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The Relation Between the Two Factors of Psychopathy and Intimate Partner Aggression

Susan Iyican, M.A. and Julia Babcock, Ph.D.

Clinical Psychology doctoral student at the University of Houston, Houston, TX

Associate Professor of Psychology at the University of Houston, Houston, TX

Abstract

Psychopathy is a personality disorder that has emerged as a correlate of antisocial, impulsive, and violent behavior, including intimate partner violence (IPV). In the current study, we sought to explore the complex relationship between two factors of psychopathy and IPV perpetration. The Fearlessness-Dominance Factor I (PPI-I) assesses the affective-interpersonal traits of psychopathy, whereas the Impulsive-Antisociality Factor II (PPI-II) assesses the behavioral-lifestyle traits of psychopathy. Data from 114 couples was utilized in the current study. When using male self-report of IPV, all forms of violence were significantly correlated with PPI-I. No male self-report or female-report of any of the forms of violence were significantly correlated with PPI-II. Hierarchical regression was utilized to study the impact of psychopathy factors in predicting physical violence while controlling for demographic variables. In predicting women's report of men's violence, the addition of psychopathy factors to the model explained significantly more of the variance ($F = 2.71$; $p < .05$) above and beyond demographic variables. The addition of psychopathy factors to the model predicting men's self-reported physical violence was also significant ($F = 4.78$, $p < .001$). These results suggest that individuals high in PPI-I may be at higher risk of IPV perpetration compared to those high in PPI-II.

Keywords

intimate partner violence; psychopathy; PPI-I; PPI-II

Intimate partner violence (IPV) is a persistent problem in our society. According to data from the U.S. Department of Justice, approximately 1.3 million women are physically assaulted by an intimate partner every year (Tjaden & Thoennes, 2000). While laws surrounding such violence have become more stringent over the years (e.g., mandatory arrest laws), battering intervention and prevention programs have been found to be largely ineffective (Babcock, Green, & Robie, 2004). In order to develop new and more effective

Julia C. Babcock, Ph.D., Department of Psychology, 126 Heyne Building, University of Houston, Houston, TX 77204-5022. jbabcock@uh.edu. Susan Iyican, Department of Psychology, University of Houston; Houston, TX; Julia C. Babcock, Department of Psychology, University of Houston; Houston, TX.

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treatments, much work has been done on how to best categorize IPV perpetrators in meaningful ways. Accumulating evidence has suggested that there is significant overlap between partner violence and abnormal personality, and more research is needed to elucidate this relationship. The current study sought to explore the complex relationship between psychopathy and IPV.

Psychopathy

Psychopathy is a personality syndrome comprised of interpersonal, affective, and behavioral features. It is typically expressed through deception, manipulation, lack of empathy, egotism and inflated self-appraisal, and other antisocial traits such as violent and impulsive behavior (Cleckley, 1941; Hare, 1996). Although uncommon in the general population (1–2%; Neumann & Hare, 2008), 15–25% of criminals meet criteria for psychopathy (Hare, 1996). Furthermore, psychopathy has emerged as a significant correlate of antisocial, impulsive, and violent behavior (Camp, Skeem, Barchard, Lilienfeld, & Poythress, 2013), including intimate partner violence perpetration and recidivism (Costa & Babcock, 2008; Rock, Sellbom, Ben-Porath, & Salekin, 2013).

The construct of psychopathy can be further divided into two distinct factors that were originally described by Karpman (1941) as primary and secondary psychopathy. Primary psychopathy is positively associated with social dominance, low anxiety, and extraversion, whereas secondary psychopathy is associated with impulsive behavior, negative emotionality, and poor social relationships. The Psychopathic Personality Inventory (PPI; Lilienfeld & Andrews, 1996) and later Psychopathic Personality Inventory-Revised (PPI-R; Lilienfeld & Widows, 2005) assess two underlying factors mirroring the primary/secondary conceptualization of psychopathy (Ray, Poythress, Weir, & Rickelm, 2009; Lee & Salekin, 2010). The PPI Fearlessness-Dominance Factor 1 (PPI-I) assesses the affective-interpersonal traits of psychopathy, whereas the PPI Impulsive-Antisociality Factor II (PPI-II) assesses the behavioral-lifestyle traits of psychopathy (Benning, Patrick, Hicks, Blonigen, & Krueger, 2003).

PPI-I has been found to be negatively associated with anxiety (Uzieblo, Verschuere, & Crombez, 2007) and internalizing disorders (Blonigen, Hicks, Krueger, Patrick, & Iacono, 2005). PPI-II has been associated with externalizing behaviors, such as violent prison misconduct (Edens, Poythress, & Watkins-Clay, 2007; Patrick, Edens, Poythress, Lilienfeld, & Benning, 2006), hostility, disinhibition, and impulsivity (Benning, Patrick, Blonigen, Hicks, & Iacono, 2005), and has also been found to be positively associated with internalizing disorders (Smith, Edens, & Vaughn, 2011). Patrick (2007) proposed that PPI-I is caused by blunted emotional reactivity whereas PPI-II is caused by poor executive functioning. Some have proposed that PPI-I and PPI-II capture distinct facets of psychopathy that may be linked to different underlying biological mechanisms (Benning, Christopher, Patrick, & Iacono, 2005).

The Current Study

The principle aim of the current study was to determine whether the two facets of psychopathy, as conceptualized by PPI-I and PPI-II, are differentially associated with various forms of IPV perpetration, including low-level physical abuse, severe physical abuse, psychological aggression, and sexual coercion. Relatively little work has been done to explore how these two factors, as opposed to a unitary conceptualization of psychopathy, may relate to IPV perpetration or response to IPV treatment. One study found that PPI-II was positively associated with failure to complete IPV treatment and recidivism within one year (Rock et al., 2013). In addition, PPI-I moderated the relation between PPI-II and failure to complete treatment, suggesting that each factor may contribute uniquely to perpetration of IPV.

In contrast to previous studies exploring the relation between IPV and psychopathy (e.g., Babcock, Green, Webb, & Yerrington, 2005), the current study measured associations between reported IPV perpetration and each factor of psychopathy separately, rather than utilizing a single total psychopathy score. Psychopathic behavior was measured using the Psychopathic Personality Inventory-Short Form (PPI-SF; Lilienfeld & Hess, 2001), which captures the more intrapersonal features of psychopathy, distinguishes between the two underlying factors of psychopathy, and is preferable in a research setting. Total PPI-SF scores were also calculated, and correlations between IPV perpetration and total psychopathy scores were also analyzed in order to provide a comparison to the two-factor results. Hierarchical regression was also utilized to study the impact of psychopathy factors in predicting physical violence while controlling for demographic variables.

Method

Participants

A sample of 135 couples from the community were recruited via local newspaper ads and flyers as part of a larger study. To be eligible to participate, couples had to be 18 years of age, married or living together as if married for at least 6 months, heterosexual, and able to speak and write English fluently. Of the original 135 couples, the current study excluded couples in which the male partner failed to complete the PPI-SF, leaving a total of 114 couples. The majority of couples ($N = 97$) reported at least one instance of male-to-female violence within the past year. A smaller comparison group of distressed, but nonviolent couples ($N = 17$) were recruited as part of the larger study. Average relationship length of participating couples was 4.25 years.

Procedure

Data were collected as part of a larger study in which couples were seen during two assessment periods. In the first assessment period, male participants only were administered a series of pencil and paper questionnaires. In the second assessment period, both male and female participants were administered questionnaires followed by a marital interaction task. Couples were paid \$100 for their participation in the two 3-hour assessment periods.

Measures

Psychopathic Personality Inventory-Short Form (PPI-SF).—The PPI-SF (Lilienfeld & Hess, 2001) is a 56-item self-report measure that is derived from the original full-length Psychopathic Personality Inventory (PPI; Lilienfeld & Andrews, 1996). Evidence supports a two higher-order factor structure of the PPI-SF (Smith, Edens, & Vaughn, 2011). PPI-I is comprised of the Social Potency, Fearlessness, and Stress Immunity subscales whereas PPI-II is comprised of the Machiavellian Egocentricity, Carefree Nonplanfulness, Impulsive Nonconformity, and Blame Externalization subscales. The eighth subscale, Coldheartedness, does not load onto either factor. Internal consistencies for PPI-I and PPI-II in the current study were .77 and .82, respectively.

Conflict Tactics Scale-2 (CTS-2).—The CTS-2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1995) is considered the gold standard to assess for domestically violent behavior within the past year. The CTS-2 is a 78-item self-report that assesses the severity and frequency of physical, sexual, and psychological abuse committed by intimate partners. Five scales measure negotiation, psychological aggression, physical assault, sexual coercion, and injury. Internal consistencies on the CTS-2 ranged from .60 to .78. The CTS-2 was used to measure the frequency of acts of male-to-female violence, including severe physical violence (e.g., the use of a weapon, choking), lower-level physical violence (e.g., pushing, grabbing), psychological aggression (e.g., name-calling), and sexual coercion (e.g., threats made to elicit sexual contact).

Results

One hundred and fourteen male partners participated in the larger study and completed the PPI-SF. Men's average age was 32 years ($SD = 9.73$). Forty-eight percent were African American, 12% were Hispanic, 27% were Caucasian, and 13% were from other racial or ethnic origins. Nine percent of the men did not graduate from high school, and 12% were college graduates.

Correlations between Psychopathy and IPV

Pearson correlations were used to determine the relationship between PPI factor I and II scores and both male self-report and female-report of male-perpetrated IPV. When using male self-report of IPV, all forms of violence were significantly correlated with PPI-I, with correlations ranging from $r = .22$ to $r = .40$ (see Table 1). When using female-report of male IPV, only severe physical violence was significantly correlated with male PPI-I scores ($r = .20, p < .05$). No male self-report or female-report of any of the forms of violence were significantly correlated with PPI-II.

The total PPI-SF score (comprised of all eight factors) was also calculated. The same correlations between male and female report of male-to-female IPV perpetration were also calculated in relation to the total PPI-SF score. Only one such correlation, namely that between PPI-SF total score and male self-report of physical violence, was found to be significant ($r = .24, p < .05$). Correlations between PPI-SF total score and all IPV variables are also presented in Table 1.

Hierarchical Multiple Regressions

We also sought to determine how the factors of psychopathy predict IPV risk utilizing regression. To control for the impact of demographic variables within this relationship, hierarchical multiple regressions were employed. We identified several demographic variables that could reasonably influence this relationship, which include men's age, race, income level, and education level. These demographic covariates were entered in step 1, and then the two factors of psychopathy were entered in step 2 of the regression model. We ran this regression for both the male and female report of male-perpetrated physical violence. In predicting women's report of men's violence, the addition of psychopathy factors to the model explained significantly more of the variance ($F = 2.71$; $p < .05$) above and beyond demographic variables. The addition of psychopathy factors to the model predicting men's self-reported physical violence was also significant ($F = 4.78$, $p < .001$). These results are presented in Tables 2 and 3.

Discussion

Previous studies have suggested a significant relation between psychopathy and/or antisocial behavior and IPV perpetration. The vast majority of research studying this relation, however, has focused on psychopathy as a unitary construct. More recent research utilizing the PPI and PPI-SF has suggested that psychopathy may not be best conceptualized as a unitary construct, but rather as having two factors (PPI-I and PPI-II). Research has established that each of these factors is associated with unique emotional and behavioral sequelae. Some have also suggested that these two factors of psychopathy have distinct biological underpinnings. The current study sought to explore how each of these factors may relate differentially to IPV perpetration. These results suggest a positive correlation between psychopathy and IPV only for PPI-I. This may indicate a qualitative difference between individuals high on PPI-I and PPI-II with respect to their propensity for partner-violent behavior. More specifically, these results suggest that individuals high on the interpersonal-affective dimension of psychopathy may engage in higher levels of partner-violence as compared to those high in the impulsive and antisocial behavior dimension. This point is particularly important given that psychopathy measured as a unitary construct (i.e., total PPI-SF score) was largely unrelated to reported level of IPV perpetration. Parsing these two factors may help identify those who are truly at higher risk of IPV perpetration, treatment failure, and recidivism.

Importantly, only the correlation between female-report of male severe physical violence and PPI-I was significant, whereas the correlations between male self-report of all forms of violence and PPI-I were significant. This indicates a discrepancy between male and female report of male-perpetrated IPV frequency, which has been a consistent area of concern in the IPV literature (Follingstad & Rogers, 2013). There is no one established explanation for this discrepancy, but it is possible that individuals under-report IPV perpetration or victimization due to the social undesirability of such experiences (Hamby, 2005).

The use of hierarchical multiple regression allowed us to explore the impact of psychopathy on physical violence above and beyond demographic covariates. We examined two similar models with two different outcome variables: men's self-report of physical violence

perpetration, and women's report of their partner's physical violence perpetration. Both regressions yielded similar results, with the addition of PPI factors in the second step explaining significantly more variance than demographic variables alone. PPI-I scores appeared to significantly increase the amount of explained variance, whereas the addition of PPI-II scores did not. This pattern of results was more strongly evident in the analysis predicting men's self-report of violence. In fact, in that analysis, PPI-I was the only significant predictor, with a beta weight of .47 ($p < .01$). These analyses further underscore the differentially predictive nature of these two factors of psychopathy relative to IPV perpetration risk. Specifically, our results suggest that individuals high in PPI-I may be at higher risk of IPV perpetration compared to those high in PPI-II.

Further research is needed to determine why PPI-I may be more strongly predictive of IPV perpetration than PPI-II. PPI-I assesses the affective-interpersonal traits of psychopathy, and has been found to negatively correlate with anxiety and internalizing disorders. PPI-II assesses the behavioral-lifestyle traits of psychopathy and is positively associated with externalizing behaviors, hostility, disinhibition, and impulsivity. Given that PPI-II appears to be more readily associated with overt forms of behavioral misconduct, one might predict that PPI-II would more likely be associated with IPV. However, this is contrary to the results of the current study. We believe that PPI-I's association with interpersonal dominance may explain its stronger correlation with IPV perpetration, since domination and coercion in intimate relationships is a known correlate of IPV (Johnson, 2007; Jouriles & McDonald, 2015). In fact, coercive control is a key factor in Johnson's typology of IPV perpetrators (Kelly & Johnson, 2008). This particular component of PPI-I may be what is driving PPI-I's overall association with IPV perpetration, and may also explain why women reported greater levels of severe violence in these relationships.

The current study took a novel approach in studying the relation between psychopathy and IPV perpetration in that it examined two underlying factors of psychopathy rather than solely a unitary score. The PPI-SF was utilized given its ability to differentiate between these two factors. The PPI was developed as an alternative to the PCL-R and other related measures of psychopathy in an attempt to shift focus away from overt criminal behavior and instead emphasize the core personality elements of psychopathy (Poythress, Edens, & Lilienfeld, 1998; Poythress et al., 2010). Another strength of the current study was the inclusion of both male and female partner's report of male-perpetrated IPV, which addresses the issue of shared method variance that is frequently present in couple and IPV research.

Limitations/Criticism

One limitation of this study is the use of self-report to measure men's psychopathy. The PPI-R, which the PPI-SF is derived from, has shown adequate overall validities, reliabilities, and utility of its built-in validity scales, providing considerable empirical support for its use as a self-report measure of psychopathy (Anderson, Sellbom, Wygant, & Edens, 2013; Edens & McDermott, 2010). However, the PPI-SF does not include similar validity scales, thus making it difficult to test the veracity of users' self-report of psychopathy. Although psychopathic individuals seem to generally endorse socially undesirable traits accurately

(Ray, Hall, Rivera-Hudson, Poythress, Lilienfeld, & Morano, 2013), reporting biases on the PPI-SF have not been examined to date.

Clinical Implications and Future Directions

The ultimate goal of personality disorder research within the field of intimate partner violence is to determine etiological mechanisms underlying the perpetration of such behavior so that more successful treatment strategies may be developed. This point is particularly salient given that court-mandated IPV treatments have been shown to be largely ineffective in preventing recidivism (Babcock, Green & Robie, 2004). The results of this study may impact intervention efforts since PPI-I was significantly correlated with severe IPV whereas PPI-II was not significantly correlated to this form of violence. Given that individuals high in psychopathy have generally been found to be resistant to psychological treatment (Hare, 1999; Juodis, Starzomski, Porter, & Woodworth, 2014), our findings may help explain why existing IPV interventions had been inadequate in reducing recidivism. There is some evidence to suggest that alternative approaches to IPV intervention may be effective with this population. Scott, King, McGinn, and Hosseini (2011) found that high-risk IPV perpetrators who took part in a brief, motivational interviewing-based pre-treatment intervention prior to participation in a standard battering intervention program (BIP) were significantly more likely to complete the BIP. This kind of intervention may be useful if applied to those high in PPI-I, who we would consider at particularly high risk for treatment resistance and dropout.

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Table 1.

Pearson Correlations Comparing PPI-I and PPI-II with Male IPV and Physiological Responding

	PPI-I	PPI-II	PPI Total
Female Report of Physical Violence	.16	-.08	.01
Male Self-Report of Physical Violence	.40 **	.04	.24 *
Female Report of Severe Physical Violence	.20 *	-.05	.11
Male Self-Report of Severe Physical Violence	.31 **	.06	.17
Female Report of Psychological Aggression	.10	-.04	.01
Male Self-Report of Psychological Aggression	.22 *	.05	.16
Female Report of Sexual Coercion	.11	-.07	-.03
Male Self-Report of Sexual Coercion	.25 **	-.02	.17

Note.

*
 $p < .05$.**
 $p < .01$. The physical violence, psychological aggression, and sexual coercion variables are based on reports of male-to-female abuse in the past year on the CTS-2.

Table 2.

Hierarchical Multiple Regression of Demographic Variables and Male Report of Psychopathy Factors in Prediction of Female-Report of Physical Assault

Variable	<i>B</i>	<i>SE(B)</i>	β	<i>R</i> ²
Step 1				.11 *
Race	−1.99	2.02	−.10	
Income	0.00	0.00	−.14	
Education level	−2.23	1.45	−.16	
Age	.66	.27	.26 * <i>bbbb</i>	
Step 2				.04 * <i>bbbb</i>
Race	−2.37	2.03	−.12	
Income	0.00	0.00	−.16	
Education level	−1.85	1.45	−.13	
Age	.63	.27	.24 * <i>bbbb</i>	
MPPI_I	.44	.21	.20 * <i>bbbb</i>	
MPPI_II	−.02	.31	−.01	

Note.

* $p < .05$.

Table 3.

Hierarchical Multiple Regression of Demographic Variables and Male Report of Psychopathy Factors in Prediction of Male-Report of Physical Assault

Variable	<i>B</i>	<i>SE(B)</i>	β	<i>R</i> ²
Step 1				.03
Race	−2.17	2.45	−.09	
Income	0.00	0.00	.01	
Education level	−.34	1.75	−.02	
Age	.39	.32	.13	
Step 2				.21 ***
Race	−2.45	2.24	−.11	
Income	0.00	0.00	−.06	
Education level	.26	1.60	.02	
Age	.44	.30	.15	
MPPI_I	1.17	.24	.47 ***	
MPPI_II	.51	.34	.15	

Note.

*
 $p < .05$,

 $p < .001$.