

---

Symposium TA-1  
Thursday, July 27, 2006

## **Subtypes of Aggression in Intimate Partner Violence**

***M. S. Stanford and R. M. Baldrige, Department of Psychology and Neuroscience, Baylor University, Waco, TX 76798***



Violence occurs in 4 to 6 million intimate relationships each year in the United States. Past research has suggested that there exist subtypes of batterers differing in the nature of their violence. To test this hypothesis the present study used the Impulsive/Premeditated Aggression Scales (IPAS) and a battery of self-report measures (e.g., Psychopathic Personality Inventory, Personality Assessment Inventory) in a sample of men ( $n=113$ ) convicted of domestic violence and court ordered into an intervention program. Participants in the present study were characterized as either predominately impulsive (IA) or premeditated (PM) aggressive according to the IPAS. The IA group was comprised of 76 men (67%); the PM group was comprised of 37 men (33%). Consistent with previous studies the IPAS scales showed good internal consistency (Cronbach's alpha) in this population (IA:  $\alpha = 0.75$ , PM:  $\alpha = 0.86$ ). Analysis of demographic variables indicated no significant group differences in age or years of education. Chi-square analyses also indicated no significant differences between the IA and PM groups in distribution of marital status or ethnicity. Participants whose violence was classified as predominately premeditated scored higher in psychopathic traits (e.g., Fearlessness, Stress Immunity) than individuals whose violence was classified as more impulsive in nature. The two aggression groups were also found to differ on measures of psychopathology, with impulsive aggressive batterers showing higher levels of depression, drug/alcohol problems and personality disorder features. Given that impulsive aggressive individuals appear to be more responsive to pharmacological intervention and that psychopathic individuals are generally more resistant to mental health and criminal justice intervention, the classification of batterer subtypes has tremendous clinical, legal and policy implications.

*Communicating author:*  
*M. S. Stanford, Phone: 254-710-2236, Fax: 254-710-3033*  
*email: [Matthew\\_Stanford@baylor.edu](mailto:Matthew_Stanford@baylor.edu)*