (Herrero et al., 2016; Romero-Martínez et al., 2021; Walling et al., 2012). In addition, specialist IPVAW perpetrators will tend to blame victims more and will have a more authoritarian type of education (Clare et al., 2021; Martín-Fernández et al., 2018; Objective 2).

Method

Participants

The sample consisted of 1,005 male volunteers convicted of a crime of violence against a partner or ex-partner according to the Spanish Organic Law 1/2004 of December 28, on Comprehensive Protection Measures Against Intimate Partner Violence. This sample is representative of the population of males convicted of IPVAW from Andalusia (Spain). Considering that 4,036 was the total population of males convicted of IPVAW in this region in the year 2019 (Junta de Andalucía, 2019), with a 95% of confidence interval and 3% of margin error, the sample size is 845 (Martínez-González et al., 2006). However, we included more participants in the sample considering possible study dropouts.

Participants were divided into two groups: specialist IPVAW perpetrators (whose only type of offenses were related to IPVAW; $n = 523$) and generalist perpetrators (those who were convicted of IPVAW but also had been aggressive with other people; $n = 482$). This grouping was based on the characteristics of the classification proposed by Herrero et al. (2016) and used by Teva et al. (2023) as well as a question collected with the sociodemographic and violence questionnaire (the access to officially reported information was not possible: *With whom have you ever had a violent event? You can select more than one option*). The response options were as follows: Family; Friends; Unknown people; A former partner; I have never had a violent event. If the participant selected the option "I have never had a violent event" or "A former partner," he was grouped as "specialist." If a participant selected any of the other three options ("Family"; "Friends"; "Unknown people"), then he was grouped as "generalist."

The men of the sample were serving a third-degree custodial sentence or were judicially sentenced to attend the Intervention Program for Offenders of Intimate Partner Violence (Programa de Intervención con Agresores de violencia de pareja en Medidas Alternativas), which is a rehabilitation program used as an alternative penalty to deprivation of liberty in Penitentiary Center of the different cities of Andalusia (Spain). The inclusion criteria were as follows: male, being over 18 years old, and having been convicted of a crime of intimate partner violence against their partner or ex-partner. Exclusion criteria were as follows: being illiterate/facing serious difficulties in performing the tests, as well as having a history of brain damage (loss of consciousness lasting more than 1 hr; $n = 91$). The main characteristics of the IPVAW perpetrators classification are shown in Table 1.

Measures

Sociodemographic Variables

An ad hoc self-reported interview based on the Severe Intimate Partner Violence Risk Prediction Scale (Escala de Predicción del riesgo de violencia grave contra la pareja [EPV]; Echeburúa et al., 2009) was used. This interview includes sociodemographic questions such as age, level of education ("Uneducated or primary education or equivalent"; "Secondary school and high school, medium or higher vocational training"; "University studies"), number of children ("none"; "one"; "two or more children"), working conditions in the past year ("unemployed"; "working"; "retired/pensioner"), income level in the past year ("<500 €/month"; "500–1,500 €/month"; ">1,500 €/month"), and years of relationship ("<1 year"; "between 1 and 5 years"; ">5 years").

Variables Related to the Previous History of IPVAW

Characteristics of the Violence Exerted. An ad hoc self-reported interview based on EPV (Echeburúa et al., 2009) was used. The variables were: time of conviction ("<1 year"; "between 1 and 3 years"; ">3 years"), number of complaints for IPVAW ("one"; "two or more"), complaint for psychological violence ("yes"; "no"), complaint for physical violence ("yes"; "no"), complaint for psychological, physical and sexual violence ("yes"; "no"), restraining order ("yes"; "no"), number of restraining orders ("none"; "one"; "two or more"), and noncompliance with restraining order ("yes"; "no").

Severity of IPVAW. The Spanish adaptation of the Conflict Tactics Scale (Loinaz et al., 2012) was used. It is an instrument that measures the frequency and intensity of violence within a relationship and consists of 78 items (39 for each member of the couple) and five subscales (physical aggression, sexual coercion, psychological aggression, damages, and negotiation) which are further divided into two subscales: "cognitive" and "emotional" for negotiation and "minor" or "severe" for the other scales. It has a Cronbach's α that ranges between 0.34 and 0.94. From this instrument, we selected the subscale of the severity of the violence exerted. To calculate this, a theoretical value proposed by Straus (2001) is assigned to each item of the physical violence scales: Items 7, 9, 17, 45, and 53 = 1; Items 27 and 73 = 3; Items 33, 37, 43, and 61 = 5; Item 21 = 8. The scores from these items are then aggregated based on the subjects' responses, resulting in a total severity score.

Psychological/Personal Variables

An ad hoc self-reported interview based on the Severe Intimate Partner Violence Risk Prediction Scale (EPV; Echeburúa et al., 2009) was used. The variables obtained were as follows: type of education ("few or no standards"; "rational standards"; "authoritarian standards"), presence of an anxiety disorder ("yes"; "no"), depression ("yes"; "no") or personality disorder ("yes"; "no"), blames ex-partner for relationship problems ("yes"; "no") or current situation ("yes"; "no"), considers him/herself a jealous person ("yes"; "no"), childhood

Table 1
Significant Results of the Characteristics of the Specialist/Generalist IPVAW Perpetrators

Variable	Specialist perpetrator (average ± *SD*) *n* (%)	Generalist perpetrator (average ± *SD*) *n* (%)	*t*-student/χ^2	*d*	*p*
Block 1: Sociodemographic variables					
Age (in years)	42.23 ± 10.671	37.91 ± 9.317	−6.846	.43	.000
Educational level					
Uneducated or primary education or equivalent	357 (68.5%)	354 (73.6%)	6.167		.046
Secondary school and high school, medium or higher vocational training	129 (24.8%)	110 (22.9%)			
University studies	35 (6.7%)	17 (3.5%)			
Number of children					
None	148 (28.7%)	190 (39.1%)	14.880		.001
One child	183 (34.8%)	135 (27.9%)			
Two or more children	192 (36.5%)	153 (33.1%)			
Duration of the relationship (in years)					
<1 year	54 (10.4%)	48 (10.1%)	23.055		.000
1–5 years	139 (26.7%)	193 (40.7%)			
>5 years	328 (63.0%)	233 (49.2%)			
Block 2: Variables related to previous history of violence					
Time of conviction					
<1 year	216 (41.4%)	128 (26.6%)	55.935		.000
1–3 years	218 (41.8%)	176 (36.5%)			
>3 years	88 (16.9%)	178 (36.9%)			
Complaint for psychological violence					
Yes	297 (59.4%)	327 (70.2%)	12.237		.000
No	203 (40.6%)	139 (29.8%)			
Severity of IPVAW	2.02 ± 4.327	3.64 ± 5.759	5.033	.31	.000
Number of restraining orders					
None	56 (10.8%)	82 (17.2%)	9.600		.008
One	388 (74.6%)	320 (67.1%)			
Two or more	76 (14.6%)	75 (15.7%)			
Noncompliance with the restraining order					
Yes	194 (37.3%)	231 (48.2%)	12.158		.000
No	326 (62.7%)	248 (51.8%)			
Block 3: Psychological/personal variables					
Type of education					
Few or no standards	94 (18.4%)	135 (29.7%)	65.193		.000
Rational standards	367 (71.8%)	213 (46.9%)			
Authoritarian standards	50 (9.8%)	106 (23.3%)			
Anxiety disorder					
Yes	95 (18.2%)	141 (29.3%)	17.165		.000
No	428 (81.8%)	341 (70.7%)			
Depression disorder					
Yes	80 (15.3%)	111 (23.0%)	9.744		.002
No	443 (84.7%)	371 (77.0%)			
Personality disorder					
Yes	19 (3.6%)	56 (11.6%)	23.161		.000
No	504 (96.4%)	4,426 (88.4%)			
Blaming relationship problems on his ex-partner					
Yes	273 (53.0%)	203 (42.7%)	10.446		.001
No	242 (47.0%)	272 (57.3%)			
Blaming his ex-partner for the current situation					
Yes	304 (58.6%)	193 (40.6%)	31.938		.000
No	215 (41.4%)	282 (59.4%)			
Considers himself a jealous person					
Yes	95 (18.3%)	176 (36.7%)	43.045		.000
No	425 (81.7%)	303 (63.3%)			
Childhood abuse					
Yes	64 (12.3%)	147 (30.6%)	50.046		.000
No	456 (87.7%)	334 (69.4%)			
Witness to domestic violence					
Yes	84 (16.2%)	222 (46.3%)	106.460		.000
No	436 (83.8%)	258 (53.8%)			
Distorted thoughts about violence	5.02 ± 2.748	5.64 ± 2.768	3.539	.22	.000

(*table continues*)

Table 1 (*continued*)

Variable	Specialist perpetrator (average ± *SD*) *n* (%)	Generalist perpetrator (average ± *SD*) *n* (%)	*t*-student/χ^2	*d*	*p*
Has suffered a brain injury					
Yes	310 (59.3%)	357 (74.1%)	113.573		.000
No	213 (40.7%)	125 (25.9%)			
Time of loss of consciousness					
Without loss of consciousness	447 (85.5%)	310 (64.3%)	60.468		.000
<15 min	61 (11.7%)	135 (28.0%)			
>15 min	15 (2.9%)	37 (7.7%)			
Currently on medication					
Yes	214 (41.5%)	251 (52.4%)	11.917		.001
No	302 (58.5%)	228 (47.6%)			
Alcohol dependence *DSM-IV*					
Yes	111 (21.4%)	223 (46.7%)	71.299		.000
No	408 (78.6%)	255 (53.3%)			
Drug dependence *DSM-IV*					
Yes	124 (24.1%)	312 (65.4%)	171.138		.000
No	390 (75.9%)	165 (34.6%)			

Note. IPVAW = intimate partner violence against women; *DSM-IV* = *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.).

abuse ("yes"; "no"), witnessed IPVAW ("yes"; "no"), and three control variables that have been shown to influence neuropsychological performance: having experienced a traumatic brain injury ("yes"; "no"), time of unconsciousness ("without loss of consciousness"; "<15 min"; ">15 min"), and currently taking medication ("yes"; "no").

Alcohol and Drug Dependence. *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV*) Structured Clinical Interview (First et al., 1999) was used. The diagnostic subscale will be used for psychoactive substance dependence disorder. For this, diagnostic criteria for dependence were met when at least three items were expressed at some point within a rolling 12-month period (e.g., feels that he has reduced important social, work, or recreational activities because of substance use or feels a persistent desire or unsuccessful efforts to control or stop using the substance) out of a total of nine diagnostic criteria. Two measures were obtained for the dependence disorder: one for alcohol dependence disorder and another for dependence on other drugs (marijuana, hash, cocaine, heroin, amphetamines, methamphetamine, methadone, hallucinogens, MDMA, and benzodiazepines).

Social Cognition Variables

Empathy. Interpersonal Reactivity Index (Spanish adaptation developed by Pérez-Albéniz et al., 2003) was used. It presents 28 items that are scored on a Likert-type scale (1–5) and assesses four dimensions of empathy (two cognitive and two emotional factors): (a) Perspective-Taking: ability to understand the other person's point of view; (b) Fantasy: tendency to identify with film and literary characters; (c) Empathic Concern: feelings of compassion, worry and caring for others; and (d) Personal Distress: feelings of anxiety and discomfort that the subject manifests when observing the negative experiences of others. In terms of reliability, α values range from .56 for the Perspective-Taking scale to .70 for the Fantasy scale.

Emotion Decoding Skills. The Eyes Test (Baron-Cohen et al., 1997; Spanish adaptation developed by Fernández-Abascal et al., 2013) measures emotion decoding skills by asking participants to identify the emotion best represented by the expression of the eyes in 36 photographs showing the eye region of the face of different men and women, choosing one from a set of four adjectives. The total score, ranging from 0 to 36 points, is obtained by adding up the number of correct responses; a higher score is interpreted as indicating greater emotional decoding ability.

Executive Functioning

Four components of executive function were measured using the method employed by Miyake et al. (2000) and A. Verdejo-García and Pérez-García (2007): updating, monitoring, response inhibition, flexibility, and decision making.

Updating and Monitoring.

Working Memory. Number of correct answers on the Letters and Numbers subtest of the Wechsler Adult Intelligence Scale–III (Spanish adaptation developed by Seisdedos et al., 1999). This is a task in which participants have to repeat a combination of an increasingly long list of numbers and letters, arranging the numbers in ascending order and the letters in alphabetical order. For each correct sequence, the participant receives 1 point up to a total of 24 points.

Verbal and Abstract Reasoning. Matrix subtest of the Kaufman Brief Intelligence Test (Spanish adaptation developed by Calonge-Romano & Cordero Pando, 2000) was used. This test consists of two subtests: vocabulary and matrices. The vocabulary subtest includes two parts: one devoted to expressive vocabulary (45 items) and one devoted to definitions (37 items). The matrices consist of a series of abstract pictures and figures (48 items). The total scores obtained by the participants in both subtests were used.

Response Inhibition.

Go–No-Go Task (Verdejo-García et al., 2007). This is a computerized task consisting of 60 trials. In the first 30 trials (before the criterion change), two pictures appear on the screen alternately (e.g., bear and dolphin). First, the participant must press the key when one of them (bear) appears; then, after hearing a known signal, the participant must press a key when the other picture (dolphin) appears. The assignment of the stimuli to the go and no-go conditions was counterbalanced across subjects.

The inhibition variable was calculated by subtracting the hits in Block 2 from the hits in Block 3.

Stroop Effect.

Spatial Stroop Task (Verdejo-García et al., 2007). In this task, the screen displays a sequence of arrows pointing either left (←) or right (→). Participants must press the left arrow or right arrow on the keyboard according to the direction of the arrow. The arrows can appear either on the right or left of the screen, regardless of their direction. For this study, we used the mean reaction time of incongruent versus congruent blocks.

Decision-Making.

Iowa Gambling Task (Bechara et al., 1994). This computer task involved four decks of cards: decks A′, B′, C′, and D′. Each time a participant selected a card, a specified amount of play money was awarded. Moreover, there were probabilistic punishments (monetary losses of different amounts) interspersed among these rewards. The main dependent variable from this task was the net score for each block of the task (five blocks of 20 trials). The net scores were calculated by subtracting the number of disadvantageous choices (decks A′ and B′) from the number of advantageous choices (decks C′ and D′) for each block. The global Iowa Gambling Task net score was calculated by applying an identical formula to the 100 trials of the task.

Procedure

Assessments were carried out between the years 2015 and 2018. After the study was approved by the Research Ethics Committee, the different prisons and the Social Reintegration Centre (Centro de Inserción Social) of Andalusia were contacted to obtain permission. The standard process was as follows: the staff of the Penitentiary Institution grouping men who had been convicted of an intimate partner violence crime in a room of the penitentiary center. The group of psychologists who later carried out the evaluations explained in detail the investigation. Participants were given an information sheet about the objectives of the study and the voluntary nature of participation and signed the informed consent. The latter included information on data confidentiality following the Spanish data protection law (Organic Law 3/2018 of December 5). Those who agreed to participate stayed in the room and then, the evaluation began. The study was carried out in a single session lasting approximately 4 hr, with a break in between. After completing the evaluation, each participant received an economic compensation of 20 €.

Statistical Analysis

The statistical software package SPSS 26 was used.

First, logistic regression analysis was performed to determine which factors identified in previous studies were more relevant to differentiate between specialist/generalist IPVAW perpetrators (Objective 1; men from the general population were not included in the analysis). The blocks of variables were entered in the following order: sociodemographic variables, variables related to previous history of IPVAW, and psychological/personal variables.

Second, another logistic regression analysis was carried out, adding to the block of psychological/personal of the first logistic regression the following variables: victim blaming, type of education, and three control variables: head injury, medication, and loss of consciousness. These three variables were included in the psychological/personal variables block to control for the effect of executive functioning, as they were found to be variables that may interfere with the results obtained in neuropsychological functioning.

Furthermore, in this logistic regression, two new blocks were added: one of social cognition and one of executive functioning in order to assess the extent to which integrating these variables would enhance the model's efficacy (Objective 2). This technique has been employed for statistical data analysis because it is a powerful method that enables researchers to control for confounding variables and model complex relationships between predictor variables and the outcome variable. By organizing predictor variables into related blocks, researchers can improve model accuracy and enhance the interpretation of results while mitigating bias risk (Hosmer et al., 2013). The significance level was $p \leq .05$.

Results

Sociodemographic Variables, Variables Related to Previous History of IPVAW, and Psychological/Personal Variables Examined Prior With IPVAW Perpetrators Classifications

Results of the first model showed that the adjusted $R^2 = .384$. These variables correctly classified 74.5% of the total cases, 71.4% of generalist perpetrators, and 77.3% of specialist perpetrators (see Table 2).

In response to the first aim of the study, the block that had more weight when differentiating between specialist and generalist IPVAW perpetrators is the one formed by the psychological/personal variables ($\chi^2 = 156.197$; $R^2 = .17.7$; $p = .000$), showing that having an anxiety disorder ($OR = .629$; 95% CI [.405, .978], $p = .040$), witnessing IPVAW ($OR = .331$; 95% CI [.207, .466], $p = .000$), and meeting *DSM-IV* diagnostic criteria for drug dependence ($OR = .318$; 95% CI [.220, .459], $p = .000$) decreased the likelihood of being a specialist IPVAW perpetrator.

On the other hand, the second most relevant block was formed by the sociodemographic variables ($\chi^2 = 77.102$; $R^2 = .108$; $p = .000$). In this case, being older ($OR = 1.027$; 95% CI [1.009, 1.046], $p = .004$), having a child ($OR = 1.806$; 95% CI [1.167, 2.793], $p = .008$), or having two or more children ($OR = 1.606$; 95% CI

Table 2
General Results on the First Regression Model and the Blocks

Block	χ^2	p	R^2 of Nagelkerke	R^2 of Nagelkerke (total)	χ^2 model	p model
Block 1	77.102	.000	.108	.108	77.102	.000
Block 2	77.608	.000	.099	.207	154.710	.000
Block 3	156.197	.000	.177	.384	310.907	.000

[1.012, 2.54], $p = .044$) increased the likelihood of being a specialist IPVAW perpetrator.

Last, the third block that had more weight when differentiating between specialist and generalist perpetrators was the one formed by the variables related to the previous IPVAW history ($\chi^2 = 77.102$; $R^2 = .108$; $p = .000$). Thus, having a longer sentence (more than 3 years; $OR = .472$; 95% CI [.303, .735], $p = .001$) decreased the likelihood of being a specialist IPVAW perpetrator while having a complaint for two or more types of violence (physical, psychological, and/or sexual violence) increased the likelihood of being a specialist IPVAW perpetrator ($OR = 2.677$; 95% CI [1.067, 6.712], $p = .036$; see Table 3).

Sociodemographic Variables, Variables Related to Previous History of IPVAW, Psychological/Personal and Social Cognition, and Executive Functioning Variables

Results showed that the adjusted R^2 of Nagelkerke = .454. These variables correctly classified 77.6% of the total cases, 75.1% of generalist IPVAW perpetrators, and 79.8% of specialist IPVAW perpetrators (see Table 4).

Table 3
Significant Results of the First Logistic Regression Analysis for Differentiating Between Specialist and Generalist IPVAW Perpetrators

Variable	β	*OR*	*p*	[95% CI]
Block 1: Sociodemographic variables				
Age (in years)	0.027	1.027	.004	[1.009, 1.046]
Number of children				
None[a]				
One child	0.591	1.806	.008	[1.167, 2.793]
Two or more children	0.474	1.606	.044	[1.012, 2.549]
Block 2: Variables related to previous IPVAW history				
Time of conviction				
<1 year[a]				
1–3 years	−0.323	0.724	.089	[.499, 1.051]
>3 years	−0.751	0.472	.001	[.303, .735]
Complaint for psychological, physical, and sexual violence				
Yes	0.985	2.677	.036	[1.067, 6.712]
No[a]				
Block 3: Psychological/personal variables				
Anxiety disorder				
Yes	−0.463	0.629	.040	[.405, .978]
No[a]				
Witness to IPVAW				
Yes	−1.169	0.311	.000	[.207, .466]
No[a]				
DSM-IV drug dependence				
Yes	−1.147	0.318	.000	[.220, .459]
No[a]				

Note IPVAW perpetrators classification (reference group was specialists). The rest of the results obtained can be found in Supplemental Material. IPVAW = intimate partner violence against women; CI = confidence interval; *DSM-IV* = *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.).
[a] Indicates reference category.

In response to the second aim of the study, results of the second logistic regression by blocks showed that the weight of the blocks in the differentiation between specialist and generalist IPVAW perpetrators followed the same order as in the previous analysis, with the block formed by the psychological/personal variables having the greatest weight ($\chi^2 = 187.795$; $R^2 = .218$; $p = .000$), followed by sociodemographic variables ($\chi^2 = 77.435$; $R^2 = .113$; $p = .000$), and variables related to previous IPVAW history ($\chi^2 = 72.635$; $R^2 = .907$; $p = .000$). Furthermore, the block composed by the social cognition variables contributed significantly to the variance explained ($\chi^2 = 16.544$; $R^2 = .017$; $p = .005$), although the block composed by the neuropsychological variables was not significant ($\chi^2 = 9.040$; $R^2 = .009$; $p = .171$). With the addition of the variables related to the type of education, blaming ex-partner, head injury, loss of consciousness, medication, social cognition, and neuropsychological functioning, the explained variance of the model increased by 7%.

Specifically, regarding psychological/personal variables, blaming his ex-partner for the current situation ($OR = 1.830$; 95% CI [1.200, 2.790], $p = .005$) increased the likelihood of being a specialist IPVAW perpetrator. On the other hand, to consider oneself a jealous person ($OR = .650$; 95% CI [.434, .971], $p = .036$), having witnessed IPVAW ($OR = .370$; 95% CI [.237, .578], $p = .000$), having more distorted thoughts about violence ($OR = .917$; 95% CI [.844, .996], $p = .041$), and meeting *DSM-IV* diagnostic criteria for drug dependence ($OR = .376$; 95% CI [.252, .560], $p = .000$) decreased the likelihood of being a specialist IPVAW perpetrator.

According to sociodemographic variables, being older ($OR = 1.031$; 95% CI [1.010, 1.052], $p = .004$) and having children ($OR = 1.906$; 95% CI [1.182, 3.075], $p = .008$) increased the likelihood of being a specialist versus a generalist IPVAW perpetrator.

In relation to the variables of the previous IPVAW history, results showed that having a longer conviction (more than 3 years; $OR = .548$; 95% CI [.341, .880], $p = .013$) decreased the likelihood of being a specialist perpetrator, while having a complaint for two or more types of violence (physical, psychological, and/or sexual violence) increased the likelihood ($OR = 3.033$; 95% CI [1.103, 8.339], $p = .032$).

Regarding the social cognition variables, having higher scores on the Perspective-Taking subscale increased the likelihood of being a specialist perpetrator ($OR = 1.053$; 95% CI [1.015, 1.093], $p = .006$).

Finally, the block formed by the neuropsychological variables did not contribute to differentiate between specialist and generalist IPVAW perpetrators (see Table 4).

Discussion

The aims of this study were (a) to analyze in the same study variables that had previously been shown to be useful in distinguishing other IPVAW perpetrator classifications but had not previously been explored in the context of the specialist/generalist classification and (b) to assess the importance of social cognition and executive functioning factors and other psychological/personal variables (victim blaming and type of education) in distinguishing between specialist/generalist IPVAW perpetrators. The results showed that the variance explained by the model obtained using variables that had previously been useful in other IPVAW perpetrator classifications increased when some psychological/personal, social cognition, and executive functioning variables were included. However, our hypothesis is partially fulfilled because only blaming the victim for the current situation and the social cognition variables contributed

Table 4
Results on the Second Regression Model and the Blocks

Block	χ^2	p	R^2 of Nagelkerke (blocks)	R^2 of Nagelkerke (total)	χ^2 model	p model
Block 1	77.435	.000	.113	.113	77.435	.000
Block 2	72.635	.000	.097	.210	150.635	.000
Block 3	187.795	.000	.218	.428	337.865	.000
Block 4	16.544	.005	.017	.445	354.409	.000
Block 5	9.040	.171		.454	363.449	.000

significantly to the model, but not those related to executive functioning and type of education (see Table 5).

Regarding the first objective of the study, it can be shown that sociodemographic variables were significant variables in discriminating between specialist and generalist IPVAW perpetrators. Thus, being older and having children increased the likelihood of being a specialist rather than a generalist IPVAW perpetrator, which is consistent with previous studies (Herrero et al., 2016). It could be hypothesized that this is due to generalist IPVAW perpetrators committing their criminal activities at an earlier age and they are usually younger than specialist IPVAW perpetrators (Herrero et al., 2016).

In addition to the above, both groups differed in aspects related to their prior history of violence against their partners or ex-partners. Therefore, having a sentence longer than 3 years compared to less

Table 5
Significant Results of the Second Logistic Regression Analysis for Differentiating Between Specialist and Generalist IPVAW Perpetrators

Variable	β	*OR*	*p*	[95% CI]
Block 1: Sociodemographic variables				
Age (in years)	0.030	1.031	.004	[1.010, 1.052]
Number of children				
None[a]				
One child	0.645	1.906	.008	[1.182, 3.075]
Two or more children	0.496	1.642	.057	[.986, 2.735]
Block 2: Variables related to previous IPVAW history				
Time of conviction				
<1 year[a]				
1–3 years	−0.233	0.792	.264	[.526, 1.192]
>3 years	−0.602	0.548	.013	[.341, .880]
Complaint for psychological, physical, and sexual violence				
Yes	1.010	3.033	.032	[1.103, 8.339]
No[a]				
Block 3: Psychological/personal variables				
Blaming his ex-partner for the current situation				
Yes	0.604	1.830	.005	[1.200, 2.790]
No[a]				
Considers himself a jealous person				
Yes	−0.431	0.650	.036	[.434, .971]
No[a]				
Witness to IPVAW				
Yes	−0.995	0.370	.000	[.237, .578]
No[a]				
Distorted thoughts about violence	−0.086	0.917	.041	[.844, .996]
Has suffered a head injury				
Yes[a]	0.791	2.205	.000	[1.475, 3.297]
No				
DSM-IV drug dependence				
Yes	−0.979	0.376	.000	[.252, .560]
No[a]				
Block 4: Social cognition				
Perspective-taking	0.052	1.053	.006	[1.015, 1.093]

Note IPVAW perpetrators classification (reference group was specialists). The rest of the results obtained can be found in Supplemental Material. IPVAW = intimate partner violence against women; CI = confidence interval; *DSM-IV* = *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.).
[a] Indicates reference category.

than a year, decreased the likelihood of being specialist IPVAW perpetrators, and it may be explained by the fact that, as can be observed in the previous studies, specialist perpetrators tend to commit less severe violence, so their sentences could be shorter (Tanskanen, 2023). Additionally, it was observed that having a report for two or more types of violence (physical, psychological, and/or sexual) increased the likelihood of being a specialist IPVAW perpetrator. Given that specialist IPVAW perpetrators only commit crimes of IPVAW, this could lead to exhibiting a greater variety of violent behaviors (psychological, physical, or sexual violence) toward their partners or ex-partners compared to generalist IPVAW perpetrators (Herrero et al., 2016).

On the other hand, the block that had the most weight in the differentiation between specialist/generalist IPVAW perpetrators was the one formed by psychological/personal variables. This finding is consistent with prior research highlighting the relevance of these variables in differentiating between IPVAW perpetrators classifications (Vignola-Lévesque & Léveillée, 2021). Although many of these variables have not been studied using the specialist/generalist classification, generalist perpetrators could be similar to generally violent/antisocial perpetrators and specialist perpetrators to family-only perpetrators of the classification proposed by Holtzworth-Munroe and Stuart (1994; Herrero et al., 2016). Nevertheless, family-only perpetrators are characterized by direct violence within the family, including violence against children. However, specialist IPVAW perpetrators only perpetrate violence against their partner/ex-partner. Taking this into account, the results obtained were consistent with the previous studies, finding that considering oneself a jealous person (Delsol et al., 2003) and having more distorted thoughts about violence (Holtzworth-Munroe et al., 2000; Petersson et al., 2019) decreased the likelihood of being a specialist IPVAW perpetrator, although these variables are common to all IPVAW aggressors Love et al. (2020). In addition, another variable that decreased the likelihood of being a specialist IPVAW perpetrator was the exposure to IPVAW, which points in a different direction from the results obtained in other studies (Teva et al., 2021). Thus, previous research found that specialist IPVAW perpetrators were more likely to have experienced a variety of childhood family violence situations, including witnessing IPVAW (Teva et al., 2021). Conversely, our results support other studies that have found that frequent or chronic witnessing of IPVAW has been associated with antisocial behavior and various violent crimes (generalist IPVAW perpetrators; Park et al., 2012). Finally, it is remarkable that meeting the *DSM-IV* diagnostic criteria for substance dependence decreased the likelihood of being a specialist IPVAW perpetrator, but this was not the case with alcohol dependence. Previous studies found that generalists showed higher levels of substance dependence compared to specialist IPVAW perpetrators while showing similar levels of alcohol dependence too (Herrero et al., 2016). This could be hypothesized to the fact that a significant percentage of generalist IPVAW perpetrators are involved in drug trafficking offenses, which may be related to substance abuse (Herrero et al., 2016).

In relation to the second objective, regarding the unexplored psychological/personal variables that were added to the study, blaming his ex-partner for the current situation increased the likelihood of being a specialist IPVAW perpetrator. In this sense, previous research showed that attributing blame to the victim is a cognitive distortion that is highly present among IPVAW perpetrators (Sánchez-Prada et al., 2021). Thus, they tend to minimize the existence or impact of IPVAW, attributing blame to external factors or to the victim as a way to justify their actions (Loinaz, 2014). As a consequence, it is hypothesized that the fact that specialist IPVAW perpetrators are more likely to blame their partner for their current situation could be associated with the fact that this behavior occurs specifically in the context of IPVAW and not in other types of crime.

Additionally, as concerns the two new blocks included (social cognition and executive functioning), the results showed that only the social cognition variables contributed significantly. Therefore, Perspective-Taking, which refers to a person's ability to understand and consider the views, emotions, and experiences of others (Davis, 1983), increased the likelihood of being a specialist IPVAW perpetrator. Despite not having results with specialist/generalist classification, Holtzworth-Munroe et al. (2000) concluded that family-only perpetrators should feel greater empathy toward their victims, while generally violent/antisocial perpetrators were likely to exhibit less levels of empathy. Similarly, other studies have shown that IPVAW perpetrators with lower levels of Perspective-Taking skills reported higher frequencies of perpetrating psychological aggression, which would suggest that a lack of this skill is associated with more frequent engagement in violent behaviors (Covell et al., 2007), which is consistent with our findings for generalist IPVAW perpetrators.

Finally, only two studies are known to have analyzed executive functioning in relation to IPVAW perpetrators classifications, with one focusing solely on cognitive flexibility (Romero-Martínez et al., 2021), while the other did not involve male criminal convicts as the study sample (Walling et al., 2012). Additionally, these prior studies have identified that neuropsychological functioning played a significant role in distinguishing between IPVAW perpetrators (Romero-Martínez et al., 2021; Walling et al., 2012) using the classification proposed by Holtzworth-Munroe et al. (2000) but this phenomenon was not observed in the present study. Therefore, executive functioning could contribute significantly when using other IPVAW perpetrator classifications, but this was not the case for the specialist/generalist classification. It is suggested that this may be because this classification is based exclusively on the violent history of the IPVAW perpetrators and other variables such as the presence of psychological disorders have not been considered.

Limitations

Nevertheless, the study has several limitations. First, alternative instruments that do not rely on completion by the perpetrators themselves could have been employed because their responses may be influenced by high social desirability as well as poor recall (Kirk, 2006). For example, the access to officially reported information was not possible and we relied on self-report information to identify specialist/generalist groups. However, the evaluation conditions did not allow for the utilization of alternative types of assessments beyond the administration of self-reported questionnaires. Similar limitations have been highlighted in previous research (e.g., Petersson & Strand, 2020). Furthermore, our sample was exclusively composed of Spanish IPVAW perpetrators, thus caution should be exercised in extending these findings to perpetrators from different countries, as intercultural variations may come into play (Bent-Goodley, 2021). Furthermore,

the results can only be applied to the prison population convicted of an IPVAW offense and the factors identified cannot be used for the general population. Additionally, due to the cross-sectional design of the study, it is not possible to establish causal relationships within the variables.

Despite these limitations, the present study possesses several strengths. First, to the best of our knowledge, the first study examines the role of social cognition and executive functioning and certain relevant psychological factors within the field of IPVAW. Consequently, it addresses a knowledge gap concerning the significance of these variables in the study of IPVAW perpetrators classifications as well as explores variables that have previously been recognized as relevant for distinguishing among other IPVAW perpetrators classifications but had not been addressed with specialist/generalist IPVAW perpetrators.

Future Research Directions

Future research could replicate the results of the present study in different geographic contexts. In addition, it is considered worthwhile to continue researching different variables that could be useful in differentiating between IPVAW perpetrators, especially using the specialist/generalist classification. In this way, given the importance of knowing the characteristics of each IPVAW perpetrators classification for the success of treatment, it is considered very relevant to continue studying the variables that characterize this population.

Clinical Implications

First, the present study has theoretical implications, due to the equal distribution of both groups of IPVAW perpetrators across the sample, it revealed the heterogeneity of this population (Lishak et al., 2021). Thus, this study replicates the idea of significant trends toward both specialization and versatile offending among IPVAW perpetrators (Tanskanen & Aaltonen, 2022). Moreover, our findings are consistent with previous literature (e.g., Herrero et al., 2016; Tanskanen, 2023), while also providing new data to address the existing knowledge gap regarding the characteristics of specialist and generalist IPVAW perpetrators, particularly in relation to social cognition and executive functioning variables.

On the other hand, the results also have clinical implications. First, the high heterogeneity of the sample and the differences found in many of the assessed variables suggest the importance of considering these differences in the design and implementation of intervention programs for IPVAW perpetrators. Generally, prevention and intervention strategies often assume specialization in this type of offense, focusing only in IPVAW and neglecting violence and crime targeted at nonfamily members (Velonis et al., 2020). As previous research suggests, IPVAW prevention and intervention could benefit from models that take into account individual differences in the risk of offending behavior and responsiveness to different intervention strategies (Tanskanen & Aaltonen, 2022). Therefore, it is considered that, given the differences between both classifications of IPVAW perpetrators, it would be ideal to design specific treatments according to the characteristics of them, highlighting the role of psychological variables as they are the ones that best discriminate between specialist/generalist IPVAW perpetrators. Thus, the use of retention techniques tailored to the distinctive attributes of IPVAW perpetrators may bolster treatment adherence, thereby potentially diminishing both recidivism rates and intervention dropout (Butters et al., 2021).

Last, it is also highly relevant to prioritize social cognition in treatments, as it is a significant variable in this field (see Vignola-Lévesque & Léveillée, 2021) and the differences we have found between specialist and generalist IPVAW perpetrators.

Conclusions

In conclusion, it was found that the variables that increased the likelihood of being a specialist versus a generalist IPVAW perpetrator were as follows: being older, having children, having a complaint for two or more types of violence (physical, psychological, and/or sexual), and blaming the ex-partner for the current situation. On the other hand, the variables that decreased the likelihood were as follows: having a longer sentence (more than 3 years), being considered a jealous person, having witnessed IPVAW, having more distorted thoughts about violence, and meeting *DSM-IV* diagnostic criteria for drug dependence. For the two new blocks analyzed (social cognition and executive functioning), having higher scores on the Perspective-Taking subscale increased the likelihood of being a specialist IPVAW perpetrator, while executive functioning did not contribute to differentiating between specialist and generalist IPVAW perpetrators.

Therefore, it can be seen that IPVAW perpetrators do not constitute a homogeneous group, and studying the specialist/generalist classification is useful due to the fact that they present differences in many relevant variables. These results could also be useful for the design of strategies and/or interventions to increase the adherence to treatment of this population as well as to reduce the treatment dropout. Likewise, the results could be useful for the prevention of recidivism, which is high in IPVAW perpetrators (Butters et al., 2021).

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