

## THE RELATIONSHIP BETWEEN PERSONALITY DISORDERS AND DOMESTIC VIOLENCE IN FORENSIC CONTEXT

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**Abstract:** *Aim, methods and outcomes.* In this research, the mediators of domestic violence were approached from psychological, psychiatric, and forensic theoretical-experimental paradigm perspective, but also by studying working hypotheses issue regarding correlations between mediators (personality disorders) and participants' behavioral output from experimental perspective. The research included 3 samples: 2 control samples and one experimental sample. These are part of the Institute of Forensic Medicine of Cluj-Napoca database. The gross results of examined patients revealed psychiatric morbidity and co-morbidity, personality disorders and psychiatric disorders absence at the time of forensic psychiatric examination.

*Results.* The following statistical data were obtained from a total of N120 respondents: significant results were obtained (GVD, GDD and GM)  $F = 25,465$ , Sig. 0,000 in multiple comparisons using the ANOVA method on independent samples; significant results were obtained for mixed analysis of variance ANOVA two-way on GVD and GM groups  $F 25,465$ , Sig. 0.000; and good results weren't obtained for GVD and GDD groups  $F 0.453$ , Sig. 0.503; whereas no significant results were obtained for the Test of Homogeneity of Variances Levene Statistic 0.295 and Sig. 0,589; and significant scores of KMO 0.477 and Sig. 0.000 were obtained to the statistical method KMO and Bartlett's Test regarding the eligibility of study participants.

*Clinical implications and Conclusion.* Our research confirms the transdiagnostic approaches from literature perspective about the eight variables of criminal risk regarding domestic violence: history of deviant behavior, antisocial personality pattern, psychopathological cognitive schemas, parental antisocial model, education/ work, leisure / recreation, substances abuse. The correlation/ mediator of domestic violence is the morbidity/ co-morbidity of personality disorders. Our proposal is developing new assessment tools and testing mental and personality disorders in order to be used effectively within the forensic psychiatric committees.

**Key words:** domestic violence, personality, psychiatric morbidity, forensic medicine.

### INTRODUCTION

Domestic violence is a common, serious and potentially destructive situation. It can be defined as any kind of aggression - verbal, emotional, mental, sexual, financial - exerted on a family member. Being extremely widespread, it has been integrated among the public health issues at a global level. Considered to be pandemic in nature, the World Health Organization has declared it a public health issue and has been involved in monitoring and evaluating these conditions, trying to find the best ways to stop the phenomenon [1]. It is well known that, it frequently leaves special consequences, and the most serious ones can be of a somatic, psychological, economic or social nature.

In general, when discussing domestic violence,

we indicate two entities: the aggressor and the victim. There are various theories about each.

First of all we have to think about the victim. In addition to the measures to be taken as quickly as possible, namely those regarding to his/her immediate state of health, the necessary support related to the legal, psychological and administrative context must be provided. Once the medical part which is a priority is resolved as we have indicated, we can also focus on the emotional and mental status of the person concerned and on the other unwanted effects. We will refer to the psychological element. It is not uncommon for victims to be abused because they suffer from a psychological disorder. People immediately around them don't behave in an appropriate manner for these conditions which they do not recognize and thus they

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are never approached. Another common situation is that the aggressed person develops an addictive personality disorder [2]. Any action of submission, control, humiliation, inferiority or imposition of ideas may contribute to the condition described above. Another way of causing seriously harm to the victim is the defence mechanism called identification with the aggressor. In this common indeed pathology, it is noted that the aggressed person tends to stand up for the abuser and don't take a stand to get out of the unpleasant situation. Depressive typology, loss of self-esteem and sad mood come together and can reach up to post-traumatic stress syndrome [3].

Alcohol use and personality disorders are frequently associated with the aggressor. It is known that alcohol abuse catalyses disturbance actions and there is an obvious correlation between aggression and the degree of alcoholism [4]. Alcohol stimulates disinhibition and stops self-control by triggering impulses of anger that becomes uncontrollable. In addition to the other negative effects caused of harmful alcohol consumption, we highlight domestic violence among the most serious. Another hypothesis, thus confirmed about the aggressor, is the one related to personality disorders that have the same effect, to provoke or maintain the conflicting states [5]. Listed below are some of the more common personality disorders: schizoid, antisocial and borderline personality disorder [6]. However, most people with personality disorders have never been violent and will never be.

Those who fall within the schizoid typology are usually people who tend to be alone, who don't initiate contact with the people around them, being concerned about objects rather than people. They can hide an internal state of irritability that can erupt brutally under certain conditions. Also, they can have paranoid features that might manifest in domestic violence [7].

It is clear why people suffering from antisocial personality disorder produce violent family events. Their actions don't comply with the daily norms of the community and they act reprehensible [8]. Their actions

can be characterized by abusive, intimidating, stressful, aggressive behaviour. Or, in these circumstances, often domestic violence consists solely of verbal part, but there are raptures that become physical aggression.

Both women and men who manifest any kind of violence suffer from borderline personality more often than general population. Borderline personality disorder is a combination of all other psychopathological disorders. For this reason, it doesn't keep up a strictly behavioural pattern having various elements, and its prevalence doesn't take into account gender, age or social environment. Thus it is found in all types of communities. The affected persons face difficulties in controlling the sudden impulses without weighing the consequences or they have affective dysfunctions with sudden and uncontrolled reactions towards the people immediately around them [9].

Domestic violence is a learned behavioural pattern. It represents a learned attitude and has disastrous effects on society. It is also difficult to annihilate. Personality disorders are most often the causes of this situation. That is why we must face the phenomenon on all levels, one of them being related to the psychological aspect, a situation from which it can be relatively easily approached, cognitive-behavioral therapy often achieving success in this purpose [10].

## METHOD AND PROCEDURE

### Participants

The participants were selected from the Institute of Forensic Medicine of Cluj-Napoca database. From N1230, only N120 were selected. The selection criteria were gender (50% female F = 60 female; 50% male F = 60 male), age (mean age = 36.23 m and SD = 9.93), educational level (m = 2 and SD = 0.02) (Table 1).

### Control group 1 (co-morbidity, M)

From the control group 1 only the persons who met the eligibility criteria for control group 1 (comorbidity) were selected / extracted from the IML Cluj-Napoca database. N40 persons were identified of

Table 1.

		Statistics								
		SexVD	AgeVD	SexDD	AgeDD	SexM	AgeM	LEVD	LEDD	LEM
N	Valid	40	40	40	40	40	40	40	40	40
	Missing	0	0	0	0	0	0	0	0	0
Mean		50%f/ 50%m	34.70	50%f/ 50%m	39.23	50%f/ 50%m	37.70	1.58	1.53	1.35
Std. Error of Mean			1.210		1.470		1.170	.087	.080	.076
Std. Deviation			7.650		9.300		7.401	.549	.506	.483
Variance			58.523		86.487		54.779	.302	.256	.233
Range			28		35		26	2	1	1

which 50% female F = 40 female; 50% male F = 40 male with a mean age of = 37.70 m and SD = 7,401, and the educational level was m = 1.35 and SD = 0.483).

*Control group 2 (acts of disposition, DD)*

From the control group 2 only the persons who met the eligibility criteria for the control group 2 (disposition documents) were selected / extracted from the IML Cluj-Napoca database. N40 persons were identified of which 50% female F = 40 female; 50% male, F = 40 male with a mean age of = 39.23 m and SD = 9,300, and the educational level was m = 1.53 and SD = 0.506).

*Control group 3 (domestic violence, VD)*

From the control group 3 only the persons who met the eligibility criteria for control group 3 (domestic violence) were selected / extracted from the IML Cluj-Napoca database. N40 persons were identified of which 50% female F = 40 female; 50% male, F = 40 male with a mean age of = 34.70 m and SD = 7,650, and the educational level was m = 1.58 and SD = 0.549).

*Instruments and materials*

The research instruments and materials are the following: data from the archive of the Institute of Forensic Medicine of Cluj-Napoca, the SPSS software (Statistical Package for the Social Sciences) version 25.0. and qualitative screening with criteria for the selection of participants from the Institute's database.

*Procedure*

Three research groups were proposed, one experimental sample (domestic violence, VD) and two control groups (comorbidity, M and acts of disposition, DD). We were interested in using a homogeneous N120 number in terms of age, education and sex to avoid influence on other variables and without having to adjust the results obtained with the ANCOVA statistical method. Within the experimental group (VD) the criterion of antisocial personality disorder and other personality disorders associated with predisposition to

domestic violence was taken into account. A number of 40 persons were selected from a sample of N1230 respondents who underwent forensic psychiatric examinations, being accused of domestic violence. Another selection was made for other groups N40 (M) / N40 (DD) also from that sample N1230 to discriminate group (M) and group (DD) from experimental group (VD).

**RESULTS**

***Significant differences between the experimental group (GVD) and the two control groups***

The results below indicate statistical analysis of variance highlighting different averages of the three groups subjects to our research. The different groups correspond to independent variable we proposed, and the scores correspond to dependent variable. Basically, the statistical method we chose, multiple ANOVA, shows a significant difference between the group VD and M-DD, F = 25,465 and Sig. = 0.000. In other words, the effect between groups is significant. In total, the averages are different for the three groups (GVD, GDD, GM). Table 2 and 3 show the significant differences between the two control groups (GDD / GM) and the experimental group (GVD).

***Significant differences between the experimental group (GVD) and the two control groups (GDD / GM) at the homogeneity test of variance tests***

The data below indicate that the results obtained in the Levene statistics are significant at the 0.05 level, rejecting the null hypothesis that the groups have equal variances. For example, the control groups (GM / GDD) did not achieve significant results compared to the experimental group (GVD) which achieved significant results below the threshold of .05. The results in Table 3 reinforce the robustness of the statistical data.

**Table 2.**

				ANOVA				
				Sum of Squares	df	Mean Square	F	Sig.
GM	Between Groups	(Combined)		4.726	1	4.726	25.465	.000
		Linear Term	Unweighted	4.726	1	4.726	25.465	.000
			Weighted	4.726	1	4.726	25.465	.000
	Within Groups			14.474	78	.186		
	Total			19.200	79			
GDD	Between Groups	(Combined)		.032	1	.032	.453	.503
		Linear Term	Unweighted	.032	1	.032	.453	.503
			Weighted	.032	1	.032	.453	.503
	Within Groups			5.518	78	.071		
	Total			5.550	79			

Table 3.

			ANOVA Table <sup>a,b</sup>				
			Sum of Squares	df	Mean Square	F	Sig.
GDD * GVD	Between Groups	(Combined)	.032	1	.032	.453	.503
	Within Groups		5.518	78	.071		
	Total		5.550	79			
GM * GVD	Between Groups	(Combined)	4.726	1	4.726	25.465	.000
	Within Groups		14.474	78	.186		
	Total		19.200	79			

a. With fewer than three groups, linearity measures for GDD \* GVD cannot be computed; b. With fewer than three groups, linearity measures for GM \* GVD cannot be computed.

**Statistical significance for the sampling adequacy of the three groups (GVD-GM,GDD)**

The statistical method, which is a Kaiser-Meyer-Olkin (KMO) measure of sample adequacy, is used to indicate the variance proportion of the three groups variables involved in the research and which could be caused by basic factors. High values (close to = .05, Sig. = 0.000, Chi-Square = 23,200) generally indicate that a factor analysis may be useful with our proposed data. Therefore, having a value of less than 0.50, the results of the factor analysis will probably not be very useful, which is beyond consideration in our study. Table 3 shows the accuracy of the data expressed and which we expected.

Figure 1 indicates a good significance towards 1 in the experimental group (GVD) compared to plateau effects in other control groups (GM and GDD).

**DISCUSSION**

The literature abounds in describing personality disorders as a mediator in behavioral disorders and domestic violence [11] and the results confirm our hypotheses under investigation. First, significant results were obtained between the control and experimental groups using multiple ANOVA statistical method. The results show that there is a difference between the experimental group regarding personality disorders and domestic violence compared to the results obtained in the control groups where psychiatric disorders were identified or no other disorders have been identified but without domestic violence issues.

The limit of our research was identified in the control groups whereas the participation of the respondents who underwent forensic psychiatric

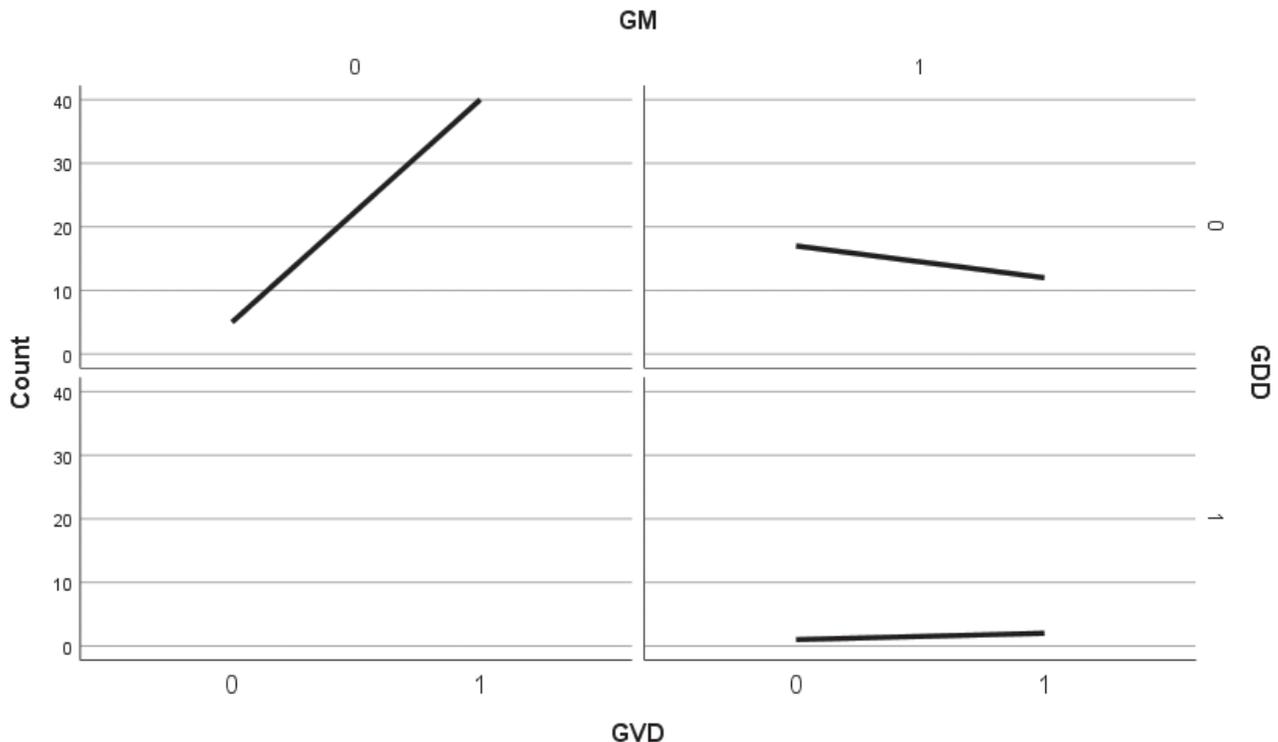


Figure 1.

**Table 4.**

		<b>Test of Homogeneity of Variances</b>			
		Levene Statistic	df1	df2	Sig.
GM	Based on Mean	.295	1	78	.589
	Based on Median	.070	1	78	.792
	Based on Median and with adjusted df	.070	1	77.947	.792
	Based on trimmed mean	.295	1	78	.589
GDD	Based on Mean	1.937	1	78	.168
	Based on Median	.453	1	78	.503
	Based on Median and with adjusted df	.453	1	73.699	.503
	Based on trimmed mean	1.659	1	78	.202

**Table 5.**

<b>KMO and Bartlett's Test</b>		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.477
	Approx. Chi-Square	23.200
Bartlett's Test of Sphericity	df	3
	Sig.	.000

examinations is on request and without any guarantee of possessing criminal record. The statistical method ANOVA can't accurately reproduce the sensitivity of certain values for each group. But studies [12] confirm that those having personality disorders are more likely to develop violent acts and antisocial behaviours compared to those who have psychiatric comorbidities or have no other associated disorders.

The statistical method for the homogeneity of variance tests was also used to indicate that there is no equality of variance between the control groups (GM-GDD) and the experimental group (GVD), thus highlighting the robustness of the data regarding the discrimination of the results obtained between groups.

The results obtained in the KMO statistical method for the adequacy of the sample indicating the variance proportion of three groups variables involved in the research and which could be caused by the basic factors highlighted a very good score as eligibility for each research group. We are prudent in making predictions about the results obtained through the KMO method due to the selection of non-random sampling and under artificial conditions. The studies [13] aim towards an increased tendency regarding a larger number of samples to validate a hypothesis, especially under controlled conditions as in our case.

**In conclusion**, the present study confirmed the hypothesis provided in the research about the mediator of domestic violence. The correlation of personality disorders - domestic violence is confirmed by meta-analysis studies and from the perspective of trans-theories so far but also by our research having in fact two control groups to create and validate our hypothesis.

The results obtained (at significant differences between the experimental group (GVD) and the two control groups; at significant differences between the experimental group (GVD) and the two control groups (GDD/GM); at the homogeneity test of variance tests; and to the statistical significance for the sampling adequacy of the three groups (GVD-GM, GDD), it shows that personality disorders can affect rational decisions of individuals, thus developing domestic violence.

New research directions can create and standardize clinical tools for evaluating and testing people with personality disorders. Furthermore, protocols for psychotherapeutic and pharmacotherapeutic interventions can be developed for the remission of antisocial behaviour disorders and associated mediators.

**Conflict of interest**

The authors declare that they have no conflict of interest.

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