

# Symptomatology in Intimate Partner Violence Offenders and Victims <sup>†</sup>

Iris Almeida <sup>1,\*</sup> , Alexandre Mateus <sup>2</sup>, Guilherme Sena <sup>3</sup>, Joana Fialho <sup>2</sup>, Maria Beatriz Ribeiro <sup>2</sup>,  
Rafaela Morgado <sup>3</sup> and Ricardo Ventura Baúto <sup>1</sup> 

<sup>1</sup> Egas Moniz Center for Interdisciplinary Research (CiiEM), Egas Moniz Forensic and Psychological Sciences Laboratory (LCFPem), Egas Moniz School of Health & Science, 2829-511 Almada, Portugal; rbauto@egasmoniz.edu.pt

<sup>2</sup> Egas Moniz School of Health & Science, 2829-511 Almada, Portugal; alex283843@gmail.com (A.M.); joanalcostafialho@gmail.com (J.F.); tiz2001@gmail.com (M.B.R.)

<sup>3</sup> Egas Moniz Forensic and Psychological Sciences Laboratory (LCFPem), Egas Moniz School of Health & Science, 2829-511 Almada, Portugal; guisenacosta@gmail.com (G.S.); rafaela.fmorgado@gmail.com (R.M.)

\* Correspondence: ialmeida@egasmoniz.edu.pt

<sup>†</sup> Presented at the 6th International Congress of CiiEM—Immediate and Future Challenges to Foster One Health, Almada, Portugal, 5–7 July 2023.

**Abstract:** Intimate partner violence (IPV) consists of any action that holds the intention to inflict physical, sexual and/or psychological damages to the offending person's partner. This study aims to identify the psychopathological symptoms in IPV offenders and victims. Our sample consisted of 59 offenders and 63 IPV victims for whom the assessment was requested by a court order. The information on the evaluation was obtained through the database of the Forensic Psychology Office—Egas Moniz. The results show significative differences in five of the nine symptom dimensions, namely somatization, obsessive-compulsive, anxiety, phobic anxiety, and psychoticism, and victims have a complex presentation of symptoms. The impact of victimization is revealed in the negative repercussions at the level of global functioning in IPV victims rather than in IPV offenders.

**Keywords:** intimate partner violence; psychopathology; offenders; victims



**Citation:** Almeida, I.; Mateus, A.; Sena, G.; Fialho, J.; Ribeiro, M.B.; Morgado, R.; Baúto, R.V. Symptomatology in Intimate Partner Violence Offenders and Victims. *Med. Sci. Forum* **2023**, *22*, 43. <https://doi.org/msf2023022043>

Academic Editors: José Brito, Nuno Taveira and Ana I. Fernandes

Published: 22 August 2023



**Copyright:** © 2023 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

Domestic violence is a major social problem with severe consequences for everyone. It consists of every type of violence such as physical, sexual, emotional, psychological, economic, and negligence, perpetrated in the family [1]. According to the World Health Organization (WHO), 30% of women around the world have been victims of domestic violence in their life, and 27% of women between 15 and 49 years old have been battered by their intimate partner. Intimate partner violence (IPV) is a form of domestic violence that consists of any action that holds the intention to inflict physical, sexual and/or psychological damage to the offender's partner [2]. In 2022, Portugal reported a total of 26,073 domestic violence cases (15.8% more than in 2021), where 80% were male offenders and 72.4% were female victims [3]. So IPV continues to represent most crimes committed in Portugal and constitutes a large problem that can have detrimental effects on families as well as on the larger community.

Although there is no direct relationship between psychopathology and IPV, it is common to identify personality and psychiatric disorders in several individuals judged by the criminal justice system [4–6]. For example, in a study carried out by Siria and colleagues [7], differences were identified between groups of offenders with and without psychopathology, with the former having higher levels of violence, anxiety (10.7%) and drug addiction (9.1%). Also, in this study, offenders experienced significantly higher rates in the prevalence of anxiety, bipolar disorder, dysthymia, alcohol dependence, drug dependence,

thought disorder and severe depression syndromes. On another level, previous studies have shown that male offenders tended to have a higher probability of having any given psychiatric disorder than non-offenders [8,9].

As mentioned above, IPV is a public health problem with a significant impact on victims' physical and mental health, particularly concerning depression [10,11] and post-traumatic stress disorder [12,13], with this last one being recognized as one of the most prevalent mental health outcomes of IPV [14]. The frequent use of maladaptive coping was also related to the presence of more depressive symptomatology [15]. The literature points out that severe and prolonged interpersonal trauma often results in a complex exhibition of symptoms that also includes marked changes in personality functioning and in the areas of emotional regulation, consciousness, self-perception, identity, perception, interpersonal relations and system of meaning [16,17]. Many studies have also found neuropsychological consequences in IPV female victims in domains such as memory and learning [18], attention, response inhibition [19], and processing speed on tasks requiring executive functioning [20], resulting from physical violence.

Based on studies of IPV offenders and victims' symptomatology, this study aims to identify psychopathological symptoms in IPV offenders and victims.

## 2. Materials and Methods

Our sample consisted of 59 offenders and 63 IPV victims for whom the assessment was requested by a court order. The information on the evaluation was obtained through the database of the Forensic Psychology Office [Egas Moniz Forensic and Psychological Sciences Laboratory (LCFPED)].

The IPV victims sample comprised: 58 women and five men, aged between 18 and 86 years old ( $M = 39.25$ ;  $SD = 17.50$ ). The IPV offenders sample comprised: 51 men and 9 women, aged between 20 and 82 years old ( $M = 42.21$ ;  $SD = 13.84$ ).

We used the Brief Symptom Inventory BSI [21,22], a self-report scale, composed of 53 items, that evaluate psychopathological and psychological symptoms. Respondents rated their symptoms on a five-point Likert scale, ranging from zero (not at all) to four (extremely), based on their experiences during the past week.

In the current study, an array of symptoms is employed in order to self-report psychological symptoms of clinical relevance, encompassing nine distinct dimensions: somatization (e.g., experiencing faintness), obsessive-compulsive (e.g., facing challenges in memory retention), interpersonal sensitivity (e.g., susceptibility to emotional hurt), depression (e.g., harboring thoughts of self-harm), anxiety (e.g., inner nervousness or tremors), hostility (e.g., feeling easily irritated or annoyed), phobic anxiety (e.g., experiencing fear in open spaces or public places), paranoid ideation (e.g., attributing most troubles to others) and psychoticism (e.g., believing others can control one's thoughts). This tool incorporates three comprehensive indices of overall distress: the Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total. To ensure the reliability of the identified symptom dimensions, Cronbach's alpha was calculated, resulting in an excellent coefficient of 0.98.

## 3. Results

Based on studies of IPV offenders and victims' symptomatology, this study aims to identify psychopathological symptoms in IPV offenders and victims. Table 1 shows significant differences in five of nine symptom dimensions, namely somatization, obsessive-compulsive, anxiety, phobic anxiety and psychoticism, with a significant impact on victims' mental health.

**Table 1.** IPV offenders and victims' symptomatology.

	Victims		Offenders		t	p
	M	SD	M	SD		
Somatization	1.23	0.59	1	0.39	1.609	0.002
Obsessive-compulsive	1.37	0.68	1.07	0.47	1.726	0.001
Anxiety	1.56	0.97	1.47	0.51	3.106	0.002
Phobic anxiety	1.11	0.46	0.96	0.34	3.202	0.001
Psychoticism	1.26	0.56	1.15	0.46	1.708	0.007

#### 4. Discussion

This study demonstrates that victims and offenders exhibit active symptomatology, with significant differences across five psychopathological dimensions, and with a significant impact on victims' mental health. Among the dimensions examined, victims consistently score higher than offenders. Although no similar effect can be inferred, the relevant literature has consistently identified an objective relationship between the vulnerability resulting from exposure to violent behaviors in victims and offenders and the emergence of psychopathological conditions. Furthermore, the symptoms observed align with those commonly described in the literature, where major depression, anxiety and dependence/addiction frameworks are deeply linked with the context and dynamics of abusive situations. In addition to aiding in assessment, these findings significantly contribute to more effective interventions. They assist professionals in adapting existing programs to achieve better outcomes in preventing recidivism. Consequently, interventions can specifically target the factors that increase the risk of recommitting this type of violence. Despite these valuable findings, this scientific investigation has limitations. The generalizability of the results and data analysis might be restricted due to the small sample size. Moreover, relying solely on self-reported measures to assess psychopathological conditions may not cover all aspects of information processing strategies. Therefore, it is crucial to consider these factors when interpreting the implications of the study.

**Author Contributions:** Conceptualization, I.A., R.M. and R.V.B.; methodology, I.A. and R.V.B.; software, I.A., R.M. and R.V.B.; validation, I.A., R.M. and R.V.B.; formal analysis, I.A. and R.V.B.; investigation, I.A. and R.V.B.; resources, I.A., R.M. and R.V.B.; data curation, A.M., G.S., J.F. and M.B.R.; writing—original draft preparation, I.A., R.M. and R.V.B.; writing—review and editing, I.A., R.M. and R.V.B.; visualization, I.A., R.M. and R.V.B.; supervision, I.A.; project administration, I.A. and R.V.B. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Institutional Review Board Statement:** This study was conducted in accordance with the Declaration of Helsinki, all ethical standards of scientific research were respected, as well as the Code of Ethics of the Order of Portuguese Psychologists and the General Data Protection Regulation.

**Informed Consent Statement:** Oral and written informed consent has been obtained from all participants. The informed consent explains the goal, the confidentiality limits and ethics and the technician's impartiality.

**Data Availability Statement:** Data sharing is not applicable because part of the information is derived from criminal records.

**Conflicts of Interest:** The authors declare no conflict of interest.

#### References

1. World Health Organization; Pan American Health Organization. *Understanding and Addressing Violence against Women: Intimate Partner Violence*; World Health Organization: Geneva, Switzerland, 2012; Available online: <https://apps.who.int/iris/handle/10665/77432> (accessed on 1 June 2023).
2. Matos, M.; Machado, A. *Violência Doméstica: Intervenção em Grupos de Mulheres Vítimas—Manual Para Profissionais*; Comissão para a Cidadania e Igualdade de Género: Porto, Portugal, 2011.
3. de Segurança Interna, S. *Relatório Anual de Segurança Interna*; SSI: Lisboa, Portugal, 2023.

4. Craig, R.J. Use of the Millon Clinical Multiaxial Inventory in the psychological assessment of domestic violence: A review. *Aggress. Violent Behav.* **2003**, *8*, 235–243. [[CrossRef](#)]
5. Novo, M.; Farina, F.; Seijo, M.D.; Arce, R. Assessment of a community rehabilitation programme in convicted male intimate-partner violence offenders. *Int. J. Clin. Health Psychol.* **2012**, *12*, 219–234.
6. Weber, T.; Bouman, Y.H.A. Intimate partner violence: Variations in perpetrators and treatment allocation. *J. Interpers. Violence* **2020**, *35*, 1012–1034. [[CrossRef](#)] [[PubMed](#)]
7. Siria, S.; Fernández-Montalvo, J.; Echaurren, J.A.; Arteaga, A.; Azkárate, J.M.; Martínez, M. Differential MCMI-III psychopathological profiles between intimate partner violence perpetrators with and without childhood family violence. *Clin. Psychol. Assoc.* **2021**, *28*, 1020–1029. [[CrossRef](#)] [[PubMed](#)]
8. Okuda, M.; Olsson, M.; Wang, S.; Rubio, J.M.; Xu, Y.; Blanco, C. Correlates of intimate partner violence perpetration: Results from a national epidemiologic survey. *J. Trauma. Stress* **2015**, *28*, 49–56. [[CrossRef](#)] [[PubMed](#)]
9. Shorey, R.C.; Febres, J.; Brasfield, H.; Stuart, G.L. The prevalence of mental health problems in men arrested for domestic violence. *J. Fam. Violence* **2012**, *27*, 741–748. [[CrossRef](#)] [[PubMed](#)]
10. Devries, K.M.; Mak, J.Y.; Bacchus, L.J.; Child, J.C.; Falder, G.; Petzold, M.; Astbury, J.; Watts, C.H. Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. *PLoS Med.* **2013**, *10*, 3–5. [[CrossRef](#)] [[PubMed](#)]
11. Dillon, G.; Hussain, R.; Loxton, D.; Rahman, S. Mental and Physical Health and Intimate Partner Violence against Women: A Review of the Literature. *Int. J. Fam. Med.* **2013**, *2013*, 313909. [[CrossRef](#)] [[PubMed](#)]
12. Campbell, J.C. Health consequences of intimate partner violence. *Lancet* **2002**, *359*, 1331–1336. [[CrossRef](#)] [[PubMed](#)]
13. Torres, A.; Garcia-Esteve, L.; Navarro, P.; Tarragona, M.J.; Imaz, M.L.; Ascaso, C.; Gelabert, E.; Plaza, A.; Subirà, S.; Valdés, M.; et al. Relationship between intimate partner violence, depressive symptomatology, and personality traits. *J. Fam. Violence* **2013**, *28*, 369–379. [[CrossRef](#)]
14. Coid, J.; Petruckevitch, A.; Chung, W.S.; Richardson, J.; Moorey, S.; Feder, G. Abusive experiences and psychiatric morbidity in women primary care attenders. *Br. J. Psychiatry* **2013**, *183*, 332–339. [[CrossRef](#)] [[PubMed](#)]
15. Tonsing, K.N.; Tonsing, J.C.; Orbuch, T. Domestic violence, social support, coping and depressive symptomatology among South Asian women in Hong Kong. *J. Loss Trauma* **2021**, *26*, 134–152. [[CrossRef](#)]
16. Herman, J.L. Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *J. Trauma. Stress* **1992**, *5*, 377–391. [[CrossRef](#)]
17. Zucker, M.; Spinazzola, J.; Blaustein, M.; Zucker, M. Dissociative symptomatology in posttraumatic stress disorder and disorders of extreme stress dissociative symptomatology in posttraumatic stress disorder and disorders of extreme stress. *J. Trauma Dissociation* **2008**, *7*, 19–31. [[CrossRef](#)] [[PubMed](#)]
18. Valera, E.M.; Berenbaum, H. Brain injury in battered women. *J. Consult. Clin. Psychol.* **2003**, *71*, 797–804. [[CrossRef](#)] [[PubMed](#)]
19. Little, D.M.; Kraus, M.F.; Joseph, J.; Geary, E.K.; Susmaras, T.; Zhou, X.J.; Pliskin, N.; Gorelick, P.B. Thalamic integrity underlies executive dysfunction in traumatic brain injury. *Neurology* **2010**, *74*, 558–564. [[CrossRef](#)] [[PubMed](#)]
20. Marín Torices, M.I.; Hidalgo-Ruzzante, N.; Daugherty, J.C.; Jiménez-González, P.; Pérez García, M. Validation of neuropsychological consequences in victims of intimate partner violence in a Spanish population using specific effort tests. *J. Forensic Psychiatry Psychol.* **2018**, *29*, 86–98. [[CrossRef](#)]
21. Canavarro, M.C. Inventário de Sintomas Psicopatológicos: BSI. In *Testes e Provas Psicológicas em Portugal*; Simões, M.R., Machado, C., Gonçalves, M.M., Almeida, L.S., Eds.; SHO/APPORT: Braga, Portugal, 1999; Volume 2, pp. 87–109.
22. Canavarro, M.C. Inventário de Sintomas Psicopatológicos: Uma revisão crítica dos estudos realizados em Portugal. In *Avaliação psicológica: Instrumentos Validados para a População Portuguesa*; Simões, M.R., Machado, C., Gonçalves, M.M., Almeida, L.S., Eds.; Quarteto Editora: Coimbra, Portugal, 2007; Volume 3, pp. 305–331.

**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.