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A Comparison of Impulsive and Instrumental Subgroups of Batterers

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Tweed, R. G., & Dutton, D. G. (1998). A comparison of impulsive and instrumental subgroups of batterers. *Violence and Victims, 13*, 217-230.

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Abstract

Previous research on subtypes of batterers has revealed at least two distinct types of batterers. One group (Type 1) demonstrated suppressed physiological responding during conflicts with their wives, tends to use violence in non-intimate relationships, and to manifest Millon Clinical Multiaxial Inventory (MCMI-II) scale elevations on the Antisocial and Aggressive-Sadistic scales. The second group (Type 2) manifested violence in the intimate-relationship only. The current study extends our knowledge of these two groups by using a cluster analysis to assess personality disorder and then relating the results to the man's attachment style, anger, trauma scores, and scores on a self-report of Borderline Personality Organization (BPO). An instrumental group (Type 1) showed an Antisocial-Narcissistic-Aggressive profile on the MCMI-II and reported more severe physical violence. An impulsive group (Type 2) showed a mixed profile on the MCMI-II with Passive-Aggressive, Borderline, and Avoidant elevations, high scores on a self-report of BPO, higher chronic anger, and Fearful attachment. Both types of abusive men reported a Preoccupied attachment style, but only the Impulsive men reported an accompanying Fearful attachment style.

A Comparison of Impulsive and Instrumental Subgroups of Batterers

Studies of domestic violence have progressed beyond simple profiling of the abusive male to the recognition that batterers are not homogenous. Recent research has differentiated types of wife batterers and has applied these typologies to discussion of both causation and treatment of men involved in domestic violence (e.g., Dutton & Starzomski, 1994; Saunders, 1992; Hamberger & Hastings, 1986, Holtzworth-Munroe & Stuart, 1994).

Previous Typologies of Men Who Abuse

A number of independent studies of batterer populations have generated three subgroups of batterers: overcontrolled-dependent, impulsive-borderline and instrumental-antisocial (Holtzworth-Munroe, & Stuart, 1994, Hamberger & Hastings, 1985). The overcontrolled-dependent differ qualitatively from the other two groups in that their violence is, by definition, less frequent and they exhibit less florid psychopathology (Hershorn & Rosenbaum, 1991). In a study of psychophysiological functioning of batterers, Gottman, Jacobson, Rushe, Short, Babcock, La Tallaide and Waltz (1995) established differential patterns of psychophysiological reactivity in what they termed “antisocial” (Type 1) batterers and “impulsive” (Type 2) batterers. The focus of the present study is on these two groups of batterers both of which have more frequent violence and more obvious psychopathology than the overcontrolled batterers.. To clarify the varying nomenclatures of the studies to be reviewed, we will use the terms impulsive to indicate Type 2 batterers and instrumental to indicate Type 1.

Hamberger and Hastings (1985; 1986) factor analyzed the Millon Clinical Multiaxial Inventory for batterers, yielding three factors which they labeled “schizoid/borderline” (cf. Impulsive), “narcissistic/antisocial” (instrumental), and “passive/dependent/compulsive” (overcontrolled). Men high only on the impulsive Factor were described as withdrawn, asocial,

moody, hypersensitive to perceived slights, volatile and over-reactive, calm and controlled one moment and extremely angry and oppressive the next - a type of “Jekyll and Hyde” personality. The associated DSM-III diagnosis was Borderline Personality. Men high only on the instrumental factor exhibited narcissistic entitlement and psychopathic manipulateness. Hesitation by others to respond to their demands produced threats and aggression. Figure 1 shows parallels between this and later classifications.

Insert Figure 1 here

Saunders (1992) performed a cluster analysis of 182 men being assessed for treatment for wife assault and reported on 13 potential differentiating variables. He too established a trimodal set of patterns described as Family Only (overcontrolled), Emotionally Volatile (impulsive), and Generally Violent (instrumental). His instrumental group (26% of the sample) reported severe abuse victimization as children but low levels of depression and anger. They were violent both within and outside the marriage. The impulsive group (17% of the sample) was the most psychologically abusive and had the highest anger and depression scores.

Holtzworth-Munroe and Stuart (1994) published a review of previous studies clustering men involved in domestic violence, reiterating the tripartite typology of batterers and again describing instrumental and impulsive batterers. The impulsive batterers (which they labeled Dysphoric/Borderline) primarily confine violence to their family and carry out moderate to severe violence. These batterers are emotionally volatile (and were so labeled by Saunders, 1992), psychologically distressed, have Borderline and Schizoid personality disorders (Hamberger & Hastings, 1986), elevated levels of depression, and are more likely to have

substance abuse problems. Holtzworth-Munroe and Stuart (1994) estimate that impulsive batterers make up 25% of treatment samples. The instrumental cluster, (called Generally Violent/Antisocial batterers) engage in more violence outside the home than the other abusive men and carry out moderate to severe violence. They may have an antisocial personality disorder or psychopathy and may abuse alcohol and/or drugs. Their use of violence is frequently instrumental. Holtzworth-Munroe and Stuart (1994) suggest that this group makes up 25% of all batterers. Both groups, according to Holtzworth-Munroe and Stuart, engage in moderate to high levels of psychological and sexual abuse.

Hamberger, Lohr, Bonge, and Tolin (1996) provided an important test of the Holtzworth-Munroe and Stuart (1994) model. They clustered batterers on the basic eight scales of the MCMI then examined the group means on a number of other variables. The analysis produced three main clusters and tended to support the model. The impulsive cluster produced MCMI profiles suggesting dysphoria and the instrumental cluster produced a profile suggesting antisocial personality disorder. The instrumental men were the most generally violent, but the impulsive men were more frequently violent in their intimate relationship.

Gottman, Jacobson, Rushe, Short, Babcock, La Taillade, and Waltz (1995) recruited a “severely violent sample” of couples in which male-perpetrated battering was occurring. The psychophysiological responding of these men was monitored *in vivo* while arguing with their partners in a laboratory conflict. Two distinct patterns of psychophysiological responding were obtained. Type 1 batterers demonstrated heart rate decreases during intimate conflict. They were also more likely to be generally violent and to have scale elevations on the Millon Clinical Multiaxial Inventory (version 2) for Antisocial and Aggressive-sadistic behavior.

The Abusive Personality

In a series of studies on what he called the “abusive personality”, Dutton and his colleagues described a number of associated psychological features of abusiveness (Dutton, 1995a; 1995b). These included a fearful attachment style (Dutton, Starzomski, Saunders, & Bartholomew, 1994), high scores on a self report for borderline personality organization (BPO: Kernberg, 1975), high scores on chronic anger (Dutton, & Starzomski, 1994) and trauma symptoms (Dutton, 1995). With its basis in BPO with clinical signs of impulsiveness and emotionality in intimate relationships, the “abusive personality” described in this work seems more closely aligned with impulsive batterers and less with instrumental batterers. The purpose of the present study is to clarify the distinctions between impulsive and instrumental batterers, explore the extent to which instrumental batterers deviate from the profile previously labeled as the “abusive personality” on these associated features of abusiveness, explore the attachment style of both groups, and also to compare both types of abusers to a control group.

Attachment Styles

Attachment styles may be relevant for clarifying the differences between the instrumental abusers, the impulsive abusers, and control men. In particular, attachment styles may provide explanatory insight into the psychological processes underlying wife abuse. Attachment styles activate most strongly under conditions of stress (Ainsworth, Blehar, Waters, & Wall, 1978; Simpson, Rholes, & Nelligan, 1992). Distress within relationships, especially cyclically abusive relationships, would strongly activate the participant's attachment style which in turn could play a role in the pattern of violence.

Previous findings of dependency in maritally violent men further suggest the importance of attachment patterns. In particular, abusive men have reported higher preoccupation with their wives (Holtzworth-Munroe & Stuart, 1997), higher interpersonal dependency, higher spouse-

specific dependency (Murphy, Meyer, & O'Leary, 1994), and higher scores on a reasons for staying in relationship scale (Barnet, Martinez, & Bluestein, 1995) than both satisfied and dissatisfied nonviolent married men.

Bartholomew and Horowitz' (1991) developed a four category theory of adult attachment style, based on two levels (positive, negative) of two hypothesized internal models: an internal model of self and an internal model of others. Persons with positive internal models of both self and others display a Secure attachment style. They are comfortable with both intimacy and autonomy because they have a high view of both self and others. Persons with a negative internal model of self and positive internal model of others have a Preoccupied attachment style. People with a Preoccupied attachment style seek self-acceptance by achieving recognition from others and tend to continually strive to get relationally closer to others, sometimes to the detriment of the relationships. People who have constructed a negative model of others and a positive model of self are considered to be Dismissing in their attachment style. People with Dismissing patterns of attachment are described as counterdependent and deny their need for intimacy. Finally, those holding negative models of self and others are considered to be Fearful in attachment style, meaning that they fear intimacy.

Impulsive men are most likely to have violence that is relationship-specific. Dutton (1995c) argued that Fearful attachment is the basis of the focus of their rage. They experience extreme rejection anxiety which converts to rage and is impulsively expressed in order to diminish tension. With a group similar to Holtzworth-Munroe and Stuart's (1994) Dysphoric/borderline group, Saunders (1992) found the least marital satisfaction and highest jealousy. Others (Elbow 1977 and Caesar, 1986 as cited in Holtzworth-Munroe and Stuart, 1994) also have described a similar group of men who were needy/clingy and wanted their wife to

depend on them. This pattern of behavior suggests a low internal model of self, and in conformity with this, Holtzworth-Munroe and Stuart (1994) predict that this group will show a Preoccupied attachment style. We expected to find a preoccupied or fearful attachment style among this group.

In contrast, instrumental men tend not to bond and treat relationships as though they were expendable. Their violence, for this reason, is not focused exclusively on intimate relationships, but is an extension of a general habit. Generally violent abusers have shown moderate marital satisfaction (Saunders 1992), failure to achieve relational reciprocity, and a tendency to view the partner as an object (Elbow 1977 and Caesar 1986 as cited in Holtzworth-Munroe and Stuart, 1994). These findings suggest a low internal model of others and a corresponding Dismissing attachment style. The Dismissing style of attachment is in fact what Holtzworth-Munroe and Stuart (1994) predict for this group and what we expected to find. The instrumental men also were expected to report lower levels of dysphoria including lower levels of anger and depression than the other abusive men.

The current study extends previous research on clusters of abusive men by further exploring associated features of abusiveness including attachment style in clusters of impulsive and instrumental batterers. The study also includes a control group, so abusive men can be compared to non-abusive men, and in addition to attachment style, the analyses also examine measures of personality disorder, anger, socially desirable responding, and trauma symptoms.

Method

Subjects

The 79 physically abusive men in this study had all been referred to treatment for domestic violence and were an average of 35 years old with an average of 13 years of education.

The scales were administered as part of an intake assessment. A control sample of 44 working class men was contacted through a local union representative. The control sample had an average age of 36 and an average of 12 years of education. This sample was selected to provide a relatively non-violent demographically matched control sample. Nonetheless, it is unlikely that the control sample was completely nonviolent in their relationships with their spouses.

Measures

1. The Relationship Styles Questionnaire (RSQ). Griffin and Bartholomew (1994) developed this 30-item self-report test to measure four attachment styles: Secure, Fearful, Preoccupied, and Dismissing. The test is built upon a theoretical orientation suggesting that all persons possess an internal model of self and an internal model of others. Each person's attachment style is determined by the nature (positive or negative) of these models. In this conceptualization of attachment, Secure attachment reflects positive internal models of both self and others. Fearful attachment, in contrast, results from negative models of both self and others. Dismissing attachment comes from a negative model of others and positive model of self, and Preoccupied attachment reflects models opposite to those underlying Dismissing attachment. Griffin and Bartholomew (1994) reported convergent validity between the RSQ and interview based measures of the attachment styles.

2. Millon Clinical Multiaxial Inventory-II (MCMI-II). The MCMI-II (Millon, 1987), a 175-item self-report inventory, was designed to assist psychologists, psychiatrists and others making assessment and treatment decisions for persons with interpersonal and emotional problems. The scales on this test were designed to measure various DSM-III-R Axis I and II disorders.

Millon (1987, p. 209-210) suggests that scores over 75 on the clinical syndromes (scales

A through T) and severe syndromes (scales SS through PP) are suggestive of a disorder, and scores over 85 provide strong evidence for a disorder. For the severe personality pathologies, scales S through P, scores over 75 suggest moderately severe levels of chronic personality functioning, and scores over 85 suggest a more decompensated personality pattern. Millon also suggests examination of the highest two or three basic clinical personality pattern scale scores, scales 1 through 8B.

3. Conflict Tactics Scale (CTS). The CTS (Straus, 1979) is a standardized scale designed to measure the frequency and severity of 19 tactics used in dyads to resolve conflict. These tactics are grouped into subscales assessing reasoning, use of verbal/symbolic abuse, physical abuse, and severe physical abuse. The current study uses the men's self-reported severe physical abusiveness (items o to s; possible range 0-30) and total physical abusiveness (items l to s; possible range 0-48). We report both raw scores and scores corrected for socially desirable responding. The social desirability correction was accomplished by regressing the CTS scores on the Marlowe-Crowne scale, then for each case, subtracting from the CTS scores, that portion predictable from the Marlowe-Crowne socially desirable responding score (see Saunders, 1991).

4. Multidimensional Anger Inventory (MAI). The MAI (Siegel, 1986) is a 30-item self-report scale assessing the following dimensions of anger response: frequency, duration, magnitude, mode of expression, hostile outlook, and range of anger-eliciting situations. Siegel (1986) reports the results of a factor analysis of this scale, the reliability of its subscales (alphas = .51 to .83) and the scale as a whole (alpha equal to .84 and .89) for two separate samples. Alphas within these ranges were also obtained for the current sample.

5. Borderline Personality Organization Scale (BPO). This 30-item self-report instrument for Borderline Personality Organization (Oldham, Clarkin, Appelbaum, Carr, Kernberg,

Lotterman, & Haas, 1985) was derived through factor analysis of a 130-item questionnaire designed by the authors. The 30-item scale retains items with the strongest factor loadings for each of the three subscales of identity diffusion, primitive defenses, and reality testing (Cronbach's alpha = .85, .87, & .80). The BPO scale has been shown to be correlated with frequency and severity of violence in abusive men (Dutton, 1994) and with psychological abusiveness as reported by their wives (Dutton, & Starzomski, 1993).

6. Trauma Symptom Checklist (TSC-33). The TSC-33 (Briere & Runtz, 1989) is a 33-item instrument that has been shown to discriminate victims of childhood sexual abuse from nonvictimized respondents for both females (Briere & Runtz, 1989) and males (Briere, 1992). The TSC-33 contains five subscales: Dissociation, Anxiety, Depression, Post-sexual abuse trauma-hypothesized (PSAT-hypothesized), and Sleep disturbance, with an average subscale alpha of .71 and a total alpha for the TSC-33 of .89 (Briere & Runtz, 1989). The Checklist is not a direct measure of trauma, but a self-report of symptoms that may be consistent with trauma.

Analyses

Cluster analysis is an empirical method of classifying cases into homogenous groups. We chose five input variables to create the clusters. We chose the Antisocial scale (6a) on the MCMI-II and the Total Physical tactics scale on the CTS (corrected for socially desirable responding according to the method described above) to bring out the Generally Violent/Antisocial cluster. Ideally, we would have included a corroboration measure of violence outside the home to bring out this cluster, but we lacked a satisfactory measure of this construct. To bring out the Dysphoric/Borderline cluster, we included the Borderline personality (C), Schizoid personality (1), and Major Depression (CC) scales on the MCMI-II. We didn't include any variables specifically to load positively on the Family Only cluster, but instead, we allowed

this cluster to be brought out by negation on the other input variables.

Average distance between members of groups, the most common method of cluster analysis (Romesburg, 1984, p. 15), was used initially in our analysis, but the dendrogram showed that the method failed to produce a small number of clearly distinct clusters. Dendrograms are tree diagrams displaying the multivariate distance at which particular cases and sub-clusters have been grouped together. We then relied upon the complete linkage method of cluster analysis. This method minimizes the squared Euclidean distance between the two most disparate members within each cluster and produced a small number of clearly distinct clusters on the input variables.

T-tests were conducted comparing the abusive clusters on the MCMI-II scales (the control respondents did not complete the MCMI-II). ANOVA's were conducted comparing the two larger clusters and controls on attachment, trauma, and other variables. We used Fisher's least significant difference method at $\alpha = .05$ for the pairwise comparisons. This method holds alpha for each ANOVA at the nominal level when no more than three groups are being compared (Howell, 1987, p. 344).

Results

The clustering procedure produced two distinct clusters which approximated those discussed in the introduction. We labeled the clusters Instrumental ($n=32$), and Impulsive (Impulsive; $n=38$). Other men (9) did not fit either cluster.

Comparison on input (cluster determining) variables

Table 1 presents the mean values for the input variables. These input variables are the variables used in determining the clusters. When we consider the input variables alone, the cluster we have labeled Instrumental had notably high means on the Antisocial scale of the

MCMI-II and on the Severe Physical tactics scale of the CTS. The mean of 89 on the Antisocial scale of the MCMI-II is above Millon's most stringent absolute cut-off for diagnosis (Millon, 1987, p. 209-210).

The Impulsive cluster produced a mean of 1.19 on the Severe Physical Tactics scale, suggesting that they report engaging in less severe physical abuse than the Instrumental cluster, and produced high means of 84 on the Antisocial and 82 on the Borderline scales of the MCMI-II and a moderately high mean of 73 on the Schizoid scale.

Comparison on MCMI-II scales

Table 2 shows means and inferential comparisons of the two clusters on the 25 scales of the MCMI-II. The overall MCMI-II profile of the Instrumental cluster shows similarity to Millon's reported median profile (from his larger sample) for persons with Antisocial Personality Disorder (Millon, 1987, p. 150). Both the Instrumental and Millon's reported median profile for Antisocial Personality Disorder had their highest scores on the Narcissistic, Antisocial, and Aggressive scales. The MCMI-II results suggest that people in this cluster are in some sense typical of persons with Antisocial Personality Disorder.

The pathology of the Impulsive cluster appears more encompassing than that of the Instrumental cluster. The Impulsive cluster scored significantly higher on 11 of the 25 MCMI-II scales than did the Instrumental group. The Impulsive cluster while having Antisocial tendencies like the Instrumentals is less typical of Antisocial Personality Disorder according to Millon's (1987, p. 150) median profile because the Impulsive cluster's profile shows a) presence of mixed psychopathology including possibly Schizoid, Avoidant, Self-defeating, Borderline, and Dysthymic tendencies and b) absence of elevation on the Narcissistic and Histrionic scales. The dysthymic, schizoid, and borderline tendencies are suggested by the Holtzworth-Munroe and

Stuart (1994) model. Saunder's term for his Cluster 2, "Emotionally Volatile" captures the clinical makeup of this group.

The debasement scale is often elevated and the desirability scale often depressed in persons reporting numerous symptoms, so group differences on these scales may merely reflect the greater number of symptoms affirmed on the questionnaire by the men in the impulsive cluster than by men in the instrumental cluster. The groups also differed on the anxiety and thought disorder scales, but neither group approached a mean value suggestive of an independent diagnosis for these disorders.

Additional comparison variables

Table 3 shows means for clusters of abusive men and controls on attachment styles, conflict tactics, demographics, BPO total, trauma symptoms, MAI Total Anger, and the Marlowe-Crowne measure of socially desirable responding. The table does not include MCMI-II scales because control men did not complete this measure.

The three groups compared in Table 3 (Instrumental, Impulsive, and Control men) do not differ on the demographic variables of age and education, but differ on most other measures. The Borderline Personality Organization total score differentiates the groups, $F(2, 111) = 8.34, p < .001$, with the Impulsive cluster scoring significantly higher than the other two groups. Their mean score was 75 on the BPO; Oldham et al. (1985) report a mean score of 74 for independently diagnosed borderlines. The Total Anger score on the MAI also differentiates the groups, $F(2, 108) = 5.28, p = .006$, but pairwise comparisons showed only that the Impulsive group reported more anger than the Controls. Scores on the Marlowe-Crowne indicate that the groups differ in socially desirable responding, $F(2, 111) = 3.60, p = .030$, with the control men answering in a more socially desirable way than either of the two clusters of abusive men. This

difference could indicate that the control men are misrepresenting themselves or could indicate real differences in social acceptability of lifestyle between the groups. On the CTS, the Instrumental cluster reported more severe and more frequent violence than did the Impulsive cluster. The Impulsive cluster in turn reported more severe and more frequent violence than did the control sample. Our measure of trauma symptoms (TSC-33) differentiated the groups, $F(2, 94) = 19.02, p < .001$. The Impulsive cluster reported higher levels of trauma symptoms than either of the other groups. The TSC-33 is not a direct measure of trauma, but a self-report of symptoms that may be consistent with trauma.

Attachment style comparisons

Attachment means for the clusters and controls are also displayed in Table 3. The attachment variables clearly differentiated the comparison groups. The overall ANOVA for Secure attachment is significant, $F(2, 104) = 7.81, p = .001$, and pairwise comparisons reveal that the Impulsive cluster reported a less Secure attachment style than either the Instrumental or Control groups. Somewhat surprisingly, the Instrumental group's mean score for Secure attachment did not significantly differ from the mean score for the Controls. This indication of attachment difficulties specific to the Impulsive cluster is further supported by their high scores on the Fearful attachment scale. The ANOVA for Fearful attachment was significant, $F(2, 102) = 5.24, p = .007$, and pairwise comparisons showed that Impulsive batterers reported the highest level of fearful attachment. Pairwise comparisons show that both abusive clusters reported a significantly more Preoccupied attachment style than the controls. These results suggest that both types of abusive men report a Preoccupied attachment style, but only the Impulsive men report an accompanying Fearful attachment style.

Discussion

On virtually all measures that involve affect (Dysthymia, Depression, and Anxiety), Instrumental men score below other groups yet report high violence scores. Hare (1993) has reported psychopaths as low in affect. Jacobson (1993) and Gottmann, Jacobson, Rushe, Short, Babcock, La Taillade, and Waltz (1995) reported a group of “vagal reactors” (also called Type 1), whose physiological reaction to intimate conflict indicated low autonomic arousal. The non-affective nature of this group’s violence underscores its cold “instrumental” character. Porter (1996) suggested that individuals who were severely traumatized might learn to “turn off” their emotions as a coping mechanism and later emerge with a psychopathic personality disorder. One might expect this tendency to be reflected in a Dismissing attachment style among the Instrumental batterers, but such a style would not motivate a high investment in a troubled relationship and would not motivate extensive ongoing effort in using violence to control a noncompliant partner’s behavior. These men instead reported a preoccupied attachment style. Saunders (1992) reported rigid conservative attitudes toward women among this type of batterer suggesting that these men, if they are preoccupied, are preoccupied with attaining a relationship in which they dominate and control their partner. We expect that the type of intimacy with which they are preoccupied is not intimacy as defined by much of the general population. We expect that an ability to control their partner is central to their working definition of intimacy. They use violence instrumentally to enforce this type of relationship with which they are preoccupied.

Impulsive males differed from both Instrumental and Control men by being less Secure and more Fearful. This finding is consistent with an attachment basis for “borderline” abusiveness (cf. Dutton, Saunders, Starzomski, & Bartholomew, 1994). The Impulsive group also scored significantly higher than the other groups on a self-report scale of Borderline

Personality Organization (Oldham, Clarkin, Appelbaum, Carr, Kernberg, Lotterman, & Haas, 1985). As Dutton, Saunders, Starzomski, and Bartholomew (1994) found, a subgroup of borderline batterers exists with strong accumulations of tension/affect and attachment dysfunction. The combination appears to drive what Walker (1979) described as the “cycle of violence”, a three phase dynamic of tension-buildup, abusive outburst and calm respite. The expression of this buildup within the intimate bond possibly has attachment origins (Dutton, Saunders, Starzomski, & Bartholomew, 1994). A caveat is in order however; self report scales of attachment have low correlations with attachment interviews (Griffin & Bartholomew, 1994). Reports based on self-report measures require subsequent confirmation through studies employing attachment interviews.

Consistent with Hare’s (1993) work on psychopaths, the Instrumental group appears to either repress, underdetect, or not experience affect. Whether this is due to autonomic suppression, as suggested by Gottmann et al. (1995) or an organic neural defect (Hare, 1996) is unknown. Furthermore, they report trauma symptoms at a level not elevated above non-abusive controls on the Trauma Symptoms Checklist, a self-report of symptoms that may be consistent with trauma. The Instrumental men are either not experiencing, not aware of, or not willing to report trauma symptoms. The Impulsive cluster, on the other hand, reports elevated levels of symptoms consistent with prior trauma as well as symptoms of strong negative affect, including depression, anxiety, and anger. Their impulsivity, in fact, appears to be a set of actions designed to lower aversive internal tensions, including aversive arousal and the negative affect comprised of this arousal and the emotional labels attached to it (Dutton & Aron, 1989; Schachter & Singer, 1962). The Impulsive group appears to represent a pure example of what Dutton (1995c) termed the “abusive personality” whose abusiveness is intimacy-specific and is generated by a cognitive

pattern that blames the intimate partner for characterological dysphoria.

Scores on the Millon Clinical Multiaxial Inventory II revealed a general narcissistic-aggressive-antisocial profile for Instrumental men which is prototypic for men with antisocial personality disorder. Impulsive men also had elevations on the antisocial and aggressive scales, but did not match the prototypical MCMI-II profile for persons with antisocial personality disorder. We expect the impulsive men were elevated on the antisocial scale because the scale primarily assesses conduct disorder, which these undercontrolled men would display, rather than affective components that tend to accompany a more psychopathic form of antisocial personality disorder (Hart & Forth, 1991). The impulsive men also scored high on the borderline, avoidant and passive-aggressive scales. Dutton (1995) noted this profile as being related to early experiences with trauma and consequent PTSD which is registered on the MCMI as an “8 (passive-aggressive), 2 (avoidant), C (borderline)” profile. While Dutton (1995) noted this trauma background in assaultive males in general, the current cluster analysis reveals a more specific cluster for whom this MCMI profile is central. This Impulsive cluster demonstrates a profile of symptoms consistent with prior trauma victimization characteristic of borderlines (van der Kolk, 1987; Dutton, & Holtzworth-Munroe, in press). Their symptoms suggest that these individuals may have experienced unusual trauma in life possibly at the hands of their parents or other significant persons, or they may instead merely lack the ability to cope effectively with unexceptional events which would not induce trauma symptoms for most people.

Both the impulsive and instrumental patterns can and do result in abusiveness. The comparative levels of abusiveness remain unclear. Holtzworth-Munroe and Stuart (1994) predicted similar levels of marital violence among the instrumental (generally violent in their terms) and impulsive (dysphoric/borderline in their terms) clusters; Hamberger, Lohr, Bonge,

and Tolin's (1996) cluster analytic study supported this prediction of similar levels of violence. In the current study, the instrumental cluster reported more marital violence as measured by the CTS than the impulsive cluster.

Summary

The present study underscores the high prevalence of personality disorder in groups of batterers (see also Hamberger & Hastings, 1985; Hart, Dutton, & Newlove, 1993), but adds information on emotional and attachment profiles to the two factor distinction of the psychophysiological work of Gottman, Jacobson, Rushe, Short, Babcock, La Taillade, and Waltz et al. (1995). Only the instrumental men produced a mean MCMI-2 profile prototypic of a pure antisocial personality disorder. The impulsive men showed symptoms of antisocial personality disorder, but these symptoms were mixed with symptoms of numerous other emotional problems. Also, preoccupied attachment which has been shown previously among batterers (Holtzworth-Munroe & Stuart, 1997) seems to characterize both instrumental and impulsive batterers in the current sample.

As with all studies, this one has clear limitations. We have no guarantee that the control group was a completely nonviolent group. This makes them a less than ideal control group for some purposes. Also, another limitation is suggested by the self-report nature of the data collected. The self-reports provide valuable standardized measurements useful for grouping respondents into clusters, but interviews could provide important additional information on the nature of these different types of batterers. Future studies could benefit from the use of both self-report and interview methodology to corroborate and extend the findings of this study.

References

- Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). Patterns of attachments. Hillsdale, NJ: Erlbaum.
- Barnett, O. W., Martinez, T. E., & Bluestein, B. W. (1995). Jealousy and romantic attachment in maritally violent and nonviolent men. Journal of Interpersonal Violence, 10, 473-86.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. Journal of Personality and Social Psychology, 61, 226-244.
- Briere, J. (1992). Child abuse trauma: Theory and treatment of the lasting effects. Newbury Park, CA: Sage.
- Briere, J., & Runtz, M. (1989). The trauma symptom checklist (TSC-33): Early data on a new scale. Journal of Interpersonal Violence, 4, 151-162.
- Dutton, D. G. (1994). Behavioral and affective correlates of Borderline Personality Organization in wife assaulters. International Journal of Law and Psychiatry, 17, 26-38.
- Dutton, D. G. (1995a). Male abusiveness in intimate relationships. Clinical Psychology Review, 15(6), 567-581.
- Dutton, D. G. (1995b). Intimate abusiveness. Clinical Psychology: Science and Practice, 2(3), 207-224.
- Dutton, D. G. (1995c). The batterer: A psychological profile. New York: Harper Collins.
- Dutton, D. G., Starzomski, A. J., & Ryan, L. (1996). Antecedents of Borderline Personality Organization in wife assaulters. Journal of Family Violence, 11(2), 113-132.
- Dutton, D. G., & Aron, A. (1989). Romantic attraction and generalized liking for others who are sources of conflict-based arousal. Canadian Journal of Behavioural Science, 21(3), 246-

257.

Dutton, D. G., & Starzomski, A. J. (1993). Perpetrator characteristics associated with women's reports of psychological and physical abuse. Violence and Victims, 8, 327-337.

Dutton, D. G., & Starzomski, A. J. (1994). Psychological differences between court-referred and self-referred wife assaulters. Criminal Justice and Behavior, 21, 203-222.

Dutton, D. G., & Holtzworth-Munroe, A. (in press). The role of early trauma in males who assault their wives. Rochester Symposium No. 9.

Dutton, D. G., Saunders, K., Starzomski, A., Bartholomew, K. (1994). Intimacy-anger and insecure attachment as precursors of abuse in intimate relationships. Journal of Applied Social Psychology, 24, 1367-1386.

Gottman, J. M., Jacobson, N. S., Rushe, R., Short, J. W., Babcock, J., La Taillade, J. J., & Waltz, J. (1995) The relationship between heart rate reactivity, emotionally aggressive behavior and general violence in batterers. Journal of Family Psychology, 9(2), 116-131.

Griffin, D. W., & Bartholomew, K. (1994). The metaphysics of measurement: The case of adult attachment. In K. Bartholomew & D. Perlman (Eds.), Advances in personal relationships vol. 5: Attachment processes in adulthood (pp. 17-52). London: Jessica Kingsley Publishers.

Hamberger, L. K., & Hastings, J. E. (1985, March). Personality correlates of men who abuse their partners: Some preliminary data. Paper presented at the meeting of the Society of Personality Assessment, Berkeley, CA.

Hamberger, L. K., & Hastings, J. E. (1986). Personality correlates of men who abuse their partners: A cross-validation study. Journal of Family Violence, 1, 323-341.

Hamberger, L. K., Lohr, J. M., Bonge, D., & Tolin, D. F. (1996). A large sample empirical typology of male spouse abusers and its relationship to dimensions of abuse. Violence and

Victims, 11, 277-292.

Hare, R. D. (1993). Without conscience: The disturbing world of the psychopaths among us. New York: Pocket Books.

Hare, R. D. (1996). Psychopathy: A clinical construct whose time has come. Criminal Justice and Behavior, 23(1), 25-54.

Hart, S. D., & Forth, A. E. (1991). The MCMI-II and psychopathy. Journal of Personality Disorders, 5, 318-327.

Hershorn, M., & Rosenbaum, A. (1991). Over- vs. undercontrolled hostility: Application of the construct to the classification of maritally violent men. Violence & Victims, 6, 151-158.

Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. Psychological Bulletin, 116, 476-497.

Howell, D. C. (1987). Statistical methods for psychology. Boston, MA: PWS-Kent.

Jacobson, N. (1993, October). Domestic violence: What are the marriages like? Anaheim, CA: American Association for Marriage and Family Therapy.

Livesley, W. J., Jackson, D., & Schroeder, M. (1989). A study of the factorial structure of personality pathology. Journal Personality Disorders, 3, 292-306.

Millon, T. (1987). Millon Clinical Multiaxial Inventory-II (2nd ed.). Minneapolis: National Computer Systems Inc.

Murphy, C. M., Meyer, S., & O'Leary, K. D. (1994). Dependency characteristics of partner assaultive men. Journal of Abnormal Psychology, 103, 729-735.

Oldham, J. Clarkin, J., Appelbaum, A., Carr, A., Kernberg, P., Lotterman, A., & Haas, G. (1985). A self-report instrument for Borderline Personality Organization. In T. H. McGlashan (ed.) The Borderline: Current empirical research. The Progress in Psychiatry Series (p. 1-18).

Washington, DC: American Psychiatric Press.

Porter, S. (1996). Without conscience or without active conscience: The etiology of psychopathy revisited. Aggression and Violent Behavior, 1(2), 179-189.

Romesburg, H. C. (1984). Cluster analysis for researchers. Belmont, CA: Lifetime Learning Publications.

Saunders, D. G. (1991). Procedures for adjusting self-reports of violence for social desirability bias. Journal of Interpersonal Violence, 6, 336-344.

Saunders, D. G. (1992). A typology of men who batter women: Three types. American Journal of Orthopsychiatry, 62, 264-275.

Schachter, S., & Singer, J. (1962). Cognitive, social, and physiological determinants of emotional state. Psychological Review, 69, 379-399.

Siegel, J. M. (1986). The multidimensional anger inventory. Journal of Personality and Social Psychology, 51, 191-200.

Simpson, J. A., Rholes, W. S., & Nelligan, J. S. (1992). Support seeking and support giving within couple members in an anxiety provoking situation: The role of attachment. Journal of Personality and Social Psychology, 62, 434-446.

Straus, M. A. (1979). Measuring family conflict and violence: The Conflict Tactics Scale. Journal of Marriage and the Family, 41, 75-88.

van der Kolk, B. (1987). Psychological trauma. Washington, DC: American Psychiatric Press.

Walker, L. E. (1979). The battered woman. New York: Harper & Row.

Table 1
Input Variables for Cluster Analysis of Physically Abusive Men

	Instrumental		Impulsive	
	<u>n</u> = 32		n = 38	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<i>Millon Clinical Multiaxial Inventory (MCMI-II)</i>				
Schizoid (1)	39	22.8	73	14.7
Depression (CC)	48	9.6	63	21.7
Borderline (C)	68	7.8	82	12.2
Antisocial (6a)	89	16.6	84	20.5
<i>Conflict Tactics Scale (CTS)</i>				
Severe Physical (corrected for social desirability)	2.58	2.0	1.19	1.5

Note: CTS scores were corrected for socially desirable responding by regressing the CTS scores on the Marlowe-Crowne scale, then for each case, subtracting from the CTS scores, that portion predictable from the Marlowe-Crowne socially desirable responding score (see Saunders, 1991).

Table 2

Comparison of Instrumental and Impulsive Cluster Means on the Millon Clinical Multi-Axial Inventory (MCMI-II)

	Instrumental $n = 32$		Impulsive $n = 38$	T-test
Schizoid (1) ^{***}	39	<	73	($t=-7.63$, 68, $p<.001$)
Avoidant (2) ^{***}	44	<	83	($t=-6.67$, 68, $p<.001$)
Dependent (3)	28		40	($t=-1.74$, 68, $p=.087$)
Histrionic (4) ^{***}	78	>	55	($t=4.49$, 68, $p<.001$)
Narcissistic (5) ^{***}	86	>	68	($t=3.72$, 68, $p<.001$)
Antisocial (6A)	89		84	($t=1.20$, 68, $p=.235$)
Aggressive (6B)	90		82	($t=1.33$, 68, $p=.189$)
Compulsive (7)	51		54	($t=-.76$, 68, $p=.448$)
Passive-Aggressive (8A)	84		87	($t=-.56$, 68, $p=.577$)
Self-Defeating (8B) ^{***}	56	<	77	($t=-4.67$, 68, $p<.001$)
Schizotypal (S) ^{***}	53	<	67	($t=-3.62$, 68, $p=.001$)
Borderline (C) ^{***}	68	<	82	($t=-3.45$, 68, $p=.001$)
Paranoid (P)	61		62	($t=-.16$, 68, $p=.870$)
Anxiety (A) ^{***}	30	<	63	($t=-5.47$, 68, $p<.001$)
Somatoform disorder (H)	47		52	($t=-1.25$, 68, $p=.217$)

Bipolar-manic (N)	62		55	($t=1.59$, 68, $p=.117$)
Dysthymic (D) ^{***}	34	<	73	($t=-7.24$, 68, $p<.001$)
Alcohol Depend. (B)	65		70	($t=-1.23$, 68, $p=.223$)
Drug Depend. (T)	76		70	($t=1.48$, 68, $p=.142$)
Thought Disorder (SS) ^{**}	50	<	61	($t=-2.70$, 68, $p=.009$)
Depression (CC) ^{***}	48	<	63	($t=-5.71$, 68, $p<.001$)
Delusional Disorder (PP)	47		51	($t=-.81$, 68, $p=.423$)
Disclosure (X) ^{**}	65	<	75	($t=-2.66$, 68, $p=.010$)
Desirability (Y) [*]	58	>	48	($t=2.30$, 68, $p=.025$)
Debasement (Z) ^{***}	47	<	70	($t=-6.47$, 68, $p<.001$)

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 3

Means for Clusters of Abusive Men and Controls on Attachment, Trauma, and Other Variables with ANOVA's for the Two Larger Clusters and Controls

	1	2	3		
	Instrumental	Impulsive	Controls	ANOVA	Significant Pairwise Contrasts
	<u>n</u> = 32	<u>n</u> = 38	<u>n</u> = 44	<u>p</u>	
<i>Attachment:</i>					
Secure***	15.6	13.7	16.3	.001	1, 3 > 2
Fearful**	14.0	16.1	13.3	.007	2 > 1, 3
Preoccupied***	12.0	13.1	10.3	< .001	2, 1 > 3
Dismissing	15.6	15.1	15.8	.802	
<i>Conflict Tactics Scale:</i>					
Severe Physical Corrected*	2.58	1.19	-.08	< .001	1 > 2 > 3
Severe Physical*	2.56	1.16	.22	< .001	1 > 2 > 3
Physical Total Corrected***	7.08	4.41	1.04	< .001	1 > 2 > 3

Physical Total***	7.06	4.37	1.27	< .001	1 > 2 > 3
Age	34	36	36	.263	
Education	12	14	12	.075	
BPO***	63	75	62	< .001	2 > 3, 1
Anger	78	86	75	.006	2 > 3
Marlowe-Crowne*	13	13	16	.030	3 > 2, 1
Trauma Symptoms	19.6	34.0	17.4	< .001	2 > 1, 3

* $p < .05$ ** $p < .01$ *** $p < .001$

Note: Only the three larger groups (Instrumental, Impulsive, and Controls) are included in the inferential analyses presented in this table. Pairwise comparisons are conducted with $\alpha = .05$ when the overall ANOVA is significant; this procedure limits the familywise error rate for each ANOVA to .05 when as in this situation only three groups are being compared (Howell, 1987, p. 344). In the pairwise contrast column, #1 refers to the Instrumental cluster, #2 to the Impulsive cluster, and #3 to Controls.

Figure 1

Batterer Classification

<i>Hamberger & Hastings</i>	<i>Saunders</i>	<i>Holtzworth-Munroe</i>
Factor II Narcissistic/Psychopathic	Type 2 (Generally Violent)	Generally Violent/Antisocial
Factor I “Jekyll & Hyde” (Borderline)	Type 3 (Emotionally Volatile)	Dysphoric/Borderline

Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, *116*, 476-497.

Saunders, D. G. (1992). A typology of men who batter: Three types derived from cluster analysis. *American Journal of Orthopsychiatry*, *62*, 264-275.

Hamberger, L. K., & Hastings, J. E. (1986). Personality correlates of men who abuse their partners: A cross-validation study. *Journal of Family Violence*, *1*, 323-341.