

# Offenders of Intimate Partner Violence

**Aggressive antisocial behavior and  
mental health**

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### ABSTRACT

**Background:** Studies on the impact of mental disorders on aggressive antisocial behaviors constitutes an extensive body of literature. What patterns of mental disorders that contribute the most to the development of such behaviors are being debated. Aggressive behaviors towards an intimate partner (IPV) are often studied as a unique form of violence while offender characteristics have not been in focus. Equally important are studies of immediate situational causes of IPV crime. The Situational Action Theory (SAT) focuses on the interplay between the offender and the setting in which the crime takes place, thus being of potential value for research of immediate causes of IPV.

**Aim:** The aim of this thesis is to identify offender characteristics related to aggressive antisocial behaviors, and with special reference to IPV. We also aim to examine to what extent the SAT explanatory framework can be applied to IPV.

**Methods and results:** The investigated samples were derived from clinical samples consisting of individuals undergoing court ordered forensic psychiatric investigations in connection with a violent crime and young male offenders imprisoned due to violent criminality. Results showed that for both samples childhood onset conduct disorder was the strongest predictor for the development of aggressive antisocial behaviors. Considerable similarities between the groups of young violent offenders regardless of victim relation were found, and there was a strong association between aggressive antisocial behaviors and IPV. The tools of SAT showed to be potentially valuable with regard to the understanding of IPV. However, one of its fundamental concepts was found to be in need of further theoretical adaptations before becoming useful to the IPV context.

**Conclusion:** The impact of early onset of behavioral problems for the development of aggressive antisocial behavior including IPV among young men is extensive. There is a potential gain in viewing IPV as a part of violent crime at large since there was a considerable overlap of offender characteristics. The tools provided by SAT are suggested to be of interest for future research of IPV, especially with regard to causality and the situational factors imminent to the crime situation.

**Keywords:** Mental Health, Intimate Partner Violence, Dating Violence, Violent Offenders, Early Onset Behavioral Problems, Situational Action Theory

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# SAMMANFATTNING PÅ SVENSKA

**Introduktion:** Antalet studier med fokus på den inverkan psykisk ohälsoproblematik har på utvecklingen av aggressivt antisocialt beteende är omfattande. Hur de mönster av psykisk ohälsa ser ut som bidrar mest till utvecklingen av sådana beteenden är alltjämt omdiskuterat. Partnervåld (IPV) undersöks ofta som en unik form av våldskriminalitet med specifika förutsättningar. Det har lett till att individkaraktäristika hos förövarna inte primärt har uppfattats som centrala. Lika viktigt som utforskandet av förövarkaraktäristik är studiet av de omedelbara situationella faktorer som leder till IPV brott. Den kriminologiska teorin Situational Action Theory (SAT) fokuserar på samspelet mellan förövare och den yttre brottsmiljön och är således av potentiellt värde för forskning kring omedelbara orsaker till IPV.

**Syfte:** Syftet med denna avhandling är att identifiera förövarkaraktäristika relaterade till aggressivt antisocialt beteende, med särskild hänvisning till IPV. Därutöver syftar den också till att undersöka i vilken utsträckning SAT kan tillämpas på IPV.

**Metoder och resultat:** Två kliniskt välundersökta grupper av våldsförövare ligger till grund för denna avhandling. Dels en grupp bestående av individer som genomgick en rättspsykiatrisk undersökning i anslutning till den efterföljande rättsliga processen, dels en grupp bestående av unga män som verkställde fängelsepåföljder.

Resultaten visade att för båda grupperna utgjorde tidiga beteendestörningar i barndomen den starkaste prediktorn för utveckling av aggressiva antisociala beteenden. Betydande likheter återfanns mellan grupperna av unga våldsamma förövare oavsett offerrelation och det fanns en stark koppling mellan aggressiva antisociala beteenden och IPV. SAT:s teoretiska verktyg visade sig vara gångbara och i huvudsak väl applicerbara på förståelsen av IPV. Bedömningen gjordes emellertid att, för att använda ett av dess grundläggande begrepp, kriminogen miljö, på IPV brott så behövde begreppet vidareutvecklas.

**Slutsats:** Förekomst av tidiga beteendeproblem är avgörande för vidare utveckling av aggressiva antisociala beteenden, däribland IPV. Vi föreslår att IPV också betraktas som en del av den generella våldsbrottsligheten, eftersom överlappet mellan förövargrupper befanns vara stort. De verktyg som tillhandahålls av SAT föreslås vara av intresse för framtida forskning om IPV, särskilt avseende orsakssambanden mellan individ och de situationella faktorer som påverkar förekomst av IPV.

# LIST OF PAPERS

This thesis is based on the following studies, referred to in the text by their Roman numerals.

- I. Söderström, H., Sjödin, A-K., Carlstedt, A., Forsman, A. (2004). Adult psychopathic personality with childhood onset hyperactivity and conduct disorder: a central problem constellation in forensic psychiatry. *Psychiatry Research*, 121(3), 271-280.
- II. Sjödin, A-K., Wallinius, M., Billstedt, E., Hofvander, B., Nilsson, T. (2017). Dating violence compared to other types of violence: similar offenders but different victims. *European Journal of Psychology Applied to The Legal Context*, 9(2), 83-91.
- III. Sjödin, A-K., Wallinius, M., Billstedt, E., Hofvander, B., Nilsson, T. (2017). Evidence for two levels of partner abuse and aggression in incarcerated young male violent offenders. *Journal of Offender Therapy and Comparative Criminology*, (in press).
- IV. Sjödin, A-K., Nilsson, T., Radovic, S. (manuscript). Situational Action Theory Applied to the Context of Intimate Partner Violence: A case vignette study.





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# ABBREVIATIONS

|        |  |
|--------|--|
| ADHD   | Attention Deficit Hyperactivity Disorder   |
| AL     | Adolescent Limited   |
| ANOVA  | ANalysis Of VAriance   |
| APA    | American Psychiatric Association   |
| ASDI   | Asperger Syndrome Diagnostic Interview   |
| ASSQ   | Asperger Syndrome Screening Questionnaire  |
| AQ-RSV | The Aggression Questionnaire- Revised Swedish Version                                |
| CD     | Conduct Disorder   |
| CI     | Conflict Inventory   |
| CTS    | Conflict Tactics Scale   |
| CTQ-SF | Childhood Trauma Questionnaire-Short Form  |
| DAABS  | Development of Aggressive Antisocial Behavior Study                                  |
| DCS    | Domestic Conflict Scale  |
| DSM-IV | The Diagnostic and Statistical Manual of Mental Disorders<br>4 <sup>th</sup> edition |
| DV     | Dating Violence  |
| DVO    | Dating Violence Offender   |
| FPI    | Forensic Psychiatric Investigation   |
| GNP    | Gothenburg Forensic Neuropsychiatry Project  |
| HAV    | High in Aggression and Violence  |

|          |   |
|----------|---|
| HCR-20   | Historical – Clinical – Risk Management – 20                                      |
| HO       | Homicide Offenders  |
| ICC      | Intraclass Coefficient  |
| IPH      | Intimate Partner Homicide   |
| IPV      | Intimate Partner Violence   |
| KVO      | Known Victim Offender   |
| LCP      | Life Course Persistent  |
| LAV      | Low in Aggression and Violence  |
| LHA      | Life History of Aggression  |
| NOIR     | Nominal Ordinal Interval Ratio  |
| OR       | Odds Ratio  |
| PCL-R    | Psychopathy Checklist Revised   |
| PPPAS    | Physical and Psychological Partner Abuse Scales                                   |
| SAS      | Statistical Analysis Software   |
| SBU      | Swedish Agency for Health Technology Assessment and Assessment of Social Services |
| SCID-I   | Structured Clinical Interview for DSM-IV Axis I Disorders                         |
| SCID -II | Structured Clinical Interview for DSM-IV Axis II Disorders                        |
| SOU      | Statens Offentliga Utredning  |
| SPSS     | Statistical Package for the Social Sciences                                       |
| UVO      | Unknown Victim Offender   |
| VPA      | Violence Prevention Alliance  |

|     |                           |
|-----|---------------------------|
| VAW | Violence Against Women    |
| WHO | World Health Organization |
| WMA | World Medical Association |





# 1 INTRODUCTION

The relationship between mental health and criminal behavior is intricate and intriguing. We assume that crime results from the interaction between structural factors and individual characteristics, and that we need to consider both individual and social factors, and their interplay, to unravel its cause. During the 20th century, research on human aggression “has flourished” (Tremblay, 2000) and the extent to which mental health factors impact criminal behavior, and the nature of the association, are questions that have been subjected to scientific scrutiny. A multitude of studies have shown that the prevalence of mental disorders among convicted individuals in prison is considerably higher in comparison to that among the general population (Bebbington et al., 2017; Bonta, Blais, & Wilson, 2014; Fazel & Danesh, 2002). Yet, the patterning of associated mental health factors are still being investigated (Coid, et al, 2009; Tyrer, Reed, & Crawford, 2015; Wetterborg, Långström, Andersson, & Enebrink, 2015)

Whether the behavior of an offender who is violent towards his intimate partner might be associated with aggressive antisocial behavior at large is a question that invokes interest, both among policy makers and among researchers. In combating frequent and severe forms of intimate partner violence (IPV), it must be considered crucial to unveil the perpetrator. The correlation between young age and crime, commonly referred to as the “age crime curve,” suggests that investigating IPV among the young is being especially urgent.

While recognizing the impact that individual mental health characteristics have on violent behavior, it must not be forgotten that individuals’ actions are not carried out in a vacuum and that correlates and characteristics do not equal causality. Traditionally, in theories of IPV there has been emphasis on investigating IPV as a unique crime, as it in some ways is (Dobash & Dobash, 1980). In much of IPV research, there has also been a tendency to disregard research on individual characteristics of the IPV offender. Such research of IPV correlates is thought of as leading away from investigating the causes of IPV, claimed to be found primarily in attitudes of women based in social structures and the historical legacy of patriarchy (Dobash & Dobash, 1980; Pease & Flood, 2008).

A theory suggesting an alternative locus of investigation for finding the causes of crime, the Situational Action Theory (SAT) has been presented by Wikström, professor in criminology at Cambridge University (Wikström,

2004). SAT originates from a view that regards most human action as stemming from the same process, which begins with perception, is motivated by choice, and ends in action. However, the action, which is the result of this so-called “process of perception and choice,” is due to an interplay with the environment at the time of action (Wikström, 2004), and the causes of criminal acts must consequently be looked for in the immediate crime situation. Such a point of departure would potentially enable a less pervaded area in IPV research: an investigation of the interplay between causally relevant personal and environmental factors.

## **1.1 Aggression and violence**

### **1.1.1 Definitions of aggression and violence**

Violence and aggression are intertwined concepts. A person can be aggressive without being violent, but, in the sense that violence implies the aim to inflict injury or harm on the recipient of violence, it is not conceivable to be violent without being aggressive.

The definition of aggression varies depending on the area of research (e.g., whether the aggression concerns animal or human subjects), but in social psychology, aggression is commonly referred to as any behavior directed towards another individual that is carried out with the proximate intent to cause harm (Allen & Anderson, 2017). Thus, aggression in the tradition of social psychology has been defined on the basis of an observable behavior and not of cognitions, such as hostile attitudes or beliefs. Neither has aggression been defined on the basis of aggressive feelings, such as anger or rage. Both cognitions and affect can be seen as precursors of aggression, but are not aggression per se (Allen & Anderson, 2017). A vital condition of the definition is the component of intent, which excludes behavior that is accidental. The component of intent also defines aggression as being apart from behaviors such as kicking a pebble, or pounding a fist against the wall, which are not aggressive acts unless they are performed in order to scare or hurt someone (Allen & Anderson, 2017).

In cases where the consequences of the aggressive behavior are not physical but, for instance, verbal, these behaviors are sometimes described as “emotional” or “psychological” violence. Such violence is often present when the behavior is directed towards a child or an intimate partner, that is, when the consequences of aggression are in some way presumed to equal the consequences of physical aggression (i.e., violence).

In the social psychology tradition, distinctions are made regarding different types of aggression. One of the most common of these is a dichotomous distinction, for instance dividing overt from covert aggression or distinguishing between legitimate and illegitimate aggression (Allen & Anderson, 2017). The legitimate versus illegitimate distinction refers to the fact that an aggressive act, such as killing a person, can be legal, if for example it is carried out as a capital punishment or in the context of a war, while killing someone by committing homicide is illegal. Overt aggression is defined by aggressive physical actions against fellow humans or by behaviors such as abusive language, threats, or intimidations. Alternatively, aggression can be covert, which is then defined by aggressive actions against property, lying, stealing, and being manipulative or deceitful to others.

The concept of violence is more often used in scientific fields of study such as criminology and political science, and by policy makers, than the concept of aggression. However, as stated above, the concepts intertwine: The Violence Prevention Alliance (VPA)<sup>1</sup> defines violence as "... the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (WHO, 2002), a definition very similar to the one of aggression, presented above (Figure 1).

As was the case with the definition of aggression, presented above, the intent of the behavior has to be included in order for an act to be deemed violent. Causing severe injury by hitting someone with a golf club while playing golf would not be considered violent if it was an accident that is, if the agent did not at all intend to hit another person with the club, but was aiming for the ball. It has been suggested that the relationship between aggression and violence best be thought of as a continuum (Allen & Anderson, 2017), where the overarching construct is aggression with behaviors such as pushing or shoving at its lesser end, and severe harm causing someone's death at the other end.

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<sup>1</sup> The VPA is a network of the member states of the World Health Organization (WHO) that collaborate through international agencies and civil society organizations to prevent violence.

A typology of violence

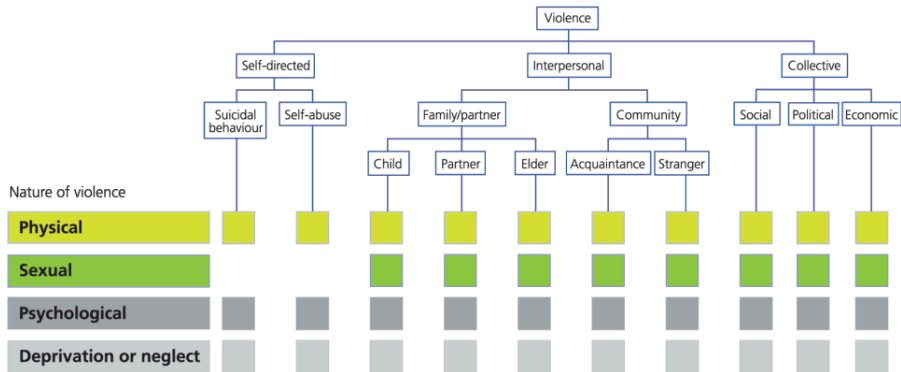


Figure 1. Violence Prevention Alliance (VPA) typology of different forms of violence in relation to the three main groups of victims (i.e., self-inflicted, interpersonal, and collective) reprinted from WHO (2002).

### 1.1.2 Aggressive antisocial behavior and violent offending

In the work of this thesis, we will use the term aggressive antisocial behavior to define *a behavior* that meets the criteria of being illegitimate, often overtly; however, aggressive antisocial behavior can also include covert behavior. Covariates of its persistence have been thoroughly dealt with in a thesis by Wallinius (2012) and its risk factors in a thesis by Falk (2016). The term violence will primarily be used in describing *offending and various crimes*.

## 1.2 Mental health and aggressive antisocial behavior

### 1.2.1 Definitions and categorizations

In the work of this thesis, the way of organizing the nomenclature dealing with mental health issues, with regards taken to levels of categorization, is presented below.

The superordinate level of categorization displays a high degree of generality and provides only very abstract information such as the whole class of mental disorders.

Basic level categories, which are included under superordinate level categories, display higher class inclusion than subordinate level categories, but are more differentiated than superordinate categories denominating defined groups of mental disorders. Similarly sounding categories might refer to different levels of categorizations or subsets of same level categorizations, potentially creating confusion (e.g., major mental disorder and severe mental disorder sound similarly, while severe mental disorder is a subset of major mental disorder).

Subordinate categories display a low degree of generality and a low degree of class inclusion. They have clearly identifiable and detailed criteria describing specific diagnoses (Table 1).

*Table 1. Describing different levels of categorization of mental disorders.*

| Superordinate level | Mental disorders  |   |  |  |
|---------------------|---|---|--|--|
| Basic level         | Major mental disorder   | Neurodevelopmental disorder                       | Substance use disorder   | Personality disorder                                       |
| Subordinate level   | -schizophrenia<br>-schizoaffective<br>-schizophreniform<br>-bipolar disorder<br>-depression | -ADHD<br>-autism spectrum disorder<br>-Tourette's | -alcohol abuse<br>-cannabis abuse<br>-amphetamines<br>abuse<br>-and abuse of<br>other substances | -antisocial<br>-histrionic<br>-narcissistic<br>-and others |

## The Diagnostic Statistical Manual

The Diagnostic Statistical Manual-IV (DSM-IV; American Psychiatric Association, 2000) offers a multiaxial system of diagnoses where axes correspond to the basic level and specific diagnoses to the subordinate level. Axis I consists of major mental disorders, neurodevelopmental disorders, and substance use disorder, while axis II consists of clusters of personality disorders. In Table 1, basic level and subordinate level of categorization of diagnoses for Axis I are in red. For Axis II the corresponding levels are in blue.

In Sweden the concept of severe mental disorder (*allvarlig psykisk störning*) is of great importance, since a severe mental disorder in an offender of a crime at the time for forensic psychiatric investigation is a prerequisite for a sentence to mandatory forensic psychiatric care. Even if this concept refers to convicted individuals with major mental disorders, it should not be seen as an equivalent to the concept of major mental disorder. The former is a medico-legal concept describing mental disorders severe enough for an offender to be excluded from a sentence to prison, while the latter is a basic level concept grouping together classes of mental disorders.

Sometimes the term of mental illness is used in the works presented in this thesis. In these cases it aims to classify disorders at the superordinate level; describing a general mental morbidity, that is, individuals with some form of mental disorder.

## **1.2.2 Mental disorders associated with aggressive antisocial behavior**

### **Major mental disorder**

The fear of people with schizophrenia and other major mental disorders is prevalent in the general public and the stigmatization and prejudice against the mentally disordered is a well-established fact (Brain, 2015; Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000; Jorm, Reavley, & Ross, 2012; Steadman, 1981), as such people are perceived as unpredictable and dangerous. However, although there is an overrepresentation of violent offending among individuals with major mental disorders (Fazel, Gulati, Linsell, Geddes, & Grann, 2009; Hodgins, 2001; Joyal, Dubreucq, Gendron, & Millaud, 2007; Van Dorn, Volavka, & Johnson, 2012), violent offenders in general do not suffer from a major mental disorder (Fazel, Bains, & Doll, 2006; Fazel & Grann, 2006). The crux of the matter has been shown to be comorbidity primarily with substance use disorders, which in turn appears to significantly increase the risk of aggressive antisocial behavior (Elbogen & Johnson, 2009; Fazel, Långström, Hjern, Grann, & Lichtenstein, 2009). Also, the onset of the disorder involves an increased risk of occurrence of aggressive antisocial behavior (Large & Nielssen, 2011).

Substance use disorders alone are associated with an increased risk of aggressive antisocial behavior, perhaps because intoxication influences judgment and impulse control. Fazel, Bains and Doll, (2006) report an estimated prevalence of alcohol (abuse and) dependence in male prisoners of 18–30%, and of drug (abuse and) dependence of 10–48%, results showing levels of dependency that significantly exceed what is seen in the general

population. Alcohol use alone has repeatedly been shown to be one of the strongest correlates of aggressive antisocial behavior (Boles & Miotto, 2003; Haggård-Grann, Hallqvist, Långström, & Möller, 2006; Pernanen, 1991; Popovici, Homer, Fang, & French, 2012), with offenders often being intoxicated at the time of the crime (Greenfeld, 1998). Further, individuals with high alcohol consumption engage in violent acts more often compared to those who do not drink (Wells, Graham, & West, 2000). It has also been shown that intoxication, although a matter of concern with minor crimes has more of an impact on violent crimes such as homicide, and physical and sexual assault (Felson & Staff, 2010). For example, Felson and Staff (2010) found a correlation between levels of intoxication and the effect of the violence, so that the more intoxicated, the greater the amount of violence. Still, any causal evidence between alcohol use and aggressive antisocial behavior cannot be said to have been established (Lipsey, Wilson, Cohen, & Derzon, 1997; Roizen, 1997).

The link between substance use, that is, other drugs than alcohol, and aggressive antisocial behavior is extensively researched, and found to be consistent (Stenbacka & Stattin, 2007). The patterns of associations is however still being investigated. In a meta-analysis consisting of 30 studies of the relationship between crime and drug use, Bennett, Holloway and Farrington (2008) showed that the odds of (any) offending were three to four times greater for drug users than non-drug users. The odds of offending were highest among crack users and lowest among recreational drug users. The relationship was the same for a range of offence types, including robbery, burglary, prostitution and shoplifting. Studies have shown that both the number of drug types consumed and the particular drug type combinations used explained offending rate (Bennett & Holloway, 2005).

### **Neurodevelopmental disorders**

Some neurodevelopmental disorders are found to be highly associated with aggressive antisocial behavior such as attention deficit hyperactivity disorder (ADHD) and tic disorder, while others, such as autism spectrum disorders, are not (Lundström et al. 2014). ADHD in itself is suggested to be seen as a series of developmental progressions rather than in categorical properties (Bergman, Andershed & Andershed, 2009). Others have found that the increased risk of development of aggressive antisocial behavior in the neurodevelopmental spectrum is foremost associated with hyperactivity (af Klinteberg, Andersson, Magnusson, & Stattin, 1993; Hofvander, Ossowski, Lundström & Anckarsäter, 2009). However, results from a meta-analysis by Pratt, Cullen, Blevins, Daile and Unnever (2002) show that the relationships between neurodevelopmental disorders and crime, is inconsistent. The

authors of the meta-analysis further point out that other factors on the individual level, such as deviant peer associations, antisocial attitudes, and low self-esteem, may have a stronger association with crime compared to ADHD, and suggest that the substantial effect between ADHD and crime deserves further investigation.

### **Personality disorders**

Among personality disorders, the association with aggressive antisocial behaviors is foremost found in cluster B personality disorders (i.e., antisocial personality disorder, histrionic personality disorder, borderline personality disorder, and narcissistic personality disorder; APA, 2000). What these personality disorders have in common is the presence of antagonistic, narcissistic, and paranoid traits, and a tendency to be sensation-seeking and to harbor negative emotionality. The diagnostic criteria for an antisocial personality disorder are: persistently violating social norms, lying, stealing, and being unremorseful and selfish. In a systematic review and meta-regression analysis by Yu, Geddes, and Fazel (2012) it was found that for occurrence of any personality disorders there was an increased risk of violent outcome but antisocial personality disorder were associated with the highest risk.

In the case of conduct disorder (CD), a diagnosis (which is a prerequisite for a diagnosis of an antisocial personality disorder) that is entirely based on behavioral criteria, such as aggression towards people and animals, destruction of property, deceitfulness or theft, and serious violations of rules, there is an ongoing debate in the scientific community whether CD actually refers to a mental disorder or is simply a categorization of undesirable behaviors (Rutter, 1994). The risk factors found to be most important for predicting CD include impulsiveness, low intelligence quotient (IQ), and low school achievement (Murray & Farrington, 2010). Also, growing up in an environment characterized by poor parental supervision, punitive or erratic parental discipline, a cold parental attitude, childhood physical abuse, parental conflict, and antisocial parents has been shown in a multitude of studies to influence the development of CD e.g., (Murray & Farrington, 2010). However, although there is much evidence that family discord can have a negative impact on child development, it does not represent a risk factor for the development of a criminal lifestyle (Rutter, 1994).

In summary, specific disorders from all categories of mental disorders, presented above, have been found to be associated with aggressive antisocial behavior; however, there is no single mental disorder that alone explains the association with aggressive antisocial behavior. Rather, there is evidence for



patterns of comorbid disorders that constitute the developmental outline for aggressive antisocial behavior, which commonly include the occurrence of childhood onset neurodevelopmental disorders (e.g., ADHD, oppositional defiant disorder, and CD, and early onset of alcohol/substance use disorders for to evolve into an antisocial personality disorder and occasionally other mental disorders when emerging into adulthood (Hofvander et al., 2009).

### **1.2.3 Other factors of relevance for the development of aggressive antisocial behavior**

#### **Psychopathy**

The criteria for psychopathy are similar to antisocial personality disorder. However, they do not completely overlap, as antisocial personality disorder is the wider concept and psychopathy the narrower. Psychopathy is not included in the DSM diagnostic system. Psychopathy has been conceptualized in several ways (Hare, 2003; Hare & Neumann, 2005; Skeem & Cooke, 2010), but has consistently been characterized by persistent antisocial behavior, low ability to feel empathy and remorse, and selfish, egoistical traits. The core of psychopathy consists of an interpersonal and affective cluster; individuals high in psychopathy tend to be callous, narcissistic, and self-confident. Also of core value is a cluster of lifestyle components; psychopaths are found to be impulsive, irresponsible, and versatile in criminal offending. Psychopathy has been found to be highly prevalent in prison populations, suggesting a robust association with aggressive antisocial behavior (Coid et al., 2009; Kiehl & Hoffman, 2011)

#### **Early onset**

At the heart of any investigation of offender characteristics lies the fact that age has a strong relationship with criminal behavior. It has repeatedly been shown that most crime perpetration is related to age in accordance with the crime age curve, an incidence curve first shown by Quetelet in 1831 (Beirne, 1987). The incidence of criminal offending increases with the age of the offender until he reaches early adulthood after which the incidence decreases with age (Figure 2).

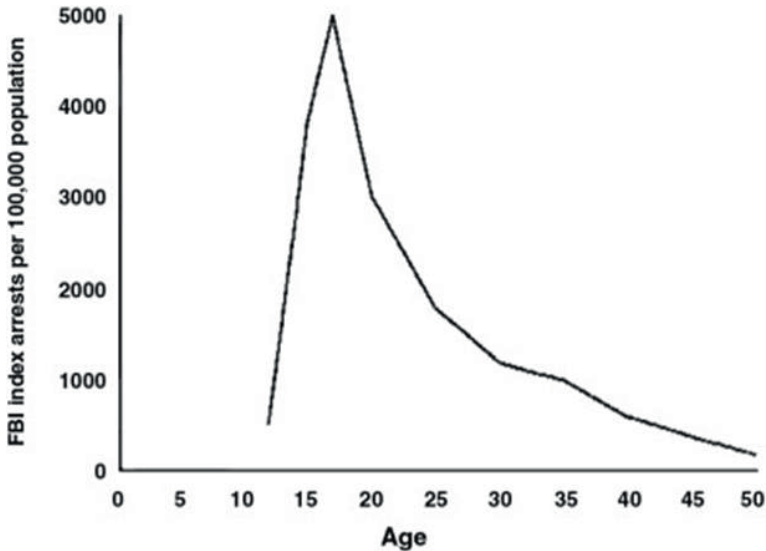


Figure 2. The crime age curve (retrieved from Blonigen, Littlefield, Hirsch & Sher, 2010).

The crime age curve has been shown to be universal (Hirschi & Gottfredson, 1983), which means that it has been found to apply to all demographic and socioeconomic categories. It has also been shown to be valid for all kinds of offences and can have more than one peak (Loeber et al., 2012). In her seminal work, “Adolescence-limited and life-course-persistent antisocial behavior: a developmental taxonomy” (1993), Terrie Moffitt developed the theory of two types of criminal offending. The taxonomy was developed by referring to the aggregate age crime curve, and hypothesized two distinct offender typologies: life course-persistent (LCP) and adolescence-limited (AL) offenders. According to Moffitt’s taxonomy, LCP offenders have a high amount of neuropsychological deficits, a possible reason for referring to an LCP offender as the “neuropsychological cousin” of the career criminal (DeLisi & Piquero, 2011, p. 292). Due to the number of neuropsychological deficits developed in disadvantaged environments, LCP offenders are found to demonstrate antisocial conduct and present with a multitude of social problems (e.g., substance use, relationship problems, school and work failure, and criminal justice system involvement) over their lifespan. The interpretation that two distinct types account for the characteristics of the curve has been questioned: Skardhamar (2009) prefers the categories to be interpreted rather as continuous dimensions, and Laub and Sampson (2003) found that the differences between the types might not be distinguished already from early childhood.

## **Adverse childhood experiences**

The impact of negative experiences, such as physical and emotional abuse and neglect, in childhood or adult life is well known and several studies investigating the intergenerational cycle of violence (Widom, 1989) have shown results indicating that there is an increased risk of aggressive antisocial behavior in adult life as a consequence of such adverse childhood experiences (Malvaso, Delfabbro, & Day, 2015; Milaniak & Widom, 2015). One study (Reavis, Looman, Franco, & Rojas, 2013) comparing offenders of non-sexual child abuse, domestic violent offenders, sexual offenders, and offenders convicted of stalking to a normative sample found that the said offender groups reported nearly four times as many adverse events in childhood compared to the normative group. Again, the increased risk that comes with adverse childhood experiences is not in itself causal to aggressive antisocial behavior, as the majority of abused and neglected children do not become criminals in adult life (Allwood & Widom, 2013; Widom, 1989).

## **1.3 Intimate partner violence and aggressive antisocial behavior**

Offenders of intimate partner violence (IPV) are rarely investigated within the larger framework of violent offenders. This is probably due to the historical context and strong political element of the IPV discourse. The 1960s and 1970s were decades of upheaval and were globally characterized by rebellion, protest, and the overturn of traditional authorities, and consequently offered a fertile ground for the emerging demand for women's equality. Second wave feminism had its focus on women's rights in the workplace and on the woman's body and related issues such as abortion, sex, and appearance (Hanish, 1969). The issue of woman battering emerged out of the empowerment and consciousness raising, and the topics focusing the woman's body.

### **1.3.1 Definitions of IPV**

Definitions are vital in establishing a common understanding of a word or subject. The nomenclature for and corresponding definitions of the phenomenon of violence against women are dependent on the historical context and deliver information on ambitions of policy and the current values in society. In Sweden, the first law prohibiting violence against women (Harrison, 2002) was part of the laws of peace (*fridslagarna*), more specifically the "Law of women's peace" (*kvinnofrid*) during the 13th century. It concerned women's rights outside the home in that it for example prohibited the robbery of brides and abduction of women. For centuries to

come, the husband had not only a longstanding right but also an obligation to physically discipline his wife (and other members of the household, including children and servants). The right of the master (*husbonde*) to chastise (*aga*), or discipline, the adults within the household was prohibited in 1864, a law that also criminalized physical abuse of the wife. The law did, however, not forbid sexual violence within marriage. For about 100 years, until 1965, there were no changes regarding the legislation on violent acts between spouses. Neither was this a topic of general discussion, or of political discourse.

However, in 1965, rape within marriage became punishable by law, potentially marking a new era. Rape within marriage was not considered as severe a crime as rape outside the marriage; however, the legislative change showed that safeguarding the institution of marriage had become less important than safeguarding the sexual integrity of the individual (Lindahl, 2016). Also, rape within marriage was called “rape” (*våldtäkt*), indicating that it was considered to be the same phenomenon in whatever context it occurred. The legislation was not gender neutral and explicitly aimed to protect women and children (Lindahl, 2016). The larger social awakening regarding crimes (violent, sexual, and other) against women started as a result of the political debate on the paradigm of violence/sexual crimes towards women in the mid-1970s (Steen, 2003). In 1982, violence towards women within the marriage (prohibited by law since 1864) now fell under general prosecution (*allmänt åtal*). In the early 1990s, the Ministry of Social Affairs (Socialdepartementet) set up a commission, the Commission on Violence Against Women (Kvinnovåldskommissionen), to deal with questions regarding “violence against women” (*kvinnovåld*). The commission defined its work concerning violence against women as a social problem, and focused on women as victims of any violent crime committed by males (SOU 1995:60); yet in special focus for the work of the commission was violence perpetrated by men towards women in close/intimate relations (*närstående*).

In fact, it may be suggested that the political ambition of the Commission on Violence Against Women had thus reached a convergence of the two strands of thinking about violence towards women, outside and inside the home. Violence outside the home had been considered an issue for the judiciary since medieval times, but women’s physical safety within the home became a concern in 1965 with the change in legislation on rape in marriage. During the 1990s, the view that violence against women is one and the same phenomenon, oscillating between two poles, outside and inside the home, won political ground. This definition suggests that the environment in which the violence takes place (e.g., the home) or the perpetrator of the violence (e.g., the husband) is less of a denominator than the female victim. Secondly,

by using the nomenclature “violence against women (VAW),” the commission joined the broader political definition in which violence is considered to be gender-based and to have its roots in structural and historical differences between the sexes (UN General Assembly Declaration on the Elimination of Violence Against Women, 1993). Violence against women is a term most frequently used by feminist researchers.

The term “violence in close relationships” (*våld i nära relationer*) or the less frequently used “family violence” is broader in defining the victims of violence; it might include men and women, as well as children and elderly people. In this respect, it can be said to be related to the concept of domestic violence, which in the Swedish language does not have a direct translation.

The term “intimate partner violence (IPV)” (*partnervåld*) has gained increasing use, potentially because of its gender neutral approach and/or because of its relatively unpolitical connotations. Emanating from the Anglo-Saxon-speaking countries, it seems to have been used extensively since the turn of the last century. In the Swedish context, the term “partner violence” was used twice in the prevalence study titled “Captured queen – men’s violence against women in ‘equal’ Sweden” (Lundgren, Heimer, Westerstrand, & Kalliokoski, 2001), but was still new since both times it was used it was preceded by “so-called.” Internationally, the word “violence” in the concept of IPV not only refers to physical or sexual violence, but is frequently also given a transferred meaning, as in psychological violence and economic violence (WHO, 2012).

In the work presented in this thesis, the term “IPV” is used throughout, and it refers to physical violence within intimate partner relations unless otherwise specified (see Study III). It is used as an umbrella definition covering both different forms of violence and different forms of intimate relations; in Study II, we discuss dating violence (DV), and in Study IV, we use cases of aggravated/lethal intimate partner violence. The concept delimits violence against women as it specifies the relation between perpetrator and victim.

### **1.3.2 Prevalence of intimate partner violence victimization and perpetration**

Needless to say, data reporting prevalence of violence against women is closely connected to the definition. The study “Captured queen” by Lundgren Heimer, Westerstrand, and Kallikoski (2001) encountered opposition in the press, as the survey used the VAW concept. Its findings showed that 46% of all Swedish women between the ages of 15-65 had been subjected to violence

by a man at least once. The discourse of IPV was described as being overly focused on violence in couples and the authors stated that “Our study also shows that the previous focus on the so-called partner violence which women face is a too narrow perspective” (Lundgren et al., p.73). However, only 1,373 women had answered to the question whether they had experienced IPV from a present or a former partner. The dropout rate for this specific question in the survey was large, 40%.

In Europe, a report from the European Union Agency for Fundamental Rights (FRA) was published in 2014. It was based on a survey conducted across the 28 member states of the European Union, in all 42 000 women. The survey used the term “VAW,” thus including questions on various experiences of IPV (physical, sexual, and psychological) as well as questions about experiences of having been stalked, sexual harassment, women’s experiences of technology (e.g., smartphones and social media) mediated abuse, and experiences of childhood abuse victimization. The findings were that 33% of the women had experienced physical and/or sexual violence at some point since the age of 15. Out of all women who had a partner, current or previous, 22% had experienced physical and/or sexual violence by a partner at some point since the age of 15. Among the victims who had experienced physical violence from a partner, 34% had experienced four or more forms of physical violence. The most common forms were pushing, shoving, slapping or grabbing, or pulling the woman’s hair. One in five women (18%) had experienced stalking; and every second woman (55%) had been confronted with one or more forms of sexual harassment.

The WHO’s multi-country study on women’s health and domestic violence against women (2005) refers back to the United Nations Declaration of the Elimination of Violence against Women, and aims to produce reliable, comparable data to guide policy and monitor implementation in order to document the magnitude of violence against women. In the study, the health issues related to consequences of VAW are in focus. The countries investigated are Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia, Montenegro, Thailand, and the United Republic of Tanzania. The study reports widespread prevalence of IPV, but with a great deal of variation between countries and regions. For example, regarding the physical violence of IPV, the proportion of women who had, or had had, a partner and who had ever suffered physical violence ranged from 13% in Japan (in cities) to 61% in Peru (in the provinces), with most sites reporting prevalence of between 23% and 49%. The prevalence of severe physical violence (where the woman was hit with a fist, kicked, dragged, choked, burnt on purpose, threatened with a weapon, or had a weapon used against her) ranged from 4% in

Japanese cities to 49% in the provinces of Peru. The vast majority of women who were physically abused by partners had experienced acts of violence more than once (Figure 3).

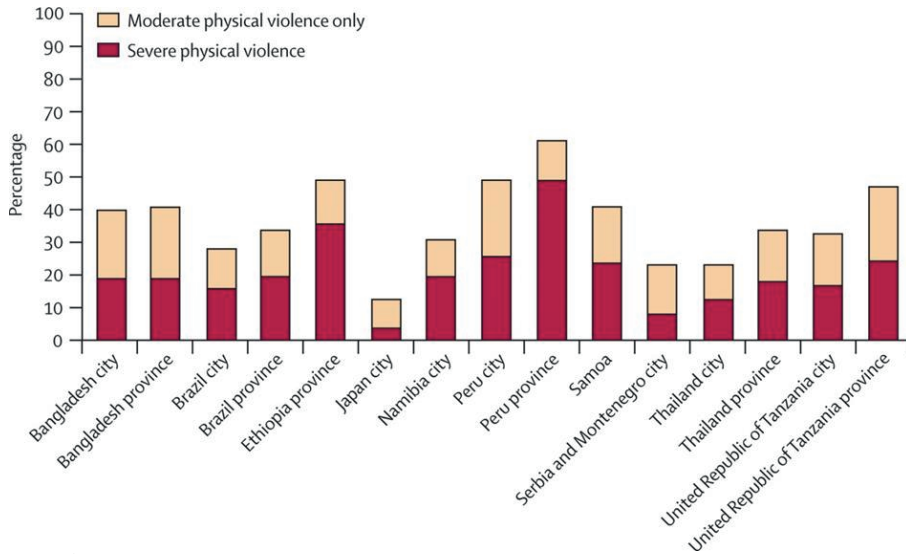


Figure 3. Prevalence rates of lifetime physical violence by an intimate partner (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006).

In Sweden, focusing on physical IPV prevalence, Lövestad and Krantz (2012) found that more men (11%) than women (8%) reported exposure to physical assault in the past year, while more women (3.2%) than men (0.6%) reported exposure to sexual coercion. The risk factors for exposure differed for men and women. Duration of the present relationship of  $\leq 3$  years was identified as a significant risk factor for men’s exposure. Young age, lack of social support, and being single, constituted risk factors for women’s exposure. Exposure to controlling behaviors of the partner was reported by 37% of men and 41% of women.

In another Swedish study, a cross-sectional postal survey by Nybergh, Taft, Enander and Krantz (2013), it was found that prevalence rates of exposure to physical IPV was the same during the year passing before participating in the study: 8.1% (95% CI 5.9–10.3) of the women and 7.6% (95% CI 5.0–10.2) of

the men. Women reported to have been victimized earlier in life to a significantly larger extent than men, 14.3% (95% CI 11.4–17.2) of the women and 6.8% (95% CI 4.3–9.3) of the men.

### **Gender symmetry**

Findings of equal perpetration rates of physical IPV between men and women and claims that there is a parallel etiology (Archer, 2000; Fiebert & Gonzalez, 1997; Straus, 2010) have led to a controversy known in international IPV research as the gender symmetry debate. Most of the prevalence studies reporting gender symmetry have used the Conflict Tactics Scale (CTS) a self-report instrument to measure prevalence of violence within family and in between partners (Straus, 1979; Straus, Hamby, Boney-McCoy & Sugarman, 1996). CTS have been used in national surveys (Straus & Gelles, 1986), and in a multitude of peer reviewed scientific journals (Straus, 2004).

However, gender asymmetry in perpetration of IPV has been questioned mostly by feminist researchers presenting data from shelters and crime victimization statistics where there is no support of IPV symmetry (Klein, 2009; Tjaden & Thoennes, 2000). It is further claimed that IPV is not sufficiently interpreted when it is being limited to physical assaults. IPV is stated to include the concept of coercive control. Coercive control is characterized by a pattern of behavior which seeks to take away the victim's freedom, to strip away their sense of self (Stark, 2010), a behavior not being captured by CTS.

In an attempt to reconcile these two currents in IPV discourse, Michael P. Johnson (1995) argued that a typology of violence was needed. He suggested two types of violence; the first was called situational or common couple violence, where both parties fight as a result of argument or disagreement where one or both partners physically lash out at the other. Intimate terrorism is the other, and is characterized by one partner keeping an edge on the other partner with a controlling behavior in every day matters. The controlling behavior may or may not include the use of violence; the threat of violence might be as feared as an actual assault. Whether the use of threats, intimidation, and isolation occur, the effect of intimate terrorism is that it renders control over the partner. The highly contradictory findings between studies using CTS on one side and crime victimization surveys on the other would be solved: CTS measures the prevalence of situational common couple violence, data shelters present data from victims of intimate terrorism. However, this has not been the case and there is still a lot of controversy in the matter (Langhinrichsen-Rohling, 2010; Stark, 2010).



## 1.4 Individual characteristics of intimate partner violence offenders

### 1.4.1 Swedish findings

Little is known about the characteristics of the IPV offender in the Swedish compared to the international context. Knowledge of offender characteristics has been sought by the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU). The agency states that there is a lack of knowledge about the individual offender, and calls for research regarding factors that might lead to an increased risk of exposure to, or the exercise of, violence in close relationships in adulthood. Such knowledge, it argues, could be used in prevention of violence (SBUa, 2016). The lack of Swedish investigations of IPV offender characteristics contrasts sharply to Swedish studies investigating sexual offenders (Fazel, Sjöstedt, Långström, & Grann, 2006; Nilsson et al., 2014) and youth offenders (Anckarsäter et al., 2007; Billstedt, Anckarsäter, Wallinius & Hofvander, 2017; Stahlberg, Anckarsäter & Nilsson, 2010) and offenders suffering from mental illness (Krona et al., 2016; Sturup, Monahan & Kristiansson, 2013).

There may be two reasons for the lack of knowledge, one of which has to do with hidden statistics, that is, the fact that a large percentage of IPV is never reported. In a report by The Swedish National Council for Crime Prevention (Brå; 2012) it was found that only 3.9% of those who had been exposed to IPV had filed a report to the police regarding the IPV incidence. The reasons as to why the victims had neglected to report IPV occurrence was that they had viewed the incident as a trivial thing (*småsak*), and that the incident was dealt with between the couple themselves. Investigating only offenders whose IPV crime had reached court and rendered a conviction, means that the lion's share of all IPV incidents will never come to the attention of the police.

The second reason may be due to the interpretive prerogative (Steen, 2003) of the definition of the Commission on Violence Against Women. From this definition it follows that the premises of any study of individual characteristics of the offender are faulty as such study attracts attention away from structural injustices between men and women. The Inquiry's final report titled "A strike in the air" (SOU 2004, p. 22) expressly states that the authors:

*... understand such models of understanding men's violence against women as explanations deviating from the core of the problem, for example where the violence is understood in terms of expressions of powerlessness, where the offender has a mental illness or is socially determined to use violence, or*

*where violence is seen as a phenomenon that is more common outside Sweden. The perpetrator thus becomes different in one way or another and separated from the average man and the connection between violence, gender and power is diluted. Combining gender understanding (könsmaktsordning) with an interpretation of individual offender deficits makes it difficult to attack the problem of men's violence against women in a consistent and effective way.*

However, despite difficulties in investigating a phenomenon such as characteristics of IPV offenders, research which most certainly is marked by the difficulties of hidden statistics and by a common distrust of the aim per se, there are nevertheless a couple of empirical investigations of offender characteristics in Sweden. These are mostly found in the criminological research tradition and focus primarily on intimate partner homicide (IPH) and IPV risk assessment tools. These investigations despite their focus on risk factors touch upon the subject of offender characteristics. Belfrage and Rying (2004) found a four times increased risk of suicide ideation in an IPH group. Almost 80% of the IPH offenders had undergone a forensic psychiatric investigation (FPI) and 34% were later placed under forensic psychiatric care. Rying (2007) extended the investigation of IPH to the years 1990–2004 and concluded that many offenders had previously offended and abused their partner, had been previously convicted of a criminal offence, and had a personality disorder. Most were of Swedish origin and had low socioeconomic status. In a follow-up study of both IPV and IPH offenders, Grann and Wedin (2002) retrospectively assessed offenders using the risk assessment tool Spousal Assault Risk Assessment. They found three of the items to be statistically significantly associated with increased risk of recidivism (namely, #3 Past violation of conditional release; #10 Personality disorder with anger impulsivity or behavioral instability; and #16 Extreme minimization or denial of spousal assault history). In investigating the most severe IPV crime, that is, cases of IPH, the offenders were found to be more conventional with regard to education, previous criminality, and employment rates in comparison to IPV offenders and homicide offenders (HOs) with other victims (Caman, Howner, Kristiansson & Sturup, 2017).

## **1.4.2 International findings**

Internationally, with studies largely emanating from the US, the characterization of IPV offenders has been an exploratory field of investigation for decades as it was considered useful for treatment purposes, in helping match intervention to offender (Holtzworth-Munroe & Stuart, 1994).

## **Individual characteristics**

On the level of individual characteristics, the potential impact of the precursors of aggression, such as the emotions of anger and hostility, has been a topic much debate (Norlander & Eckhardt, 2005). Although male IPV offenders have been found to display be more angry and hostile traits than non-violent men (Maiuro, Cahn, Vitaliano, Wagner & Zegree, 1988) it has repeatedly been argued that anger problems are irrelevant to the etiology and treatment of partner violence. Violence between partners is rather seen as an instrument or means of control and power, and not as an expression of emotions of anger (Babcock, Green, Charles & Robie, 2004; Gondolf & Russel, 1986; Pence & Paymar, 1993). According to the definition of aggression used in this thesis, anger is not equal to aggression, but may be a precursor of it.

The most recent systematic review of the risk factors on contextual, developmental, and relationship levels for physical, psychological, and sexual perpetration of IPV was conducted by Capaldi, Knoble, Shortt, and Kim (2012). Most of the studies in their review were cross-sectional. It included 228 peer-reviewed articles, based on either clinical samples (with control groups) or representative community samples. The findings were organized by levels of a dynamic developmental system perspective. Risk factors included: (a) contextual risk factors of the offender (e.g., demographics, neighborhood, community, and school factors), (b) developmental characteristics and behaviors of the offender and his or her partner (e.g., family, peer, psychological/behavioral, and cognitive factors), and (c) relationship influences and interactional patterns.

Results showed that, regarding the level of contextual/demographic risk factors for male to female IPV, young age, and deprivation in the form of unemployment and low income were found to be risk factors. Exposure to violence between parents in the family of origin and experience of child abuse showed a low to moderate significant association with partner victimization and adult perpetration of IPV. Results regarding developmental characteristics and behavioral risk factors, conduct problems, or antisocial behavior emerged as a substantial risk factor for later IPV perpetration and a mediator for earlier risk factors such as harsh parental treatment. Alcohol use was found to be a risk factor of low magnitude and did not show consistent results across the investigated studies, especially when controlling for other factors; however, there was a stronger association between drug use and IPV perpetration. Among the relationship factors, relationship status was related to IPV victimization as married individuals were at lowest risk, while separated women were at highest risk of IPV victimization.

In a longitudinal study based on data from the Cambridge Study in Delinquent Development by (Lussier, Farrington & Moffitt, 2009), 202 men in the mid-40s who were in an intimate relationship were investigated. Neurodevelopmental deficits, the presence of criminogenic family environment were measured between the ages of 8 and 10, as was antisocial behavior between the ages of 8 and 18. It was found that antisocial behavior that started and persisted in adolescence was the main risk factor for IPV perpetration in adult life. Another significant risk factor for adult IPV perpetration was found to be verbal skill deficits, suggesting an involvement of a cognitive component. The results of the study did not exclusively give support to the negative impact of exposure to parental conflicts on later-in-life IPV perpetration. Rather, the intergenerational transmission of antisocial behavior appeared to better explain the involvement in IPV.

In the longitudinal Dunedin Multidisciplinary Health and Development Study, findings of IPV perpetration and victimization of the cohort at the age of 21 were presented (Moffitt & Caspi, 1999). It was found that the strongest risk factor for both male and female IPV offending was previous recordings of having been a physically aggressive delinquent before the age of 15. More than half the males convicted of violent crime also physically abused their partners. Thus, it might be suggested that in any quest of mapping characteristics of the IPV offender, further investigations of young people should be in focus. Violence among young people is an important topic since the psychological effects of victimization is believed to be larger than among adults (Makepeace, 1981). A nationally representative US survey in grade 9-12 have shown that the prevalence rates of violence in young couples were 20.9% among girls, and 10.4% among boys (Vagi, O'Malley Olsen, Basile, & Vivolo-Kantor, 2015). Until recently a relatively understudied phenomenon in Sweden, since prevalence of violence in young couples has not yet been investigated. However, in the population investigation (befolkningsundersökningen) Violence and Health (2014) from the National Center for Women's Peace (NCK), data showed that exposure of sexual violence among teenagers before the age of 18, was found to be 27% for girls and 19% for boys.

Along with an uncertainty regarding prevalence of violence in young couples (dating violence), there is also a lack of knowledge of severity of violence, offender characteristics and of adequate treatment interventions.

## 1.5 Correlates and causality in criminology

Contemporary investigations of factors behind aggressive antisocial behavior including IPV have aimed to identify what might be thought of as an etiology in order to fully explain how the interplay between relevant personal and environmental factors results in acts of crime. Despite such aims, there still is a need to further look at the processes of how a person interacts with his or her context, and how criminal acts emerge as an alternative in these processes. The search for correlates of IPV is a noble endeavor aiming to extend knowledge about the IPV offender, and, by furthering this knowledge, to find ways to limit the effects of the crime. However, risk factors may be nothing but correlates and, as such, may not address the causality of criminal violent acts; consequently, our knowledge about why people commit crime is incomplete. The theory discussed above, SAT, has set out to create a solution to this limitation. Wikström's point of departure is the argument that, without a clear conception of what crime is, and what the theory aims to explain, that is, what moves people to commit acts of crime and how individual characteristics and experiences and environmental features interact in this process, it will never be possible to address the causes of crime (Wikström 2006).

Therefore, SAT by addressing the shortcoming of criminological theories, which is that they rarely, if ever, meet the task of explaining why people commit crimes, aims to fill the gap in the criminological field of discussing causality. SAT proposes that the immediate crime situation is the appropriate unit of analysis. This is the actual situation in which the intricate interplay between an individual's crime propensity and the criminogeneity of the setting takes place. It is where history meets the present.

The theory is influenced by, and borrows, some key concepts from philosophical action theories (c.f Davidson, 1963). At the focus of SAT is the conception that crime is a moral action. Despite the fact that what might be deemed a crime varies between different jurisdictions, one thing is common to all such actions and that is that performing them mean breaking a rule of conduct. Even though there are a multitude of different actions that could be labeled "criminal," a common denominator therefore is that the person who performs them is breaking a rule of conduct. What sets criminal actions apart from other human actions is that they break rules of conduct set down by law. In every other way, criminal actions are comparable to any other kind of human moral action. Action theory at large presupposes human agency (Wikström, 2006), and so does also SAT. According to SAT, people have agency, which is to be understood as "power of the individual to make things

happen intentionally.” The overarching question SAT sets out to answer is why an individual comes to see an act of committing a crime as an action alternative and why he or she chooses to perform it. According to SAT, the alternatives of action that an individual perceives are guided by what he or she views as right or wrong in that particular situation.

Research mainly focusing on risk factors does not specifically address the causal mechanisms of the offence/crime. Risk factors are to be evaluated merely as correlates, or symptoms associated with criminality (Wikström, 2006). It is clear that risk factors are important, and without doubt they are important also for our understanding of criminality: “... it cannot be denied that causation requires correlation” (Pauwels & Svensson, 2009, p. 20). Nonetheless, risk factors themselves should not be regarded as causal. Research on individual correlates/risk factors (i.e., factors concerning the development of an individual’s criminal propensity, such as alcohol/drug abuse, or lack of education) finds itself in the same place as studies of the role of factors found in social structural conditions. Such factors should, as such, be analyzed as the causes of the causes (Wikström, 2004).

According to SAT, the causes of the causes also influence the concept of perception. Perception is what links the individual to his or her environment. The perception of alternatives and the process of choice may be regarded as the situational mechanisms that link the individual and the setting to his or her action (Wikström, Oberwittler, Treiber & Hardie, 2012). Thus, perception is an important part of SAT as it explains why most people never commit crimes: They do not perceive criminality as an action alternative due to a previous lack of exposure to criminogenic settings, and without such an exposure there has never been any development of any criminal propensity in their lives.

## **2 AIM**

### **2.1 General aim**

The overall aim of this thesis is to identify psychosocial, psychological, and psychiatric characteristics related to aggressive antisocial behaviors, with special reference to intimate partner abuse and violence; and, further, to discuss this form of criminality in relation to theoretical concepts related to a general understanding of criminal behavior.

### **2.2 Specific aims**

Specific aims of this thesis are to:

1. describe the lifetime mental disorders among perpetrators of severe interpersonal violent crimes and to identify the problem domains most closely associated with aggression and a history of repeated violent criminality. (Study I)
2. determine whether young male dating violent perpetrators differ from the general population in terms of psychosocial background factors, and to what extent they differ from other perpetrators of violent criminality with regard to mental health, and measures of aggression and psychopathy. (Study II)
3. explore whether it is possible to distinguish different groups with different patterns of partner abuse and aggression among young Swedish male violent offenders, and investigate whether antisocial development and criminal history variables differ between these groups. (Study III)
4. discuss cases of aggravated/lethal intimate partner violence to analyze to what extent Situational Action Theory could capture the complexity of IPV criminality (Study IV)





## **3 SUBJECTS AND METHODS**

The works presented in this thesis build on data retrieved from two larger research projects presented below. As such this work might be described as a subproject to them, but it has been conducted independently and autonomously.

### **3.1 Subjects**

#### **3.1.1 The Gothenburg Forensic Neuropsychiatric project (GNP) Study I and IV**

Study I and IV consist of participants from the Gothenburg Forensic Neuropsychiatric Project (GNP). GNP aimed at describing patterns of neuropsychiatric vulnerability factors of relevance for destructive and aggressive behavior among adult offenders being subjected to FPIs. Baseline data collection took place during the years 1998 until 2001, at the National Board of Forensic Medicine, Department of Forensic Psychiatry in Gothenburg. Participants, referred by court to undergo a FPI were consecutively recruited into its Main Study until 100 individuals were included. Inclusion criteria were severe violent offending, that is, crimes where the life of the victim had been violated or taken (e.g., aggravated assault, aggravated unlawful threats, manslaughter, murder), arson, rape or aggravated rape against adults, and all sexual crimes against minors. Inclusion criteria also contained basic Swedish education (e.g., primary school) in order to ascertain sufficient language comprehension which was necessary to partake in the diagnostic interviews and self-rating questionnaires and so that school records might be obtained. All in all 92 men and 8 women were included, with a median age of 30 years. There were 12 cases where an intimate partner was the victim: 8 cases of IPV and 4 cases of IPH. Results from the GNP cohort have so far resulted in a multitude of studies and two dissertations (Gustavson, 2010; Söderström, 2002).

Study I is a descriptive prevalence study of all participating individuals, while Study IV is a case vignette study where four cases have been retrieved from the 12 cases of aggravated IPV and IPH.

### **3.1.2 The Development of Aggressive Antisocial Behavior Study (DAABS) Study II and III**

Study II and III consist of participants from the Development of Aggressive Antisocial Behavior Study (DAABS). DAABS investigated male offenders between the ages 18-25 that had been convicted of violent (including sexual) crimes and sentenced to one of the prisons of the western region of the Swedish Prison and Probation Services in Sweden. The aim of this project was to extensively map mental health problems and needs of young male violent offenders emerging into adulthood. The studied age interval, covering adolescent young men reaching adulthood, is the most crime prone age interval. Investigating this group is therefore considered to be of special interest. The study started in February 2010 and by its end in July 2012, 270 participants had been included. The mean age was 22 years and 4 months ( $SD=1.9$ ). Results from DAABS study have been presented in for example Wallinius (2012), Billstedt, Anckarsäter, Wallinius, and Hofvander, (2017), Wallinius et al., (2016).

Study II is based on 262 participants retrieved from the DAABS cohort. In the original cohort, information concerning relation to victim was missing or not known for five cases. There were also three offenders of sexual violent crimes towards victims younger than 12 years of age that were excluded from the present study because of the potential pedophilic element present in such crimes, leaving a total of  $N = 262$  accessible for this study. They were divided into groups according to current conviction; dating violent offenders (DVO) consisted of 42 offenders, unknown victim offender group (UVO) consisted of 135, and the offender group that knew their victims (KVO) consisted of 85 individuals.

Study III is a sub-sample of DAABS centered on those who had answered a questionnaire measuring physical and psychological partner abuse ( $N = 171$ ).

## **3.2 Measures**

### **3.2.1 Psychosocial background data**

For GNP detailed data covering all aspects of social life were collected, being a standard procedure in FPIs (Study I and IV). Background data included examining extensive file information such as medical records, records from social services, the Swedish Prison and Probation Service, and other authorities and agencies such as schools and social security. This is possible due to the Swedish legislature, removing patient confidentiality in case of a

court ordered FPI (SFS 1991:1137). Information was also gathered from interviews with the participant and his/her relatives. Psychosocial background data were retrieved from the work done by the forensic psychiatric social worker assigned to the FPI case and summarized in a research protocol for GNP research purposes.

For the DAABS project, sociodemographic data were collected from information given by the participants, in collateral interviews, and from extensive file information from the Swedish Prison and Probation Service. The information was collected by clinical psychologists under supervision by the research team.

### **3.2.2 Assessments of mental disorders, psychopathy and aggression**

In GNP (Study I), all diagnoses of mental disorders according to DSM-IV (APA, 2000), the Structured Clinical Interview Axis I and II, were assigned by a psychiatrist and checked by a senior consultant forensic psychiatrist. In DAABS (Study II and III) all diagnoses of mental disorders were assigned by and in cooperation between a research assessor (board-certified psychologist) and a senior clinical psychologist and researcher in accordance with the DSM-IV system.

#### **Major mental disorders**

In both GNP and DAABS evaluations of major mental disorders were made in accordance with the DSM-IV multi-axial system (APA, 2000) by the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I; First et al., 1996).

In both GNP and DAABS, interviews assessing each DSM-IV criterion was performed (present state and retrospectively) for diagnoses such as childhood onset neurodevelopmental disorders, (i.e., ADHD, autism spectrum disorders (ASD), learning disability, and tics) and impulse control disorder, that are not covered by the SCID-I. A structured neuropsychiatric status was registered in each case for both samples. Instruments used were Asperger Syndrome Screening Questionnaire (ASSQ; Ehlers, Gillberg & Wing, 1999), the Asperger Syndrome Diagnostic Interview (ASDI; Gillberg, Gillberg, Råstam & Wentz, 2001). The diagnosis of conduct disorder (CD) before the age of 15, was based on all accessible information, that is, interview, file data, and collateral information.

## **Personality disorders**

Both GNP and DAABS diagnoses regarding personality disorders were made in accordance with the DSM-IV multi-axial system by the Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II; First et al., 1997).

Personality disorders are further divided into clusters, A, B and C, depending on similarities between the specific disorders. Cluster A consists of eccentric, remote, and withdrawn traits, Cluster B consists of impulsive, irresponsible, dramatic, arrogant, and stimulus seeking traits and Cluster C captures traits that are characterized by anxious and fearful behaviors.

## **Psychopathy**

Psychopathy has not been recognized as a mental disorder, and, thus, it is not covered by the DSM system. In close affinity capturing the behavioral traits of psychopathy, but not the interpersonal aspects, DSM-IV labels the disorder “antisocial personality disorder”. In both GNP and DAABS the rating of psychopathy was done according to The Psychopathy Checklist Revised (PCL-R; Hare, 1990; 2003). PCL-R is a structured rating scale that can be used for both categorical diagnostics of psychopathy with a (North American) cut-off level at a score of 30, and for dimensional assessment of psychopathic traits. It consists of 20 items to be answered in a scale from 0 to 2 (0= does not apply, 1= applies in some cases 2= does apply), rendering a total sum of 40. The psychometric properties of PCL-R have consistently been evaluated as reliable (Storey, Hart, Cooke & Michie, 2016) and the checklist shows associations with ratings of mental disorders, criminal behavior and criminal recidivism (Grann, Långström, Tengström & Kullgren, 1999; Hare, Clark, Grann & Thornton, 2000). The first edition of the checklist was considered to be a two factor model; Factor 1 describing interpersonal aspects like narcissism and lack of empathy, and Factor 2 describing features related to an antisocial lifestyle such as criminal versatility and juvenile delinquency. It was later further revised into a two factor/four facet model (Hare, 2003). In the two factor/four facet model, the original factor 1 was divided into an interpersonal facet and an affective facet while the original factor 2 consisted of a lifestyle facet and an antisocial facet.

GNP: The two factor structure version was used in Study I, according to common practice at that time. Scores were assigned by the author of this thesis on the basis of information made available by her forensic social worker colleagues. The assessments were based on interviews with the assessed and extensive file and register information in each case. A post hoc interrater reliability had been performed between the assessors where the

intraclass correlation coefficient (ICC; ranging from 0 meaning no correlation, to 1 meaning a perfect correlation) were found to be .71 for the PCL-R total score, interpreted as being a good level of agreement (Cicchetti, 1994).

DAABS: The four facet model of PCL-R was used for all participants in Study II and III (Hare, 2003). No interrater reliability test was done but in order to attune the assessors to each other, there were pre-assessment exercises in the form of mutual case studies and practices.

### **Life History of Aggression (LHA)**

The Life History of Aggression (LHA; Brown, Ebert, Goyer, Jimerson, Klein, Bunney & Goodwin, 1982) was used in order to measure propensity for aggression in a life time perspective, with a starting point taken from 13 years of age. The scale consists of three subscales; Aggression, Antisocial Behavior, and Self-directed Aggression. Items are to be evaluated on a five point Likert scale. The Aggression subscale measures behaviors such as temper tantrums, physical fights, verbal aggression, physical assaults on people or animals, and assaults on property. The Self-directed Aggression subscale aims to capture self-injurious behaviors and suicide attempts, and the Antisocial Behavior subscale records problems with authority, in school and with supervisors at work, and other antisocial behavior with or without police involvement. Abnormally high levels of life time aggression are considered in cases where the total LHA scores exceed 15, or the Aggression subscale score is above 12.

LHA has been shown to have good reliability and validity (Coccaro, Berman, & Kavoussi, 1997). It might be self-rated or expert rated.

In both GNP and DAABS, LHA was administered as a clinician rated instrument, where the assessor based the ratings on all available information including, self-reports, interviews and file information.

### **3.2.3 Self-rating Questionnaires on aggression, child trauma and partner violence**

#### **Aggression Questionnaire-Revised Swedish Version (AQ-RSV)**

The Aggression Questionnaire-Revised Swedish Version (AQ-RSV; Buss & Perry, 1992) was adapted to Swedish by Prochazka and Ågren (2001). It measures different expressions of aggression, consisting of a Total aggression score and the four subscales of Physical aggression, Verbal aggression, Anger and Hostility. AQ-RSV is a 29 item questionnaire where each item is

answered on a 5 point (4 points in the Swedish version and 5 point in the English version) Likert scale; varying from 1 (extremely unlike me) to 5 (extremely characteristic of me). The Swedish version was found to have good psychometric properties in terms of internal consistency (Prochazka & Ågren, 2001).

### **Child Trauma Questionnaire-Short Form (CTQ-SF)**

Childhood Trauma Questionnaire-Short Form (CTQ-SF) was constructed by Bernstein et al. (2003), based on the original version of Childhood Trauma Questionnaire (Bernstein & Fink, 1998). It assesses levels of traumatic experiences in childhood in forms of neglect and abuse. It contains five subscales, where answers are given on a Likert scale varying from 1 (extremely unlike me) to 5 (extremely characteristic of me). Emotional Abuse (experiences of verbal abuse or verbal violations directed as a child), Physical Abuse (experiences of physical attacks from adults, aiming to hurt), Sexual Abuse (experiences of sexual contact or behavior between adult and child), Emotional Neglect (experiences not having had basic emotional and psychological needs provided for as a child), and Physical Neglect (experiences of not having basic physiological needs provided, such as of food and clothes).

Strong psychometric support has been shown for an earlier version of CTQ (Bernstein & Fink, 1998) as well as for the Short Form (Bernstein et al., 2003)

### **Physical and Psychological Partner Abuse Scales (PPPAS)**

The Physical and Psychological Partner Abuse Scales (PPPAS) is building on parts of Conflict Tactics Scale (CTS; Straus, 1979), and the Domestic Conflict Scale (DCS) and Conflict Inventory (CI) both presented in a study by Margolin, Burman, John and O'Brien (1990). To our knowledge, results from this scale have previously only been presented in a study by Moffitt and Caspi (1999).

The composite scale of PPPAS measures occurrence IPV in form of both physical and psychological partner abuse. The abusive behavior was reported on items ranging from mild to very severe forms of abuse. The Physical abuse scale consists of 13 items (9 items are found in both the CTS and the DCS/CI and 4 only in the DCS/CI). The Psychological abuse scale consists of 20 items (18 from the DCS/CI and 2 from the CTS). The PPPAS has not been validated, however, there is support for the construct validity of the CTS (Shorey, Brasfield, Febres, Cornelius & Stuart, 2012), and interpartner

agreement about abuse have shown to be strong (Moffitt et al., 1997). The instrument is self-rated.

### **Violent recidivism**

In GNP a variable based on dichotomous information whether the participant had any previous violent crime convictions or not was constructed and named *violent recidivism*.

## **3.3 Analytical methods**

All results presented in this thesis stemmed from anonymized, coded data. Statistics for Study I were calculated with the SPSS 10.0 or SAS 8.2 software, using two-tailed P-values. Statistical analyses for DAABS were performed in SPSS for Windows Version 22 statistical package (SPSS, Inc., Chicago IL).

For statistical use, it is functional to divide data into categories or levels. The following have become known as the four levels of measurement: nominal, ordinal, interval and ratio (forming the acronym NOIR; Stevens, 1946). Knowledge of the limitations and possibilities of these categories is vital when deciding what statistical method or test is possible or appropriate to use. Nominal data refers to data which can be organized into categories, for example animal such as cat, dog, fish, and so forth, but do not refer to numbers or quantities. Ordinal data refers to data which can be put into an order or ranked such as levels in a Likert scale, where the order is important and not the values referred to it. Interval data are data where the distances are measured along a scale, in which each position is equidistant from one another, such as it is for measures of temperature. A ratio variable has all the properties of an interval variable, and in addition also a clear definition of 0 such as the measurements of height and weight (theoretically).

Nominal and ordinal are the simplest forms of data, also called qualitative or categorical. Interval and ratio are more complex and are called quantitative or continuous.

### **Univariate analysis**

In the work presented in this thesis, descriptive statistics were performed by presenting percentages for categorical data and median and mean values for continuous data. Standard deviation was given as a measure of dispersion for continuous data.

## **Bivariate analysis**

As most data were nominal or ordinal (i.e., categorical data), non-parametric statistical methods, were used for in-between two group comparisons.

Fisher's exact test was used in all comparisons of dichotomous variables due to small group sizes in both GNP and DAABS. Fisher's exact test is an analysis of 2x2 contingency tables displaying the frequency distribution of the variables and is well suited for small samples in that it always renders an exact  $p$ -value. For analysis of correlation between ordinal data in the GNP sample, Spearman rank coefficient (measuring the strength of the relationship, however not a linear one but rather to what extent one variable increases or decreases with increasing or decreasing values in the other) was used. The strength of the relation between variables is reported as a correlation coefficient, varying from -1 to +1. The level for evaluating statistical significance was set to  $p \leq .05$ .

In DAABS sample, in cases of more than two group comparisons of categorical data,  $\chi^2$  was used. In cases where there were found significant differences between groups, standardized residual equal to or above  $\pm 1.96$  was used as a measure to detect the group that contributed to the statistical effect. For group comparisons on continuous data methods for parametric tests were chosen. Thus, in comparing mean values and standard deviations for two groups, Student t-test was used. When there were more than two groups, analysis of variance (ANOVA) was performed, and post hoc Bonferroni test was used to establish significant group differences.

## **Multivariate analysis**

The use of regression models allows interpreting the results stemming from such analysis as a directed relationship between variables. The prerequisite for a linear regression model is that the data used is on the interval level. This method of statistical analysis was only used in the GNP sample, wherein stepwise linear regression analysis (i.e., variables are included into the model one by one) was performed.

In cases of regression models, in which the dependent variable is binary, logistic regression is the method to use. Logistic regression was used in both the GNP and DAABS sample. For example, in Study III, the dependent variable was "belonging to the HAV cluster - not belonging to the HAV cluster". The independent, theoretically appropriate, variables were then entered into the model. The analysis rendered a result of what variables and to what strength these contributed to the understanding of the dependent variable, in this case "belonging to the HAV" cluster.



Cluster analysis, a set of multivariate techniques, sometimes referred to as numerical taxonomy or classification analysis (Bailey, 1994), is a commonly preferred tool of exploration in cases where the group/cluster membership for any of the subjects/objects of the study sample is unknown. Through the analysis which is not a pre-determined algorithm, clusters are formed as groupings based on distance (proximity). This method allows for data to develop inherent associations, as variables close to each other have the shortest space between them, and therefore clusters together. The hierarchical cluster analysis thus allow for an exploration of affinity among subjects that is not previously known.

### **Effect size**

As in many clinical studies, participants are few and the results presented thereby open to critique of faulty drawing attention to results enabling to refute the null-hypothesis at the .05 level, when in fact size of the effect ought to be in focus.

In DAABS studies (Study II and III) effect sizes showing the strength of the relationship between variables are presented and interpreted in accordance with proposals by Cohen (1988).

The measure of Cramer's V was used as effect size for non-parametric group comparisons in the DAABS sample and evaluated as follows:  $>.5$  high association;  $.3$  to  $.5$  moderate association;  $.1$  to  $.3$  low association; and  $0$  to  $.1$  little if any association. For calculations of continuous data where two groups were compared, Cohen's  $d$  was used as the effect size of choice and interpreted in the following way: a value of  $.20$  signaled a small effect,  $.50$  a medium effect, and  $.80$  a large effect. Effect sizes regarding results of ANOVA was reported by  $\eta^2$  where  $.26$  equaled a large association;  $.13$  a medium association, and  $.02$  small association.

### **Normality check**

Due to the large differences in group size in Study II, statistics were checked in order to determine the distribution of normality with regard to continuous data. When results of Levene's test showed a result less than the significance level  $p \leq .05$ , further assessments of normality were conducted, that is, checking for skewness and kurtosis. Possible outliers were recognized by conducting box plots.

### **3.4 Case vignettes**

Study IV was a case vignette study. The four cases of FPIs used in this study were derived from the GNP study. The vignettes were selected with the intention to reflect the variation seen among the original 12 IPV/IPH cases, that is, with the aim to represent all types of offenders, interaction with victims, crime scenes and criminal behaviors seen in the original 12 cases. In the next step, summarized descriptions of the chosen cases were done through compilations of the FPI material, with the aim to give a condensed description of the offender, the situation and the course of action during the criminal event. The vignettes were analyzed with the objective of finding information in the cases potentially corresponding with the concepts of Situational Action Theory (Wikström, 2004).

## 4 ETHICAL CONSIDERATIONS

All studies were approved by the local Research Ethics Committees at the University of Gothenburg (for Study I and IV, dnr: 724-96), and Lund University (Study II and III, dnr: 2009/405). They were both carried out in accordance with the WMA Declaration of Helsinki.

In both samples, to ensure quality and integrity of our research, informed consent was sought. Efforts were diligently made to obtain this, as both oral and written information was given to the potential participant prior to entering the study.

We have thoroughly respected the confidentiality and anonymity of the participants. All data sets that have been constructed contain data that have been anonymized using coded files with the code keys stored separately. Research analyses have been performed on computer files in which the identification numbers of the individual participant cannot be linked to the participation subject.

Great efforts were made in order to ensure that the participants made their contribution to research voluntarily. Regarding the GNP sample this issue was of extra concern since the participants were in a setting in which they were being evaluated under compulsory conditions, currently undergoing a FPI. Regardless of the outcome of the FPI, it would be of great impact for the participant in the near future. Either it would render a sentence to prison or the participant would receive mandatory forensic psychiatric care. Because of this, particular emphasis was made in explaining that participation was voluntary, and that participation would not entail any forms of advantages or disadvantages. It was stressed that the participant could choose to participate in some parts of the study and not in other. It was emphasized that it was allowed to drop out, without presenting any reason as to why, at any time during the study period.

The procedure to ensure the ethics of DAABS was consistent to that of GNP. The participants of DAABS did however receive a small monetary contribution (approximately 20 euro). Consideration was taken to see to that the sum was being small enough so it would not form a motivation to participate in the study, while it at the same time would correspond to what they would earn if they participated in any prison work.

In the research teams behind GNP and DAABS there was full awareness of the ethical difficulties in performing research on individuals deprived of their physical freedom. The benefits of conducting this kind of research, was however considered to outweigh any potential disadvantages that would have been experienced by the individual participants.

## 5 RESULTS

### 5.1 Patterns of mental health problems in offenders of interpersonal violence (Study I)

Investigating the prevalence of mental health problems in the group of violent offenders who underwent FPI, findings showed that prevalence rates regarding all mental disorders including childhood onset disorders and psychopathy were significantly higher in the study population in comparison to the general population. It was further shown that the comorbidity between disorders was extensive (for a full report of the findings of GNP including clinical disorders, see Söderström, 2002).

The mental disorders that presented the closest covariate in relation to violent recidivism and LHA scores are shown in Table 2. The relations between PCL-R and violent recidivism and life history of aggression total scores are presented in Table 3.

*Table 2. Correlations for mental disorders and violent recidivism, and Life History of Aggression total scores.*

|                                     | Recidivism          | LHA total score     |
|-------------------------------------|---------------------|---------------------|
| <i>Substance use disorders</i>      |                     |                     |
| -Substance abuse                    | $\rho = .419^{***}$ | $\rho = .473^{***}$ |
| -Alcohol abuse                      | -                   | $\rho = .391^{***}$ |
| <i>Personality disorders</i>        |                     |                     |
| -Antisocial personality disorder    | $\rho = .218^*$     | $\rho = .469^*$     |
| -Paranoid personality disorder      | -                   | $\rho = .281^{**}$  |
| -Schizotypal personality disorder   | -                   | $\rho = .216^{**}$  |
| -Border line personality disorder   | -                   | $\rho = .283^{**}$  |
| <i>Neurodevelopmental disorders</i> |                     |                     |
| -Attention Deficit                  | $\rho = .254^*$     | $\rho = .417^{***}$ |
| -Hyperactivity Disorder             | $\rho = .350^{***}$ | $\rho = .501^{**}$  |
| <i>Childhood onset disorders</i>    |                     |                     |
| -Conduct Disorder                   | $\rho = .439^{***}$ | $\rho = .689^{***}$ |

Note: \*= $P < .05$ ; \*\*= $P < .001$ ; \*\*\*= $P < .0001$

*Table 3. Correlations for PCL-R and violent recidivism, and Life history of aggression total score.*

| PCL-R     | Recidivism    | LHA total score     |
|-----------|---------------|---------------------|
| Factor 1  | $\rho = .469$ | $\rho = .494^{***}$ |
| Factor 2  | $\rho = .280$ | $\rho = .318^{**}$  |
| Total sum | $\rho = .429$ | $\rho = .500^{***}$ |

Note:  $*=p<.05$ ;  $**=p<.001$ ;  $***=p<.0001$ .

In conclusion, results showed that when all diagnoses of mental disorders and childhood onset disorders were entered in stepwise multivariate models, CD showed to be the strongest covariate to both violent recidivism (OR=5.54,  $p=.004$ ) and to high LHA scores ( $p=.001$ ). PCL-R total sum followed in strength, as an independent covariate of violent recidivism (OR=1.13,  $p=.006$ ), while the PCL-R factor 2 was shown to be an independent covariate of high LHA scores. ( $p=.008$ ).

## **5.2 Characterizing offenders of dating violence in comparison to other violent offender groups (Study II)**

When comparing violent offenders divided according to victim relation, that is, the groups of DVO, UVO, and KVO with regard to mental health factors (Table 4), and assessments concerning aggression and psychopathy (Table 5), almost no significant differences were found. The only exceptions were seen in the prevalence of substance use disorders and ASD, where the DVO group in general was less affected in comparison to the other two groups. However, effect sizes were consistently very low. Overall, the three groups emerged as more alike than different.

*Table 4. Comparison of three violent offender groups and DSM-IV diagnoses of mental disorders.*

|                                    | DVO<br>(n=42)        | UVO<br>(n=135)           | KVO<br>(n=85) | p-<br>value | Cramers' V |
|------------------------------------|----------------------|--------------------------|---------------|-------------|------------|
| Axis I Clinical disorder           |                      |                          |               |             |            |
| Psychotic syndromes<br>n (%)       | 0 (0%)               | 1 (0.7%)                 | 0 (0%)        | 1.00        | .06        |
| Mood disorders<br>n (%)            | 27 (64.3%)           | 73 (54.9%)<br>(n=133)    | 40 (47.1%)    | .18         | .11        |
| Anxiety disorders<br>n (%)         | 25 (59.5%)           | 69 (52.0%)<br>(n=133)    | 37 (43.5%)    | .21         | .11        |
| Impulse control<br>disorders n (%) | 9 (21.4%)            | 25 (19.0 %)<br>(n=132)   | 20 (23.5%)    | .71         | .05        |
| Substance use disorders            |                      |                          |               |             |            |
| Alcohol n (%)                      | 26 (61.9%)           | 64 (45.9%)               | 38 (44.7%)    | .15         | .12        |
| Cannabis n (%)                     | 28 (68.3%)<br>(n=41) | 112 (83.0%) <sup>†</sup> | 61 (71.8 %)   | .04         | .15        |
| Sedatives n (%)                    | 16 (40.0%)<br>(n=40) | 77 (57.0%) <sup>†</sup>  | 33 (41.2%)    | .03         | .16        |
| Stimulants n (%)                   | 16(40.0%)<br>(n=40)  | 80 (59.3%) <sup>†</sup>  | 30(35.3%)     | .00         | .23        |
| Neurodevelopmental disorders       |                      |                          |               |             |            |
| ADHD during<br>childhood n (%)     | 25 (61.0%)<br>(n=41) | 88 (66.2%)               | 50 (58.8%)    | .52         | .07        |
| ADHD as adult n (%)                | 16 (39.0%)<br>(n=41) | 61 (45.9%)<br>(n=133)    | 33 (38.3%)    | .54         | .07        |
| ASD n (%)                          | 0 (0%) <sup>†</sup>  | 17 (12.7%)               | 8 (9.4%)      | .02         | .15        |
| Personality disorders              |                      |                          |               |             |            |
| Cluster A n (%)                    | 5 (11.9%)            | 12 (9.0%)<br>(n=133)     | 8 (9.0%)      | .81         | .03        |
| Cluster B n (%)                    | 24 (57.1%)           | 91 (68.4%)               | 50 (58.8%)    | .22         | .11        |
| Cluster C n (%)                    | 2 (4.8%)             | 5 (3.8%)<br>(n=133)      | 1 (1.2%)      | .33         | .08        |

Note: Dating Violent Offender=DVO; Unknown Victim Offender= UVO; Known Victim Offender= KVO.

*Table 5. Psychopathic traits and aggressive antisocial behaviors; Distributions, Mean, SD, f-value, p-value and Effect Size for the Three Groups, DVO, UVO, KVO.*

|                                      | DVO                     | UVO                     | KVO                     | f-value | p-value | $\eta^2$ |
|--------------------------------------|-------------------------|-------------------------|-------------------------|---------|---------|----------|
| <b>AQ-RSV</b>                        |                         |                         |                         |         |         |          |
| Anger<br><i>M(±SD)</i>               | 21.85 (7.46)<br>(n=34)  | 22.89 (6.17)<br>(n=100) | 21.03 (7.05)<br>(n=69)  | 1.59    | .20     | .01      |
| Physical Aggression<br><i>M(±SD)</i> | 33.91 (9.17)<br>(n=32)  | 34.56 (7.54)<br>(n=100) | 32.77 (8.36)<br>(n=70)  | 1.00    | .36     | .01      |
| Hostility<br><i>M(±SD)</i>           | 24.59 (8.25)<br>(n=32)  | 22.82 (7.17)<br>(n=101) | 23.22 (6.94)<br>(n=69)  | .72     | .48     | .00      |
| Verbal aggression<br><i>M(±SD)</i>   | 17.13 (3.44)<br>(n=31)  | 16.64(3.77)<br>(n=99)   | 16.12 (3.29)<br>(n=69)  | .94     | .38     | .01      |
| Total score<br><i>M(±SD)</i>         | 97.23 (21.25)<br>(n=31) | 97.07 (20.00)<br>(n=98) | 93.01 (20.82)<br>(n=69) | .89     | .40     | .00      |
| <b>PCL-R</b>                         |                         |                         |                         |         |         |          |
| Interpersonal<br><i>M(±SD)</i>       | 1.37 (1.73)             | 0.85 (1.22)             | .98(1.49)               | 2.07    | .12     | .01      |
| Affective<br><i>M(±SD)</i>           | 3.35 (2.24)             | 3.19 (2.22)             | 3.27 (2.36)             | .08     | .92     | .00      |
| Lifestyle<br><i>M(±SD)</i>           | 5.79 (2.51)             | 6.67 (2.45)<br>(n=128)  | 6.55(2.69)              | 2.08    | .12     | .01      |
| Antisocial<br><i>M(±SD)</i>          | 5.47(2.74)              | 6.64 (2.76)<br>(n=131)  | 6.22 (2.90)             | 2.72    | .06     | .02      |
| Total score<br><i>M(±SD)</i>         | 16.78 (6.95)            | 18.02 (6.75)            | 17.97 (7.18)            | .52     | .59     | .00      |

Note: DVO=Dating Violent Offender; UVO=Unknown Victim Offender; KVO=Known Victim Offender.

However, when the DVO group were compared to the general population, large differences were seen in all investigated areas such as achievements in school and work (Table 6) as well as in experiences of childhood trauma (Table 7). With regard to the latter the DVO group reached or exceeded the cut-off values for moderate to severe range for all scales but the Sexual Abuse scale.



*Table 6. Dating Violent Offenders in comparison to the general population regarding academic achievements and establishment in the job-market.*

|  | DVO<br>(n=42)   | General population<br>(collected from different sources) |
|--|-----------------|--|
| Completed primary school at expected age (%)   | 76.2*           | 88.0 <sup>†</sup>  |
| Completed secondary school at expected age (%)   | 21.4*<br>(n=40) | 68.9 <sup>††</sup>                                       |
| Reduced course of studies (%)  | 40.0*           | 1.0 <sup>†††</sup>                                       |
| Unemployed prior to current incarceration versus rate of youth unemployment for 2010 (%) | 47.6*           | 24.8 <sup>††††</sup>                                     |

Note: DVO=Dating Violent Offenders, <sup>†</sup>=data from CHES for Swedish children born 1987-1989, <sup>††</sup>= Swedish National Agency for Education, class of 2008, <sup>†††</sup>=data from Swedish National Agency for Education, general population <sup>††††</sup>= data from Economy facts, \* p≤0.01.

*Table 7. Distribution of Mean (SD) for the Childhood Trauma Questionnaire-Short Form for Dating Violent Offenders compared to the reference group of young male university students.*

|                                 | DVO                  | Moderate to Severe cut-off |
|---------------------------------|----------------------|----------------------------|
| Emotional Abuse <i>M (SD)</i>   | 10.8(±6)<br>(n=31)   | >10-11                     |
| Physical Abuse <i>M (SD)</i>    | 10.2(±5.7)<br>(n=33) | >7                         |
| Sexual Abuse <i>M (SD)</i>      | 5.7(±3.5)<br>(n=33)  | >7                         |
| Emotional Neglect <i>M (SD)</i> | 16.7(±5.5)<br>(n=32) | >13-15                     |
| Physical Neglect <i>M (SD)</i>  | 11.9(±2.6)<br>(n=29) | >9-10                      |

Note: DVO=Dating Violent Offender.

### 5.3 Identifying levels of aggressive antisocial behavior and partner abuse among young violent offenders (Study III)

In a cluster analysis investigating the interrelatedness of aggressive antisocial behavior (LHA, AQ and PCL-R), and measures of psychological and physical partner abuse (PPPAS), two distinct levels emerged; one high in aggressive antisocial behavior and partner violence (HAV), and the other one statistically lower in the same (LAV). The result from the cluster analysis is presented in Figure 4.

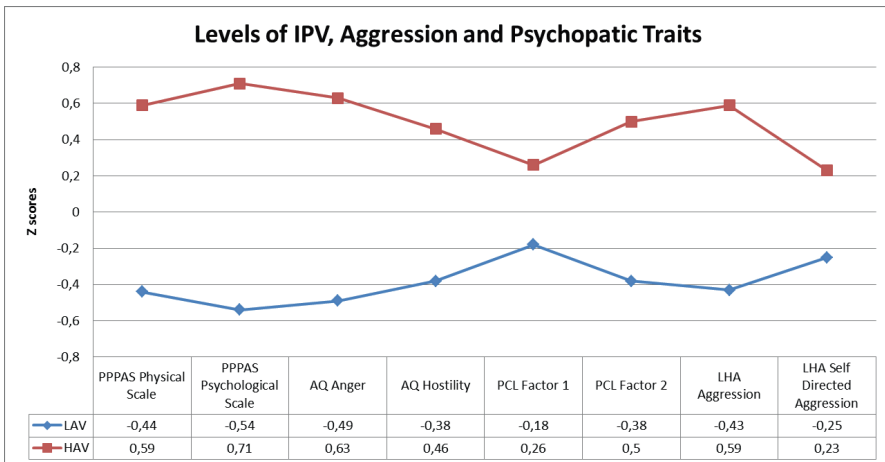


Figure 4. Results from the cluster analysis demonstrating two clusters with regard to the included variables.

There were statistical significant differences between the clusters regarding all variables that were entered into the cluster analysis (Table 8).

*Table 8. Results for comparisons between the two clusters of HAV and LAV for the variables in the cluster analysis.*

|                                   | HAV<br><i>n</i> =72<br>M(SD) | LAV<br><i>n</i> =99<br><i>M</i> (SD) | <i>p</i> -value | <i>t</i> | df    | Cohen's <i>d</i> |
|-----------------------------------|------------------------------|--------------------------------------|-----------------|----------|-------|------------------|
| PPPAS Physical Partner Abuse      | 5.5 (6.2)                    | 0.7 (1.5)                            | .00             | -6.5     | 77.2  | 1.0              |
| PPPAS Psychological Partner Abuse | 14.5 (11.3)                  | 2.6 (3.8)                            | .00             | -8.5     | 83.1  | 1.4              |
| AQ-RSV Anger                      | 26.4 (5.6)                   | 18.8 (5.5)                           | .00             | -8.6     | 169   | 1.3              |
| AQ-RSV Hostility                  | 26.6 (6.7)                   | 20.4 (6.6)                           | .00             | -5.9     | 169   | .9               |
| LHA Aggression                    | 20.6 (4.1)                   | 14.4 (6.1)                           | .00             | -7.8     | 167.8 | 1.1              |
| LHA Self-Directed Aggression      | 1.0 (2.0)                    | 0.3 (0.9)                            | .05             | -3.0     | 91.3  | .4               |
| PCL factor 1                      | 5.0 (3.1)                    | 3.6 (3.9)                            | .05             | -2.8     | 169   | .4               |
| PCL factor 2                      | 15.3 (3.8)                   | 10.8 (5.2)                           | .00             | -6.3     | 168.9 | .9               |

Note: HAV = High in aggression and violence; LAV = Low in aggression and violence.

Differences between the two clusters were discernible in several measurements of specific interest for the development of a crime career, such as risk factors of antisocial development (Table 9), and the age of onset of SUD and criminal behavior (Table 10).

*Table 9. Results for comparisons between the clusters of HAV and LAV for antisocial development.*

|   | HAV<br>(n=72) | LAV<br>(n=99) | p-value | Cramer's V |
|---|---------------|---------------|---------|------------|
| Finished secondary school in due time n (%)               | 8(11.3%)      | 26(26.3%)     | .02     | .18        |
| Truancy   | 70(98%)       | 83(83.8%)     | .00     | .24        |
| Bullying others   | 47(65.3%)     | 32(32.7%)     | .00     | .32        |
| Contact with child-and adolescent psychiatry n (%)        | 32 (44.4%)    | 40 (40.4%)    | .64     | .16        |
| Ever institutionalized during childhood/adolescence n (%) | 39 (54.2%)    | 31 (31.6%)    | .00     | .23        |

Note: HAV = High in aggression and violence; LAV = Low in aggression and violence.

*Table 10. Results for comparisons between the clusters of HAV and LAV for age at onset of drug abuse and criminal history variables.*

|                                     | HAV<br>M(SD)         | LAV<br>M(SD)         | t-value | p-value | df  | Cohen's d |
|-------------------------------------|----------------------|----------------------|---------|---------|-----|-----------|
| Age at onset                        |                      |                      |         |         |     |           |
| Alcohol                             | 13.6 (2.1)<br>(n=67) | 14.2 (1.8)<br>(n=87) | 1.9     | .05     | 152 | .30       |
| Cannabis                            | 14.4 (2.3)<br>(n=68) | 15.2 (2.3)<br>(n=77) | 1.9     | .06     | 143 | .34       |
| Stimulants                          | 16.7 (2.3)<br>(n=57) | 17.1 (1.9)<br>(n=56) | 1.0     | .30     | 111 | .18       |
| Smoking                             | 12.6 (2.7)<br>(n=63) | 13.6 (2.4)<br>(n=82) | 2.1     | .03     | 143 | .39       |
| Age at first conviction             | 15.9 (2.7)<br>(n=71) | 17 (2.8)<br>(n=99)   | 2.3     | .02     | 168 | .39       |
| Number of previous convictions      | 5.7 (4.8)<br>(n=70)  | 3.7(3.5)<br>(n=98)   | -3.0    | .00     | 166 | .47       |
| Number of previous prison sentences | .99 (1.2)<br>(n=69)  | .43 (.78)<br>(n=93)  | -3.2    | .00     | 106 | .55       |

Note: HAV = High in aggression and violence; LAV = Low in aggression and violence.

Of all participants ( $n=171$ ), 24 (14%) were currently convicted of an IPV offence. In the HAV group, 20 (27%) participants were convicted of an IPV crime compared to 4 (4%) participants in the LAV ( $p=.00$ , Fisher's exact test). The HAV group age at first conviction was 15.9 ( $\pm 2.7$ ) and the LAV 17 ( $\pm 2.8$ ), and the difference was found to be significant (see Table 10). Among variables commonly viewed as related to IPV, CD was found to be the strongest predictor of belonging to the HAV cluster, as is shown in Table 11. Thus, early onset of externalizing and aggressive behaviors were the only factor that were related to young male offenders characterized by a high level of IPV and aggressive behavior.

*Table 11. Logistic regression analyses of factors relevant for the development of IPV with belonging to the HAV cluster high in aggression and violence as dependent variable.*

|                              | B    | S.E. | Wald | df | <i>p</i> | OR (95% CI)   |
|------------------------------|------|------|------|----|----------|---------------|
| CD before the age of 10      | .98  | .40  | 5.9  | 1  | .01      | 2.6 (1.2-5.9) |
| Witnessing parental violence | .23  | .28  | .7   | 1  | .40      | 1.2 (.7-2.2)  |
| Emotional Abuse              | .07  | .06  | 1.5  | 1  | .21      | 1.0 (.9-1.2)  |
| Physical Abuse               | .06  | .05  | 1.3  | 1  | .24      | 1.0 (.9-1.1)  |
| Sexual Abuse                 | -.12 | .18  | .48  | 1  | .49      | .88 (.6-1.2)  |
| Constant                     | -1.1 | 1.0  | 1.3  | 1  | .25      | .31           |

## 5.4 Situational Action Theory Applied to the Context of Intimate Partner Violence - a case vignette study (Study IV)

A discussion using case vignettes concluded that IPV research could benefit from detailed investigations of situational determinants and that SAT provides able tools for such studies. It was argued that IPV research could profit from studies taking provocations, motives, emotions, intoxication together with more constant features such as psychological traits of the individual and in further combination with factors such as societal values and cultural upbringing, into consideration. However, the concept of criminogenic setting, which is a corner stone in SAT theory, showed difficult to adapt to the IPV context.



## 6 SUMMARY OF MAIN FINDINGS

1. Childhood hyperactivity disorder, conduct disorder, and psychopathy emerged as the strongest (mental health related) covariates to violent crime (aggressive antisocial behavior) in a group of perpetrators ( $n=100$ ) of interpersonal violent crimes, undergoing forensic psychiatric investigation. (Study I)
2. Young male offenders convicted of dating violence offences (DVO) were compared to young men imprisoned due to violent criminality more similar than different regarding mental health factors and aggressive antisocial behaviors. However, results also showed that the DVO group differed in a variety of social background factors compared to the general population. (Study II)
3. A cluster analysis of young male imprisoned violent offenders showed two separate clusters, one high in IPV, aggression, and psychopathic traits (HAV) and the other one low (LAV). Individuals in the HAV cluster were more likely than those in the LAV cluster to be currently convicted of a violent crime towards an intimate partner. Further on, conduct disorder before the age of ten was the only variable significantly predicting belonging to the HAV cluster, a result resembling findings in study 1. (Study III)
4. Traditionally, IPV has viewed as a specific form of criminality caused by structural forces and dynamics within relationships. IPV research has not been integrated within the context of other violent criminality. However, IPV showed to be a crime for which SAT offered useful conceptual tools by which causes of IPV could be addressed. The SAT measure of criminogenic setting was nonetheless considered posing a potential difficulty for empiric testing of SAT to the IPV context. (Study IV)





## 7 DISCUSSION

### 7.1 Comments on the main findings

#### 7.1.1 **Conduct disorder and psychopathic traits are the strongest covariates of aggression and violent recidivism in mentally disordered offenders**

Partly stemming from an ambition to address public concerns that criminal violence is perpetrated by mentally ill offenders, a popularized and Hollywood-fueled belief, the Gothenburg Forensic Neuropsychiatric Project investigated 100 consecutively selected individuals undergoing forensic psychiatric investigation in order to establish patterns of mental illness that have the largest impact on aggressive antisocial behavior. The group demonstrated that most diagnoses of mental disorders were overrepresented in the sample in comparison to the general population, that comorbidity between disorders was extensive, while at the same time major mental disorders alone had little to do with aggressive antisocial behaviors. Conceptualizing aggressive antisocial behavior as an overall umbrella definition, repeated criminality was found to be more closely associated with conditions such as conduct disorder, substance abuse, and traits of psychopathy than with major mental disorders.

The research question of the potential impact of major mental disorders on aggressive antisocial behavior has been ongoing since the early 1990s and has not ceased to intrigue scientists, who have yet to reach a conclusive answer (Elbogen, Dennis & Johnson, 2016; Nederlof, Muris, & Hovens, 2013; Swanson, Holzer, Ganju & Jono, 1991; Volavla, 2014; Wood & Buttaro, 2013). Our findings presented in Study I, although dating back some years, are in line with other studies of samples of offenders that show an overload of mental illness; however, when disaggregated into specific diagnoses, it is the behavioral characteristics in combination with drug and/or alcohol abuse that are found to be directly correlated with aggressive antisocial behavior, not the major mental disorders per se. In a study by Elbogen and Johnson (2009), individuals suffering from major mental disorders more often reported incidences of violence compared to individuals in the general population; however, significantly so only for those where it was concluded that they also presented other factors associated with violence, such as co-occurring substance and alcohol use disorders. Since aggressive

antisocial behavior emerged as associated with other factors such as previous criminality, substance use, and age, the authors concluded that to fully understand the link between violence and mental disorders variables such as these must be taken into consideration.

However, the overall impact that major mental disorders have on society's crime rates is meager. A study by Fazel and Grann (2006), addressing the population impact (i.e., the impact of risks and benefits in public health), showed that the risk for an individual with a diagnosis of schizophrenia or other psychosis to commit a violent crime was, in crude odds ratios, 3.6 greater than in the general population. However, the risk of committing a violent crime attributable to individuals suffering from a major mental disorder was 5.2%, showing that other patterns than mental disorders are more pressing to investigate.

### **7.1.2 Dating violent offenders are similar to other violent offenders**

Leaving the specific focus on mental disorders and the larger view of overall types of interpersonal violence, we proceed to investigate a form of aggression that has been conceptualized as being a unique form of aggressive antisocial behavior; that of violence perpetrated towards an intimate partner. Since it is known that youth is a risk factor for violence perpetration and victimization, we have chosen to specifically investigate the group that potentially perpetrates the most severe and frequent forms of violence towards their partners: young men in prison. With the aim of identifying the dating violent offender and contributing to a field where knowledge is lacking, we compared a group of DVO to the general population, as well as to other violent offender groups, that is, to offenders who had known their victim, as well as to offenders who had an unknown victim. The age group in question (i.e., 18–25) has been found to be the most crime-prone, while dating violence has been recognized as the most prevalent form of IPV (Rennison & Welchans, 2000). Our results show that there are large differences between the DVO group and the general population with regard to psychosocial background factors such as school achievements, experiences of the job market, and levels of intervention from social authorities. We found associations between this kind of adversity and development of aggressive antisocial behavior, in concordance with a legion of studies (e.g., Magdol, Moffitt, Caspi, & Silva, 1998; Vagi et al., 2013; Widom, Czaja & Dutton, 2014). On the other hand, we found hardly any differences regarding mental disorders and measurements of aggressive antisocial behavior between the three offender groups. The offenders regardless of type of crime,

or more accurate victim relation, were therefore more alike than different. In most aspects of risk of recidivism and also in terms of need of interventions, they were very similar to what was previously known about young men in prison and men receiving care in youth institutions (Pratt et al., 2002; Ståhlberg et al., 2010). Thus these findings support the notion that young men imprisoned due to violence against an intimate partner overall show more similarities than dissimilarities with general violent offenders.

### **7.1.3 Two levels of intimate partner violence and aggression among young male violent offenders**

Not finding any specific social or psychological characteristics to distinguish DVOs from other violent offenders, we searched further for a way of characterizing DVOs by levels of aggressive antisocial behavior. We explored whether categories, or types, would emerge based on the mutual association between self-confessed perpetration of psychological or physical partner abuse (our information was retrieved from questionnaires, not from files or data based on previous or current convictions) and measures of aggressive antisocial behavior. In doing so, we found two distinct levels that revealed, not only distinct levels of aggression and violence, but also two separate life courses: the first rated high in measures of both abuse towards the partner termed “higher in aggression and violence” and other measures of aggressive antisocial behavior, the second scored statistically significantly lower in all measures of partner abuse and aggressive antisocial behavior. We therefore concluded that IPV is related to the occurrence of aggressive antisocial behavior. The HAV subset was characterized by more severe problems during childhood, and in school, and was less socially established compared to the LAV subset, which scored significantly lower in all measurements by comparison. Our findings are in line with those of Eckhardt et al. (1997; 2008), Ehrensaft et al. (2003), and Norlander and Eckhardt (2005), adding further to the notion that there is a strong association between IPV and other forms of violent criminality, carried out by individuals characterized by persistent patterns of aggressive antisocial behaviors

### **7.1.4 Situational action theory and intimate partner violence**

It has traditionally been perceived that IPV is a unique form of violence provoked by extraordinary dynamics (Dobash & Dobash, 1980; Straus,

Gelles & Steinmetz, 1980) and that it is a complex phenomenon in need of a specialized theory separate from other forms of violent crime. Thus, structural theories have taken a prominent position in explaining the causes of IPV, but, there are however potential complements to be made by adding individual factors and characteristics of the situation into the equation (Wilkinson & Hamerschlag, 2005).

Viewing structural forces as having immanent explanatory value, and questioning the usefulness of a general theory of crime, are conceptions that are challenged by SAT. This theory states that the direct, imminent causes of (any) crime are to be found in the crime situation in which the crime propensity of the offender and the criminogeneity of the setting interact. Thus, SAT stresses the immediate crime situation as being the adequate target for the investigation, a theoretical tradition based on the assumption that the offender is a person with agency. Moreover, SAT argues that factors of indisputable impact on crime, such as poverty, segregation, and patriarchal values, are to be explored as causes of the causes, that is, not as direct causes but, rather, as influences on the causes. This is all done with the aim that once elements such as criminal propensity, criminogenic exposure, and their interplay can be identified and investigated, knowledge thereof will facilitate developing methods of crime prevention and interventions.

We investigated the potential meaningfulness of applying SAT to IPV by discussing four case vignettes. We concluded that SAT does provide the tools for a thorough investigation of situational determinants, and for investigating the causes of the causes (e.g., family relations, and gendered structural forces). We found it to be a potential contribution of value to IPV discourse, analyzing acts as a consequence of different causes: situational causes in collaboration with more constant causes, psychological traits of the individual, and factors such as societal values and cultural upbringing. We further suggested that the moral norms upheld by IPV offenders are an under researched and interesting topic of investigation.

## **7.2 Summary and overall discussion**

Our findings can be further understood in the context of three major theoretical perspectives in criminology and IPV research: the need for IPV typology as suggested by Holtzworth-Munroe and Stuart (1994), Johnson (1995), and others; the theory of criminal versatility (Piquero, 2000); and the dual taxonomy interpretation of the crime age curve (Moffitt, 1993).

In the early studies of IPV during the 1970s, research was conducted by comparing IPV offenders to non-violent men. However, it was soon recognized that treating either group as homogeneous (i.e., IPV offenders on the one side, and non-violent men on the other) led researchers to disregard that the differences concerning important variables such as attitudes towards women, were larger within groups than between groups. In one of the first typologies to be constructed (Saunders, 1992), found that the variability of such attitudes among IPV men was distributed bimodally (i.e., one group had liberal attitudes with regards to gender equality and the other had conservative attitudes with regards to gender equality). On the same note, IPV offenders were found to vary along important dimensions including severity of violence, anger, depression, and alcohol abuse. In 1994, Amy Holtzworth-Munroe and Gregory Stuart performed a literature review of all empirically based previous typologies that had been produced to this date. This review led to the development of the Developmental Model of Batterer Subtypes, a typology based on three descriptive dimensions: severity of marital violence; generality of the violence (towards the partner or others); and psychopathology/personality disorders. These three dimensions were consistently found in the studies included in the literature review. As previously mentioned in the Introduction, one of the subsets of IPV offenders consists of the so-called “generally violent antisocial offender.” The subset was described as moderate to severe in its use of partner violence. The violence used included both psychological and sexual abuse. The subset was further characterized as having the most extensive history of related criminal behavior among the IPV offenders and as being most likely to have problems with alcohol and drug abuse and, potentially, to have an antisocial personality disorder (Holtzworth-Munroe & Stuart, 1994). Our findings support the existence of a subset of generally violent antisocial offenders who are violent towards his partner as well as others.

When investigating violence, distinctions can be made, based on severity and frequency. The potentially most frequent and least injurious form of violence is called “situational couple violence” (also known as “situational violence”; Johnson, 1995), and is perpetrated by both partners nearly equally. At the other end of the IPV continuum is “intimate terrorism” (Johnson, 1995). This is characterized by sexual violence and coercive control as well as emotional and psychological abuse. Intimate terrorism is theorized as escalating over time, not being mutual, and being more likely to end in serious injury. Based on the results presented in this thesis, we propose that DVOs in prison are potentially at risk of becoming intimate terrorists.

However, the goal to characterize the group of DVOs was not achieved by comparing prevalence of risk factors between this group and other groups of young offenders with other victims. The similarities between offender groups might be associated to the theory of criminal generalization. Although there is still disagreement among researchers as to what degree specific offenders specialize in specific crimes as offenders, as a rule offenders are generalists in crime. Findings in support of crime specialization have shown that gender and age are factors contributing to the division into specialization (Tumminello, Edling, Liljeros, Mantegna & Sarnecki, 2013). However, in the perspective of an individual's life crime career, generalization in crime involvement is revealed. Support for the theory of criminal generalization is convincingly established in studies by Gottfredson and Hirschi (1990), McGloin, Sullivan, and Piquero (2009), and Piquero (2000). In exploring a potential overlap between IPV and other forms of criminal violence, Piquero, Theobald, and Farrington (2014) showed that there is indeed significant overlap between committing any kind of violence, and that high-rate offending trajectories have increased odds of committing both criminal violence and IPV. This would imply that the value in dividing offenders into groups using current conviction as a divisional factor can be debated.

Among the group of young men in prison, although they were more alike than different when grouped according to current conviction and victim relation, we discerned the existence of two distinguishable sets of young offenders, with quite separate backgrounds and characteristics. Similar groups have been established in previous research: The "dual taxonomy" of offending behavior was a term first suggested by Terrie Moffitt (1993). It was primarily developed as an interpretation of the crime age curve (see Introduction). To what extent the curve is explained by changes in the prevalence of offenders or changes in individual frequency of offending is unclear (Lauritsen, 1998; Piquero, Farrington & Blumstein, 2007). Moffitt suggests that the curve can be disaggregated into a smaller group consisting of individuals who have been exhibiting problematic behaviors from childhood, the life course persistent group, and a larger group consisting of individuals who are criminally active during adolescence only. Moffitt further shows that the underpinnings of the LCP group are largely due to childhood-onset neurodevelopmental deficits, while the criminal activities of the AL group are due to transitory adolescent immaturity. Although to establish occurrence of LCP and AL groups there is a need for longitudinal data, it can still be suggested that regarding background and psychological characteristics, the LAV cluster can be said to correspond to the AL group of offenders, while the HAV cluster corresponds to the LCP group. Whereas LCP offenders have an early onset of criminal behavior, and their criminal

careers escalate into more severe offences, most AL offenders desist from further criminal activities when entering young adulthood, with only a few continuing their involvement in criminal activities throughout adult life, but to a lesser degree than the LCP group.

The overall findings of the results presented in this thesis define the young offender of DV/IPV as an offender previously well known in research; that of a young man from an impoverished background in the outskirts of society. A contribution that we want to make to the discourse of IPV is that his equity of violence can, and will be used not only towards young men with similar violent tendencies as himself, but also towards a partner. We challenge the notion that IPV must be regarded as a unique form of violent crime, and acknowledge that it, in fact, should be investigated and treated as other forms of violent crime. We further propose that violence to a large extent is elicited by factors in a situational context, and that research should turn more focus on investigating the immediate causes emerging in the situation of violent crime. In order to reduce violent crime, factors influencing the situation, such as crime propensity of the individual and exposure to the criminal setting, must be tackled.

## **7.3 Limitations**

### **7.3.1 Design**

The overall limitations of the work presented in this thesis mainly concern issues related to the design of the study. Cross-sectional studies are primarily developed to establish prevalence, and measurements are taken at only one time point (hence, they are often referred to as “snapshots” (Levin, 2006). Although the design of a cross-sectional study has allowed for capturing in-depth information on participants, it will not allow for any conclusions to be drawn regarding cause and effect. However, although causal relationships are suggested to exist as they are commented upon in the Discussions in three of the included studies (Study I–III), we have been cautious in drawing such conclusions

### **7.3.2 Measures**

In the case of both the Gothenburg Forensic Neuropsychiatric Project and the Development of Aggressive Antisocial Behavior Study material, there was a risk of self-rating bias, with the retrospective reporting of, for example, aggressive behaviors during the participants’ lifetime being subject to some degree of underreporting, due to problems of recall or due to shame in

revealing prior acts of delinquency or misdemeanor. The existence of such a risk is evident; however, the use of interviews, performed by licensed clinical psychologists, with the study participants, and collateral sources of information as well as information from files, may counteract some of these risks. A cross-sectional design can furthermore give rise to problems of multicollinearity.

### **7.3.3 Definitions**

A further limitation pertains to definitions. We have defined the same behavior by using different denominations: In study II, we used the term “dating violent offender,” whereas for the participants of the DAABS who answered to the Psychological and Physical Partner Abuse Scale, we used the term “intimate partner violence.” This may potentially cause confusion. However, in Study II, the aim was to characterize the offender as defined by the conviction (of violent crime towards a partner), a subset of violent crime. In Study III, we investigated the overarching concept of partner abuse and aggressive antisocial behavior.

One other main limitation concerns the fact that our data does not contain any information about the seriousness or level of commitment of the relationship between the offender and the victimized partner. However, the classification of the index crime victim being a “partner” came about after interviewing the offender, and after checking this information against information drawn from the written court reports.



## 8 THEORETICAL IMPLICATIONS AND FUTURE RESEARCH

### 8.1 Making distinctions

In the year 2000, Michael Johnson and Kathleen Ferraro, both prominent researchers in the field of IPV research, authored a paper presenting an overview of the extensive literature that had been produced in the field of IPV research during the 1990s. Based on the overview, they concluded that there were two themes that had emerged that deserved special attention. It should be noted that Johnson and Ferraro responded to the issue of gender symmetry; findings that IPV is committed equally frequent between the sexes. The first theme was described as making distinctions. “Partner violence cannot be understood without acknowledging important distinctions among types of violence, motives of perpetrators, the social locations of both partners, and the cultural context in which violence occurs” (Johnson & Ferraro, 2000, p. 948). The other theme was the issue of coercive control; the concept of IPV also refers to violating victims’ freedom, or sense of self. It does not only concern the bodily integrity of the victim.

In the works of this thesis we have argued for the necessity of making distinctions in that we emphasize the importance of recognizing the amount and severity of aggressive antisocial behaviors associated with the dating violent offender. We have shown that factors valued as important with regard to violence in general, are equally prevalent in the group of IPV offenders; however we found it hard to make meaningful distinctions purely based on current conviction since comparisons based on this did not generate distinguishing results. We think that making distinctions is urgent in other areas of IPV research, other than the issue of gender asymmetry, such as the area of offender characteristics. For future research we propose that an IPV offender typology for the Swedish context is made a goal since IPV is a diverse phenomenon and the group of offenders being heterogeneous. The typologies referred to in this thesis are all from North America (Gottman, Jacobson, Rushe & Shortt, 1995; Holtzworth-Munroe & Stuart, 1994; Johnson, 1995; Saunders, 1992), and they were developed during the 1990s, and has neither been updated nor validated for a Swedish context. Additionally, it would be of significance if such a typology was produced together with investigations of situation-specific determinants.

Our findings, based on small samples, would greatly benefit from being further explored in larger samples and they summon for further research of violence among young. This need have also been addressed by the SBU. In a report commenting international surveys regarding violence in close relationships among the young (SBU, 2016b), it was underlined that interventions to prevent violence in young relationships was of special urgency in order for the chain of violence to be broken in early stages. However, the conclusions of the international report presented by SBU suggested that interventions should primarily be directed towards teenagers in school and community settings. Our findings emphasizing the significance of early onset of behavior problems call for even earlier interventions, already among children in preschool or day care. As such, they are in concordance with suggestions presented in several studies by Nagin and Tremblay (1999) Brame, Nagin and Tremblay (2001), Tremblay et al. (2004). The majority of individuals will accomplish the ability to restrain from the use of physical aggression and to use other alternatives in order to cope with frustration before the age of entering primary school. If not, these deficits will predict trajectories of aggressive antisocial behavior into adolescence and adulthood (Tremblay, 2000).

The first three studies presented in this thesis have been focusing on, and given support to, the established impact that mental health problems carry on aggressive antisocial behaviors. As was suggested by the fourth study in this thesis, a theoretical framework is needed in order to expand the knowledge of individual level risk factors, to include situational risk factors and consider additive and mediating effects that interplay in the crime situation. We thus maintain that future research should not only consider correlates of offender characteristics and crime, or the mapping of situational factors, even though such factors are highly relevant for crime outcome, but also focus on how these factors interplay in order to reach a deeper understanding of why individuals choose to engage in criminal activity.

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Endless are the quotes of the significance of the journey rather than the reaching of a destination. Even though they, in essence, all contain a kernel of truth, when achieving a goal, you are not sure as to whether you are still on the move. Journeys and goals are intertwined also in that way. I would not have stayed on this road, even less have reached a destination, if it had not been for the supervision of Thomas Nilsson. His course has been steadfast, onward in direction, never wavering. At the same time, I have been unleashed, free to wander off into barren lands, and, not only occasionally, gone astray following flimsy pursuits that turned out to have no scientific bearing. Allowing freedom to fail is a sign of solid pedagogical trait. As a person, he is genuinely unimpressed by social positions or outer showings of success. Hence, he remains the quintessential of the Swedish odalman “nobody’s slave and nobody’s master“, as portrayed by Erik Gustaf Geijer in the poem Manhem (1811)

“/...med lugn för Gud och man, han gick sin stig.  
Sig sjelf sitt värn, han visste andra skydda,  
Och kungasöner växte i hans hydda”.

When, for a while, I found myself in times of trouble, Susanna Radovic, my second supervisor, came to my rescue. With Wonder Woman powers, she inhaled spirit into a dead and stranded project that subsequently came back to life. I am still in awe. There is no need to fear her wit and sharp, effortless intellect as she combines them with warmth and humor. Under her attentive leadership the Centre of Ethics, Law and Mental Health (CELAM) has become a beehive of intellectual quests and endeavors. It has been a privilege to partake.

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Growth in itself is a mystery. "Night and day, whether he sleeps or gets up, the seed sprouts and grows, though he does not know how." (Mark 4: 27).



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