CHAPTER 1

Introduction

Intimate partner violence (IPV) was virtually unknown to social science theory and research as recently as 1975. Psychology texts describing aggression in that year focused exclusively on aggression toward strangers and whether this aggression was innate or learned. There was no description, not an even an inkling, of aggression toward an intimate partner. Now we know that such aggression is commonplace.

The psychological underpinnings of IPV perpetration were also unknown. Undergraduate textbooks on personality theory at that time described "personality" as a fixed entity, assessed at a single point in time (usually in an arid psychology lab), under the most rational of circumstances, and affixed a location on a "circumplex," a circular map of personality styles. Personality style was conceived of as a stable constellation of traits. There was no realization that personality might be phasic, going through predictable shifts or cycles from one phase to another. Inspection of the premier journal on marriage and intimate relationships, the *Journal of Marriage and the Family,* reveals not one reference to *violence* from 1939 through 1969. Although marriages may have been seen as conflicted, they were not seen as violent.

Robert Baron and Donn Byrne's classic text *Social Psychology*[1] is now in its ninth edition. In its 1977 edition (the second edition) the chapter on aggression opened with the hoary question of nature versus

nurture. It reviewed research on "situational determinants" (frustration, verbal and physical attack, exposure to violent role models, arousal, aggressive cues, drugs, orders, heat, and overcrowding) and concluded with a review of research on curbing aggression through punishment, catharsis, and "incompatible responses" (empathy, laughter, and lust). It reported on the curvilinear relationship between sexual arousal and aggression but did not speculate about real-world examples. Individual characteristics included undercontrolled versus overcontrolled aggressors. In an example of the latter, the authors cited the story of a farmer who caught his wife in bed with another man. He did not respond, even after the interloper stole away with his truck, wife, and kids. However, when he discovered another incident of infidelity, this time by the second wife, he finally exploded, murdering her and her lover. The point was, it seemed, that frustration from the first incident was somehow "stored" and expressed explosively in the second incident. In all the social psychology texts I reviewed, this example was the only mention of intimate violence. It did not, however, go beyond the description of the killer as overcontrolled (given the earlier provocations) in trying to understand the dynamics of the spousal homicide.

Academic psychology tended to rely on undergraduate populations for its subject pools and to study aggression in university labs. Inducing college sophomores to strike "Bobo" dolls or administer electric shocks to other students became the common research strategy. As Phillip Zimbardo pointed out in his Nebraska Symposium paper on deindividuated aggression, rational people, made passive by the experimental setting, were substituted for irrational proactive aggressors.[2] The result was a focus on the reaction to the micro-releasers (stimuli) of aggression instead of the proactive predatory processes that sought out the situation in which those releasers reside. Eventually, this practice limited our understanding of aggression to a study of "reactions" to "aversive stimuli."

Personality theory sought to locate human personality on a dimensional map called a *circumplex*: a circular arrangement of 16 dimensions and 8 categories of personality. Based on some early work by Timothy Leary and his colleagues, published in 1951, the circumplex located a person on a circle that represented a circular ordering of traits in a two-dimensional space (a circle crossed by dimensions of cold–warm and dominant–submissive).[3] The response that led to their location was typically a scale filled out in the rational calm of a campus psychology lab. To Leary's credit, though, he did believe that personality assessment should be done for different "levels" of the psyche (including projective

tests) and the results compared to obtain a broader picture (e.g., projective results could be compared to self-reports of hypothetical responses to assess repression of undesirable impulses such as hostility). He also used psychiatric samples as his subject populations. His 1957 book *Interpersonal Diagnosis of Personality* was years ahead of its time. Unfortunately, using a circumplex model and self-reports of traits soon dominated modern personality assessment due to the ease of administration. The notion that personality might undergo predictable phasic shifts was not contained in these circumplex models. The snapshot taken by the "scale score" was meant to represent a fixed personality, like a photo frozen in time, rather than a dynamic, shifting, and long-lasting process.

EARLY PSYCHIATRY

Early 20th-century psychiatry tended to ignore domestic violence unless a spousal homicide occurred. In this "Age of Denial"[4] the focus was typically on case studies of men who had committed spousal homicide. Explanations for this paradox included pathological dependency and conjugal paranoia, as well as temporal lobe epilepsy. One frequently cited study[5] viewed the violence as stemming from a pathologically enmeshed system, with extremes of dependency exhibited by both the male and the female. The authors then went on to compare abusive families with alcoholic families and saw the "trend" in these dynamics as characterized by a depressed, domineering, and masochistic wife: "We see the husbands' aggressive behavior as filling masochistic needs in the wife's (and the couple's) equilibrium" (p. 110). In other words, women stay in abusive relationships because the punishment fills an unconscious need in them. This viewpoint was quickly seen as victim blaming by feminists.[6] Another early study[7] by Faulk examined men who had murdered or seriously injured their wives and found that 16 of 23 had a psychiatric disorder. Unfortunately, Faulk generalized his profile from this rather extreme sample to all wife abusers; however, as extremity of abuse increases, the likelihood and severity of personality disturbance in the perpetrator also increases.[8]

Even when methodology improved, psychiatry would too often settle for measures of association between diagnostic categories and IPV without explanation. These "odds ratios" did not provide a substantive accounting as to why a particular connection occurred. Bland and Orn, for example, collected data by telephone from a large ($N = 1{,}200$) urban sample, assessing respondents for antisocial personality, depression, and

alcohol use.[9] All three were risk markers for spousal assault, and the three together produced spousal assault report rates in the 80–90% range (compared to 15% for respondents with none of the three risk markers). Unfortunately, in this "actuarial" study, the causal pathways among these factors were not identified. The reader never knew why these factors were chosen or by what model they were arranged. Were the alcoholism and depression, for example, both symptoms of a deeper psychological disturbance? What was the relationship of depression to spousal assault?

A more thoughtful analysis was presented by Rounsaville,[10] who was aware of the emerging sociological literature on wife assault and attempted to answer the question of whether wife assault was "normal violence," as the sociologists claimed, or, in fact, deviant or atypical. He interviewed 31 battered women about their partners. These women were drawn from emergency rooms and had experienced severe and repeated violence. Rounsaville was among the first in the psychiatric literature to recognize that situational forces, rather than "masochism," trapped battered women in their relationships. In his sample, 71% of the woman had been threatened with death by their partners if they left. The availability of outside resources did not discriminate those who left from those who did not; only escalating severity of violence and fear for the children did. As Rounsaville put it, "those who were not sufficiently motivated seemed to ignore the resources which they, in fact, possessed" (p. 17), and "the most striking phenomenon that arose in the interviews and in treatment with the battered women was the tenacity of both partners to the relationship in the face of severe abuse sustained by many of the women" (p. 20). In 1987 in New York City, Hedda Nussbaum, a woman who had been abused and tortured for years by her companion, Joel Steinberg, was charged with the beating death of their daughter, 6-year-old Lisa Steinberg. In what was to become the first of a series of high-profile televised trials involving intimate violence, Nussbaum came across as totally devoted to a man who abused, tortured, and stripped her of her essential human dignity.[11]

Rounsaville raised the question of whether wife assault was a form of psychopathology or "normal violence," as sociologists claimed. The male partners in his sample had high incidences of alcoholism (45%), prior arrests (58%), imprisonment (35%), and violence outside the relationship (51%). The women described the men as extremely jealous, even preventing them from spending time with their female friends (92% cited jealousy as a frequent cause of violent arguments). Rounsaville[10] went on to remark:

> The explosiveness of the men, the depression of the women, and the alcoholic dependencies in both may be seen as manifestations of a high level of unmet dependency needs which both are seeking to satisfy in the relationship. In such a relationship, anger frequently arises as neither partner is able to fulfill the others' unrealistic needs. The two partners handle their dependent longings in different ways. The woman devotes herself to her partner, sadly ignoring her own needs. The man angrily demands compliance lest he be refused or fearfully projects onto the woman the desire to leave him. (p. 21)

As evidence for the importance of intimacy issues in abuse, 44% of the women reported that the first abuse had occurred either during the honeymoon or around the time of the birth of the first child. The first case usually represents an increased level of attachment and the second a decreased level of intimacy due to the presence of the child:

> Certain personality characteristics might be hypothesized as especially common to battering partners leading to both tenacity and the violence of the relationship. If both partners are excessively needy, they may stay together because of severe conflict, because loneliness is a greater threat than abuse. A particularly volatile combination seems to be a jealous possessive man with paranoid tendencies and a counter-dependent indomitable passive–aggressive woman. (p. 22)

Rounsaville[10] then reviewed the sociological theories of the day; that violence was modeled in the family of origin and that use of physical violence was accepted in North American society. He concluded that "these factors are unquestionably important . . . however, they are hardly specific enough to provide an explanation for the fact that wife-beating is not universal in our society but is only practised in some marriages or relationships" (p. 23). Rounsaville proposed a multifactorial model with features from several spheres. From the psychological sphere would be "pathological conflicts over dependency and autonomy," manifested in the men through "morbid jealousy," controlling behavior, and an impulse control problem exacerbated by substance abuse. From the sociological would be pressure to marry and distorted views of marital roles.

Rounsaville's work was prescient—and one of the few from the psychiatric literature to utilize psychological constructs with explanatory power and to link these, in turn, to sociological features. Rounsaville saw the importance of intimacy in wife assault, although this point went largely unheeded and unrecognized for years to come.

He saw the need for a multifactorial model years before a viable one was developed. His work was revolutionary, but it was disregarded in the subsequent sociological tide. That sociological tide would emphasize gender dominance and power relations as of primary importance in explaining IPV, but as Rounsaville[10] put it, "even when the woman is in fact not of higher social status than her partner, she may be perceived as being more powerful and threatening by a man who is especially sensitive to domination by women" (p. 24). Rounsaville saw through the facade of role-based power to the inner powerlessness felt that was central to the abusive man in an intimate relationship.* Although later "explanations" of IPV would focus on "power and control,"[12] these explanations overlooked the crucial point made here by Rounsaville—that controlling behaviors often masked a feeling of powerlessness in the perpetrator.

Not all early explanations were the product of psychiatry. Psychologist Daniel Sonkin[13] described the male batterer as demonstrating high levels of anger and depression, having low self-esteem, poor communication skills, and having experienced abuse in his family of origin. Psychologist Lenore Walker[14] outlined a "cycle of violence" that female victims described in interviews. This cycle, described in detail in Chapter 4, appeared to be a dark mood characterized by deepening tension on the part of the male batterer. Nothing seemed to lift it, and it led to a "tension blowout" of extreme rage followed by a calm, "contrition phase."

SUBTYPES OF WIFE ASSAULTERS

Not all abusive relationships go through cycles, of course; different types of perpetrators create different patterns of abuse. In 1988 I proposed three subgroups of IPV perpetrators: overcontrolled, generally violent (antisocial), and borderline or cyclical.[15] Other researchers have also developed trimodal models, although their terminology varies, as is demonstrated in Table 1.1.

Essentially, these various groups are all characterized by two dimensions of violence: *overcontrolled versus undercontrolled* and *impulsive versus instrumental*. Overcontrolled men deny their anger and experience chronic frustration and resentment. Undercontrolled men act out frequently. Impulsive men act out violently in response to a building inner tension, whereas instrumental (antisocial) men use violence "coldly" to obtain specific objectives.

TABLE 1.1. Batterer Classification

Hamberger and Hastings[18]	Holtzworth-Munroe and Stuart[29]	Saunders[21]	Tweed and Dutton[45]
Antisocial/ narcissistic	Generally violent/ antisocial	Type 2 (generally violent)	Instrumental/ undercontrolled
Schizoid/ borderline	Dysphoric/ borderline	Type 3 (emotionally volatile)	Impulsive/ undercontrolled
Dependent/ compulsive	Passive–dependent (family only)	Type 1 (emotionally suppressed)	Impulsive/ overcontrolled

On general assessments of personality dysfunction, the overcontrolled abusers score high on avoidant personality disorders. These abusers try to avoid conflict and deny anger. In treatment they repeatedly report having a week without anger (and consequently, nothing to log into their anger diary), in reality, they are both anger averse and experiencing deep chronic anger. The therapist may have to get them to track "irritations" and states of "subanger." Antisocial batterers use violence outside the relationship as well, which frequently brings them into conflict with the law. Their use of violence has an instrumental quality to it; it is used to control and intimidate. Cyclical batterers, on the other hand, use violence expressively, to dispel accumulated tension. These differences are displayed in Figure 1.1.

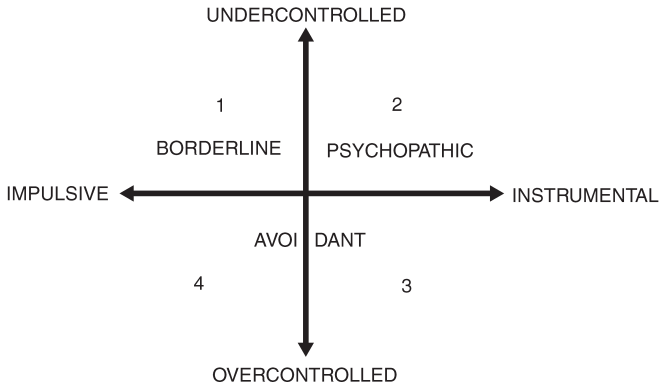

FIGURE 1.1. Two-dimensional representation of intimate abusiveness. 1, also called emotionally volatile[21]; 2, also called antisocial or sociopathic; 3, 4, avoidant personality loads highest on dominance/isolation.

PERSONALITY DISORDER

Because IPV occurs in a minority of relationships,[16] it cannot be explained by social norms. In fact, normative acceptance of IPV is low in North American populations. Only 2% of men agree with the statement "It's alright to hit his wife/girlfriend to keep her in line."[17] When people act in a chronically dysfunctional manner that violates the norms of their culture, their behavior may be attributable to a personality disorder (PD).

PDs are chronically dysfunctional ways of viewing the world, oneself, and one's partner; of feeling and behaving in ways that are atypical within one's ambient culture. However, PDs also constitute homeostatic systems in which emotion, cognition, and behavior are mutually reinforcing and hence support and perpetuate each other. The diagnostic criteria for PD of the text revision of the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) are presented in Table 1.2.

TABLE 1.2. DSM-IV-TR Diagnostic Criteria for a Personality Disorder

A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:
   (1) cognition (i.e., ways of perceiving and interpreting self, other people, and events)
   (2) affectivity (i.e., the range, intensity, liability, and appropriateness of emotional responses)
   (3) interpersonal functioning
   (4) impulse control

B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.

E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.

F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).

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In an early attempt to empirically establish subtypes, Hamberger and Hastings[18,19] administered the Millon Clinical Multiaxial Inventory (MCMI; version I) to 99 men in treatment for wife assault and factor-analyzed the results (see Table 1.1). The MCMI[20] (now revised as version III) is a self-report scale that roughly maps onto categories from the DSM-III, including "Axis II" or PD categories. Three factors emerged, which the authors called "schizoidal/borderline" (Factor 1), "narcissistic/antisocial" (Factor 2) and "passive dependent/compulsive" (Factor 3). Their sample of male abuse perpetrators fell equally (10–16 men each) into these three categories, plus four categories that combined various aspects of the first three "pure" categories, and one category that had no aspects of the clinical pathology indicated in the first three categories. The seven PD subgroups comprised 88% of the entire wife assault subject sample. Men who scored high on Factor 1 (schizoidal/borderline) and low on the other factors, for example, were described as moody and sensitive to interpersonal slights; they were described by others as volatile and overreactive, as having a "Jekyll and Hyde" personality. The DSM-III diagnosis associated with this group was "borderline personality." These men demonstrated high levels of anxiety, anger, and depression as well as substance abuse problems.

The high Factor 2 (low I and III) individuals had DSM diagnoses of narcissistic or antisocial personality disorder. Their violence was more instrumental in character (i.e., designed to produce a payoff or outcome) and was used both inside and outside their intimate relationship. High Factor 3 (low I and II) scorers were passive, tense, and rigid. We would call them overcontrolled. Subgroup 4 (mixed) combined the angry, sullen features of Factor 1 with the aggressive, narcissistic qualities of Factor 2 to produce an extremely aggressive personality that lacked empathy. This "borderline–antisocial" subgroup is obviously a particularly dangerous personality type.

Mixed group 5 combined the sullen, moody, avoidant qualities of Factor 1 with the intense dependency needs of Factor 3 to create an extremely conflicted, frustrated, and dysphoric borderline syndrome. This group also had pronounced mood swings and periodic problems with reality testing. It resembled the profile of men who could undergo the cyclical actions described by Walkers' female respondents.

Other studies found incidence rates of personality disorders to be 80–90% in both court-referred and self-referred wife assaulters,[21–24] compared to estimates in the general population, which tend to range from 15 to 20%.[25] As the violence becomes more severe and chronic, the likelihood of psychopathology in these men approaches 100%.[26]

Across several studies, implemented by independent researchers, the prevalence of personality disorder in wife assaulters has been found to be extremely high. Also, in predictive studies of IPV in community samples, personality disorder, rather than gender or any other demographic variable, has been the strongest predictor.[27, 28]

A study of batterer typology by Holtzworth-Munroe and Stuart also described a trimodal categorization of abuse perpetrators.†[29, 30] Included in this trilogy was a "generally violent/antisocial group" (similar to Hamberger & Hastings's "Factor 2" or subgroup 4) and a "dysphoric/borderline" group (similar to Factor 1 or subgroup 5). Unfortunately, the authors called their overcontrolled or passive–dependent batterers (Factor 3) "family only," which was somewhat misleading because most "dysphoric/borderlines" are family-only abusers as well. In their typology the overcontrolled batterers were less pathological and had the least negative attitudes toward women. Their only personality disorders were of the passive–dependent type. Clearly, they lacked most of the flagrant "Cluster B" signs associated with abusers; emotional reactivity, anger, and jealousy. Just as clearly, they still erupted intermittently with violent rage.

In 1988 Hamberger and Hastings reported the existence of an expanded non-PD group emerging from their data.[19] Lohr, Hamberger, and Bonge[31] cluster analyzed the eight PD scales on the MCMI-II in a sample of 196 men. This time a cluster was found that showed no elevations on any PD scale (39% of the sample, compared to 12% in the 1986 paper). What caused personality disorders to apparently diminish in frequency from the earlier studies?

There are several explanations for this diminishment; one is that socially desirable responding increased as treatment groups became more punitive.[32] That is, court-mandated clients would try to "fake good" on psychological tests so as to not be required to take even more treatment by the courts. There is some evidence that social desirability increased in research results. I[33] pointed out how a study by Gondolf showed extreme social desirability scores for the treatment group, suggesting that responses associated with personality disorder were underreported. Other selection factors may have been at work influencing the type of clients entering treatment groups and the research pool. Police arrest practices changed between 1986 and 1994, becoming much more aggressive in reported cases of IPV.[34] It may be that less serious assault, in which the perpetrator is not personality disordered (i.e., shows no peaks on a measure such as the MCMI) was now being included in the court-mandated treatment samples.

Finally, none of the perpetrator assessment studies attempted to ascertain whether the perpetrator was in a mutually violent relationship or not. Mutual violence is the most common form[16] of IPV, but investigation of female violence against a male partner was ruled out on grounds of political correctness. In contrast, when female perpetrators began to be assessed, the first question asked in their assessment was about their male partner's violence (see, e.g., Dutton & Nicholls[35]).

OVERCONTROLLED VIOLENT MEN

I once studied men incarcerated for spousal homicide.[36] I was surprised to find that 50% of the men in the initial sample had been diagnosed by the prison psychiatrist as having "withdrawn personalities," such as schizoid or schizotypal, and that few had any other criminal record. Overcontrolled men generally try to please therapists; they are extremely cooperative in treatment, to the point that the therapist wonders how they could ever have been violent. (see Table 1.3). When asked by the therapist to keep anger diaries, these men protest that they don't get angry often enough to log the events. Eventually, as noted, the therapist convinces them to log their "irritations." However, overcontrolled abusers harbor a long-held, chronic resentment that they were not, or are not, valued in some way. They have a sense of personal injustice or slight. Comedian Rodney Dangerfield was able to convert this feeling into a characterization with his "I don't get no respect" theme. For these men, however, the brooding resentment covered by a smiling facade has a more serious and occasionally lethal outcome.

TABLE 1.3. Characteristics of Overcontrolled Batterers

- Flat affect or constantly cheerful persona
- Attempts to ingratiate therapist
- Tries to *avoid* conflict
- High masked dependency
- High social desirability
- Overlap of violence and alcohol use
- Some drunk driving arrests
- Chronic resentment
- Attachment: preoccupied
- MCMI: avoidant, dependent, passive–aggressive

ANTISOCIAL VIOLENT MEN

Antisocial abusers have the following features: a lack of capacity to empathize, a tendency to use violence for control and instrumental gain, and frequently a history of antisocial actions and crime. Neil Jacobson's work at the University of Washington revealed another chilling aspect of their makeup. They demonstrate a different physiological response to conflict than control men. Their heart rate *declines* during heated arguments.[37] That is, despite acting in an emotionally aggressive fashion, these men, whom Jacobson called "vagal reactors," remained inwardly calm. (The term stems from the idea that excitation of the vagus nerve suppresses arousal.) The result of this autonomic suppression is to acutely focus attention on the external environment: the wife-antagonist. Jacobson found that the most belligerent and contemptuous men he studied were the ones who showed the greatest heart rate decrease. Jacobson called his two types of male spouse abusers "cobras" and "pit bulls."[38] Although, as we shall see below, the "women victims" in this sample made their own contribution to the violence—a contribution that went unreported.

The clinical signs strongly suggest that a subgroup of vagal reactors may be psychopaths. Psychopaths, who break the law without remorse and fail to benefit from therapy, are infamous for their high rates of recidivism, even after treatment attempts.[39, 40] Indeed, their flat emotional response, coupled with exaggerated control techniques and use of instrumental violence (premeditated, designed to profit illegally), are two of the defining criteria outlined in the seminal work on psychopaths by Robert Hare[41] (see Table 1.4). Hare describes psychopaths as lacking a conscience and uses magnetic resonance imaging (MRI) scans of brain function to demonstrate the lack of emotional response in

TABLE 1.4. Characteristics of Psychopathy

- Rarely, if ever, arises de novo in adulthood (usually earlier indicator)[57]
- "Vagal reactor" demonstrates heart rate decreases during intimate confrontation[58]
- Early identification through combination of hyperactivity–impulsivity–attention deficit with conduct disorder[57]
- Psychopaths commit disproportionate number of recidivist crimes[59]
- Criminal activity rises during teen years, remains high until the 40s, then declines[59]

them. Whereas Hare proposed a genetic basis for psychopathy, Porter had more recently suggested a "secondary psychopath," produced as a result of chronic abuse,[42] and Herve developed a four-cluster typology of psychopaths,[43] including a "pseudopsychopath" who appears to be psychopathic but still has empathic responses. This taxonomic reordering makes the distinction between "antisocial personality disorder" and psychopathy less distinct. Further problems arise for the notion that psychopathy is a taxon (a distinct category) when differential cutoff criteria are used to qualify for the diagnosis (on the Psychopathy Checklist—Revised[44]) in Europe (scores equal to 25) as compared to North America (scores >30). Recently some evidence has emerged that psychopaths are overrepresented among domestically violent men, although most of the emphasis has been on "generally violent" men who appear antisocial. Specific assessment for psychopathy has yet to be conducted.

IMPULSIVE VIOLENT MEN

Roger Tweed and I[45] compared the instrumental and impulsive types of abuser (see Tables 1.5 and 1.6). The impulsive men had more fearful "attachment styles" (which I describe in detail in a later chapter) and psychological profiles more like a borderline personality, whereas the instrumental men resembled antisocial personalities. The instrumental group showed an antisocial–narcissistic–aggressive–sadistic profile on the MCMI and reported more severe physical violence. The impulsive group showed elevations on borderline, avoidant, and passive–aggressive, higher scores on the Oldham et al.[46] measure of borderline personality organization (BPO; which I discuss in more detail below), higher chronic anger, and a fearful attachment style on a self-report measure of

TABLE 1.5. Characteristics of Impulsive/ Undercontrolled Batterers

- Cyclical "phases"
- High levels of jealousy
- Violence predominantly/exclusively in intimate relationship
- High levels of depression, dysphoria, anxiety-based rage
- Ambivalence to wife/partner
- Attachment: fearful/angry
- MCMI: borderline

TABLE 1.6. Characteristics of Instrumental/ Undercontrolled Batterers

- Violent inside and outside home
- History of antisocial behavior (car theft, burglary, violence)
- High acceptance of violence
- Negative attitudes of violence (macho)
- Usually victimized by extreme physical abuse as a child
- Low empathy
- Associations with criminal marginal subculture
- Attachment: dismissing
- MCMI: antisocial, aggressive–sadistic

attachment (the Relationship Style Questionnaire [RSQ][47]). Instrumental abusers have a "dismissing" attachment style, giving the impression that they do not want or need a significant other. Impulsive abusers, on the other hand, are fearful of both abandonment and aloneness. This fear focuses narrowly into "morbid jealousy" or "conjugal paranoia" and generates controlling actions in a masked attempt to ensure that abandonment does not occur.

With its basis in BPO and with its clinical signs of impulsiveness and hyperemotionality in intimate relationships, the abusive personality described in this work seems more closely aligned with impulsive or Type 2 batterers. Tweed and Dutton[45] confirmed this similarity in their study; impulsive men had BPO scores of 75 (identical to Oldham et al.'s reported mean for borderlines[46]), whereas instrumental and control abusers had significantly lower BPO scores.

The impulsive group also had a high (84) antisocial PD score but it was accompanied by high scores on other personality disorders, including borderline PD. The instrumental group was self-absorbed and lacking in empathy; the impulsive group had problems with self-esteem and assertiveness. In all, the results reinforced the evidence that two differential peaks of personality disorder exist for abusive males: antisocial and borderline. The former engages in instrumental violence both inside and outside of intimate relationships, the latter in impulsive violence mainly in intimate relationships.

More recently, Edwards and his colleagues[48] also found that measures of borderline and antisocial PDs were significantly correlated with physical aggression (spousal assault) in a forensic sample (43 men convicted of wife assault, 40 convicted of nonviolent crimes). The high-violence group had higher scores on all pathology scales of the Personality Assessment Instrument (PAI).[49] The authors related PD to spousal

violence via the mediating variable of impulse control. Several researchers have found impulsivity to be a problem for a subgroup of abusers. Saunders's "emotionally volatile" abusers had impulsivity problems. Edwards and colleagues hypothesized that a cluster analysis of the scales used would yield two groups of spousal abusers: instrumental and impulsive, similar to those described by Tweed and Dutton. The impulsive group would have the highest impulsivity scores, borderline personality scores, and fearful attachment scores. This cluster was obtained, and high scorers (impulsives) correlated with spousal violence. Two groups were produced by the cluster analysis and were roughly similar to the instrumental and impulsive groups described by Tweed and Dutton. Edwards and colleagues also found high levels of psychopathology and personality disorder in their spousal abuse sample. They concluded that impulsiveness, impulsive aggression, and antisocial and borderline PDs were significant predictors of spousal violence.

Research from neurobiology,[50, 51] personality disorder,[52] borderline personality,[53] and direct studies of abusers[45, 48, 54] all verify the existence of an impulsive group of abusers who need therapeutic help in controlling their impulsivity. A recent MRI study by Yang and colleagues[55] found differential ratios of white to gray matter in the prefrontal lobes of a group with a specific type of impulsivity problem: liars. Liars' gray/white ratios were significantly different from both normal controls and antisocial personalities. Impulse control may have its own brain wiring that is different from the wiring underlying the cold, calculated acts of the antisocial personality or the functioning of noncriminal controls. In any event, the simplistic notion that all abuse perpetrators *choose* to be abusive is contradicted by the work on subtypes and on impulsivity.

The cyclical abusers described in this book are thus only one kind of personality-disordered partner abuser. All types of abuse are serious. Antisocial abusers may be arrested for other, more public crimes. Overcontrolled abusers execute abuse much less frequently but are a risk for spousal homicide. Cyclical abusers demonstrate abuse that is frequent, predatory, and confined to their intimate relationship. They appear "normal," even likable, in other relationships. They are hard to detect and they are dangerous.

In our analysis of these men we proceed in a chronological fashion, replicating the order of discovery that occurred in my research. Early explanations of wife abuse were psychiatric, sociobiological, or feminist–sociological. The psychiatric explanations saw violence as essentially due to neurological dysfunction. The sociobiological perspective saw male IPV as a dysfunctional form of control over the means to make contri-

butions to the gene pool and as part of male inheritance. Feminist sociology also saw wife abuse as an expression of male power and viewed gender-based power as socially shaped by sex-role conditioning. Both latter theories are broad in scope and have difficulty explaining variation in male response. I review them in Chapter 2.

NOTES

* My research is based on abusive men. It cannot be concluded from these data that all abusers are male. In a later chapter I review the nascent literature on female abusers.

† I use the term "abuse perpetrators" because we do not know that all abuse perpetrators are "batterers"—to batter means to strike repeatedly.

REFERENCES

1. Baron R, Byrne D. *Social psychology: Understanding human interaction*. Allyn & Bacon: Boston, 1977.
2. Zimbardo P. *The human choice: Individuation, reason, and order versus deindividuation, impulse, and chaos.* University of Nebraska Press: Lincoln, 1969.
3. Leary TF. *Interpersonal diagnosis of personality: A functional theory and methodology for personality evaluation*. International Universities Press: New York, 1957.
4. Dutton DG. *Rethinking domestic violence*. UBC Press: Vancouver, 2006.
5. Snell JE, Rosenwald PJ, Robey A. The wifebeater's wife. *Archives of General Psychiatry* 1964;**2**: 107–113.
6. Hilberman E. Overview: The "wife beater's wife" reconsidered. *American Journal of Psychiatry* 1980;**137**(11): 1336–1347.
7. Faulk M. Men who assault their wives. *Medicine, Science and the Law* 1974;**14**: 180–183.
8. Dutton DG. Personality profile of intimate terrorists. *Journal of Interpersonal Violence,* in press.
9. Bland RC, Orn H. Family violence and psychological disorder. *Canadian Journal of Psychiatry* 1986;**31**(12): 129–137.
10. Rounsaville B. Theories in marital violence: Evidence from a study of battered women. *Victimology: An International Journal* 1978;**3**(1–2): 11–31.
11. Russo F. The faces of Hedda Nussbaum. *New York Times* 1997; March 10: 12–24.
12. Pence E, Paymar M. *Power and control: Tactics of men who batter.* Minnesota Program Development: Duluth, 1986.

13. Sonkin DJ, Martin D, Walker L. *The male batterer: A treatment approach*. Springer: New York, 1985.
14. Walker LE. *The battered woman*. Harper & Row: New York, 1979.
15. Dutton DG. Profiling wife assaulters: Some evidence for a trimodal analysis. *Violence and Victims* 1988;**3**(1): 5–30.
16. Stets J, Straus MA. *The marriage license as a hitting license: Physical violence in American Families*. Transaction Publishers: New Brunswick, NJ, 1992.
17. Simon TR, Anderson M, Thompson MP, Crosby AE, Shelley G, Sacks JJ. Attitudinal acceptance of intimate partner violence among U.S. adults. *Violence and Victims* 2001;**16**(2): 115–126.
18. Hamberger LK, Hastings JE. Personality correlates of men who abuse their partners: A cross-validation study. *Journal of Family Violence* 1986;**1**(4): 323–341.
19. Hamberger LK, Hastings JE. Personality characteristics of spouse abusers: A controlled comparison. *Violence and Victims* 1988;**3**: 5–30.
20. Millon T. *The MCMI-II manual* (2nd edn). National Computer Systems: Minneapolis, 1987.
21. Saunders DG. A typology of men who batter: Three types derived from cluster analysis. *American Journal of Orthopsychiatry* 1992;**62**(2): 264–275.
22. Hamberger K, Hastings JE. Personality correlates of men who batter and non-violent men: Some continuities and discontinuities. *Journal of Family Violence* 1991;**6**(2): 131–147.
23. Dutton DG, Starzomski A. Psychological differences between court-referred and self-referred wife assaulters. *Criminal Justice and Behavior: An International Journal* 1994;**21**: 203–222.
24. Hart SD, Dutton DG, Newlove T. The prevalence of personality disorder among wife assaulters. *Journal of Personality Disorder* 1993;**7**(4): 329–341.
25. Kernberg O. The structural diagnosis of Borderline Personality Organization. In: *Borderline personality disorders: The concept, the syndrome, the patient*, Hartocollis P (ed). International Universities Press: New York, 1977; 87–121.
26. Dutton DG. *Personality profile of intimate terrorists.* Unpublished manuscript, University of British Columbia, 2006.
27. Ehrensaft MK, Moffitt TE, Caspi A. Clinically abusive relationships in an unselected birth cohort : Men's and women's participation and developmental antecedents. *Journal of Abnormal Psychology* 2004;**113**(2): 258–270.
28. Moffitt TE, Caspi A, Rutter M, Silva PA. *Sex differences in antisocial behavior.* Cambridge University Press: Cambridge, UK, 2001.
29. Holtzworth-Munroe A, Stuart GL. Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin* 1994;**116**(3): 476–497.
30. Holtzworth-Munroe A, Meehan J, Herron K, Rehman U. Testing the Holtzworth-Munroe and Stuart typology. *Journal of Consulting and Clinical Psychology* 2000;**68**: 1000–1019.

31. Lohr JM, Hamberger LK, Bonge D. The nature of irrational beliefs in different personality clusters of spouse abusers. *Journal of Rational Emotive and Cognitive Behavior Therapy* 1988;**6**: 273–285.
32. Dutton DG. Treatment of Assaultiveness. In: *Intimate violence: Contemporary treatment approaches*, Dutton DG, Sonkin DL (eds). Haworth Press: New York, 2003.
33. Dutton DG. MCMI results for batterers: A response to Gondolf. *Journal of Family Violence* 2003;**18**(4): 253–255.
34. Buzawa ES, Buzawa CG. *Domestic violence: The criminal justice response* (2nd edn). Sage: Thousand Oaks, CA, 1996.
35. Dutton DG, Nicholls TL. The gender paradigm in domestic violence research and theory: Part 1. The conflict of theory and data. *Aggression and Violent Behavior* 2005;**10**(6): 680–714.
36. Dutton DG, Kerry G. Modus operandi and personality disorder in incarcerated killers. *International Journal of Law and Psychiatry* 1999;**22**(3–4): 287–300.
37. Jacobson NS, Gottman JM, Waltz J, Rushe R, Babcock, J, Holtzworth-Munroe A. Affect, verbal content, and psychophysiology in the arguments of couples with a violent husband. *Journal of Consulting and Clinical Psychology* 1994;**62**(5): 982–988.
38. Jacobson NS, Gottman J. *When men batter women: New insights into ending abusive relationships.* Simon & Schuster: New York, 1998.
39. Hare RD, Forth AE, Strachan K. Psychopathy and crime across the lifespan. In: *Aggression and violence throughout the lifespan*, Peters RD, MacMahon RJ, Quinsey VL (eds). Sage: Newbury Park, CA, 1992; 285–300.
40. Hare RD. Psychopathy: A clinical construct whose time has come. *Criminal Justice and Behavior* 1996;**23**(1): 25–54.
41. Hare RD. *Without conscience: The disturbing words of the psychopaths among us.* Pocket Books: New York, 1993.
42. Porter S. Without conscience or without active conscience? The etiology of psychopathy revisited. *Aggression and Violent Behavior* 1996;**1**(2): 179–189.
43. Herve HFM. *The masks of sanity and psychopathy: A cluster analytical investigation of subtypes of criminal psychopathy.* Doctoral dissertation, Department of Psychology, University of British Columbia, 2002.
44. Hare RD. *The Hare Psychopathy Checklist—Revised*. Multi-Health Systems: Toronto, 1991.
45. Tweed R, Dutton DG. A comparison of impulsive and instrumental subgroups of batterers. *Violence and Victims* 1998;**13**(3): 217–230.
46. Oldham J, Clarkin J, Appelbaum A, Carr A, Kernberg P, Lotterman A, Hass G. A self-report instrument for Borderline Personality Organization. In: *The borderline: Current empirical research*, McGlashan TH (ed). American Psychiatric Press: Washington, DC, 1985; 1–18.
47. Bartholomew K, Horowitz LW. Attachment styles among young adults: A

test of a four-category model. *Journal of Personality and Social Psychology* 1991;**61**: 226–244.
48. Edwards DW, Scott CL, Yarvis RM, Paizis CL, Panizzon MS. Impulsiveness, impulsive aggression, personality disorder and spousal violence. *Violence and Victims* 2003;**18**(1): 3–14.
49. Morey LC. *The Personality Assessment Inventory: Professional manual*. Psychological Assessment Resources: Odessa, FL, 1991.
50. Coccaro EF. Neurotransmitter correlates of impulsive aggression in humans. *Annals of the New York Academy of Sciences* 1996;**794**: 82–99.
51. Coccaro EF, Kavoussi RJ. Neurotransmitter correlates of impulsive aggression. In: *Aggression and violence*, Stoff DM, Cairns RB (eds). Erlbaum: Mahwah, NJ, 1996; 64–76.
52. Meloy JR. *Violent attachments*. Jason Aronson: Northvale, NJ, 1992.
53. Zanarini MC, Parachini EA, Frankenburg FR, Holman JB, Hennen JPH, Reich D, Silk KR. Sexual relationship difficulties among borderline patients and Axis II comparison subjects. *Journal of Nervous and Mental Disease* 2003;**191**(7): 479–482.
54. Dutton DG. *The abusive personality: Violence and control in intimate relationships*. Guilford Press: New York, 1998.
55. Yang Y, Raine AD, Lencz T, Bihrle S, Lacasse L, Colletti P. Prefrontal white matter in pathological liars. *British Journal of Psychiatry* 2005;**187**: 328–335.
56. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders* (4th edn, text rev). American Psychiatric Association: Washington, DC, 2000.
57. Lyman DR. Early identification of chronic offenders: Who is the fledgling psychopath? *Psychological Bulletin* 1996;**120**(2): 209–234.
58. Gottman JM, Jacobson NS, Rushe RH, Short JW, Babcock J, LaTaillade JJ, Waltz J. The relationship between heart rate activity, emotionally aggressive behavior and general violence in batterers. *Journal of Family Psychology*, 1995;**9**: 1–41.
59. Hard RD, Forth AE, Strachan K. Psychopathy and crime across the lifespan. In: *Aggression and violence throughout the lifespan*, Peters RD, McMahon RJ, Quinsey VL (eds). Sage: Newbury Park, CA, 1992: 285–300.

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