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Prevalence of Psychopathy, Intimate Partner Homicide, and Suicide Risk in Spain¹

Lucía Halty^a, Pedro J. Horcajo-Gil^b, Gema P. Mesa^c, Juan J. López-Ossorio^d, and José L. González-Álvarez^d

^aUniversidad de Comillas, Madrid, Spain; ^bUniversidad Complutense de Madrid, Spain; ^cUnidad Central de Atención a la Familia y Mujer (UCFAM), National Police, Spain; ^dSecretaría de Estado y Seguridad (Ministry of Interior), Spain

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ABSTRACT

The most extreme form of intimate partner violence against women (IPVAW) is female intimate partner homicide (female IPH). The main goal of this study was to analyze the prevalence of psychopathy in a sample of Spanish male offenders of female IPH. This study also aimed to examine the relationship between psychopathy and committing suicide after female IPH in a sample of 76 Spanish male offenders of female IPH. We examined the presence or lack of psychopathic traits or psychopathy itself, using the two factors and four facets of the Hare Psychopathy Checklist-Revised (PCL-R). Applying this procedure, we obtained a series of descriptive statistics and frequencies, to which we applied Student's *t*-test and variance analyses. We found a low prevalence of subjects diagnosed as psychopath at a cut-off score equal or greater than 30 on the PCL-R, but a higher prevalence was found with a cut-off score of 25. The presence of factor I traits (personality and interpersonal characteristics) was greater than factor II (impulsive and antisocial behavior) among female IPH offenders. Higher scores on factor II and lower on factor I were related to an increased risk of suicide after committing female IPH. The study data support international research showing a significant presence of factor I traits (e.g., callousness and lack of empathy) among IPH offenders. Also, these data support that those male offenders of female IPH who presents characteristics of impulsivity and antisocial behavior do tend to commit suicide more frequently after committing female IPH.

La prevalencia de la psicopatía, el homicidio en la pareja y el riesgo de suicidio en España

RESUMEN

La forma más extrema de violencia de pareja contra las mujeres es el feminicidio. El objetivo principal de este estudio fue analizar la prevalencia de la psicopatía en una muestra de agresores masculinos españoles por feminicidio. Este estudio también pretendía examinar la relación entre la psicopatía y el suicidio después de cometer el feminicidio en una muestra de 76 agresores españoles. Se examinó la presencia o ausencia de rasgos psicopáticos o la psicopatía en sí utilizando los dos factores y los cuatro aspectos del Hare Psychopathy Checklist-Revised (PCL-R). Aplicando este procedimiento, obtuvimos una serie de estadísticas descriptivas y frecuencias, a las que aplicamos la prueba *t* de Student y el análisis de varianza. Encontramos una baja prevalencia de sujetos diagnosticados como psicópatas, con una puntuación de corte igual o superior a 30 en el PCL-R, pero se encontró una mayor prevalencia con una puntuación de corte de 25. La presencia de rasgos del factor I (personalidad y características interpersonales) fue mayor que la del factor II (conducta impulsiva y antisocial) entre los feminicidas. Las puntuaciones más altas en el factor II y más bajas en el factor I se asociaban a un mayor riesgo de suicidio después de cometer el feminicidio. Los datos del estudio respaldan la investigación internacional que muestra una presencia significativa de rasgos del factor I (por ejemplo, insensibilidad y falta de empatía) entre los delincuentes feminicidas. Además, estos datos avalan que aquellos delincuentes feminicidas que presentan características de impulsividad y comportamiento antisocial tienden a suicidarse con mayor frecuencia después de cometer el delito contra la pareja.

The phenomenon of intimate partner violence (IPV) affects all social strata, age groups, gender groups, and sexual orientations (Ali et al., 2016; Gerino et al., 2018; Wasarhaley et al., 2017). Despite the fact that both women and men may become victims of IPV,

it is nonetheless women who bear the consequences of the most serious aggressions (Gámez-Guadix et al., 2018). Approximately, 30% of women worldwide who have been or are involved in an intimate relationship have suffered physical and/or sexual IPV, and

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Correspondence: lhalty@comillas.edu (L. Halty).

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the estimated prevalence of this violence in high-income countries is 23.2% (World Health Organization [WHO, 2013]).

Intimate partner violence against women (IPVAW) is a phenomenon that has enormous repercussions worldwide, and it is a problem of the first magnitude in Spain (González-Álvarez et al., 2018; López-Ossorio et al., 2018; WHO, 2013). In this country, the police received between 126,293 and 129,193 IPVAW-related complaints per year in the period between January 1st 2007 and December 31st 2015, peaking on 142,125 in 2008 (Government Delegation for Gender Violence [GDGV, 2019]).

The most extreme form of IPVAW, and the one that has the deepest personal impact and generates the greatest social alarm, is intimate partner homicide (IPH), especially when the victim is a woman—IPH itself is sometimes referred to as «femicide» or female IPH. According to the figures recorded in Spain, the country has one of the lowest rates of female IPH against women with just 2.81 female IPH per million women above the age of 14 years, compared to a European average of 3.94 and 5.04 worldwide (Corradi & Stöckl, 2014; González-Álvarez et al., 2018). Though these data may be better than those found in other European countries, official Spanish statistics still show that numerous women are murdered each year.

IPH is a global phenomenon, as has been demonstrated by numerous international studies. In a systematic search of five databases providing 1,122 estimates of the prevalence of IPH in 66 countries, Stöckl et al. (2013) found that IPH accounted for 38.55% of all female murder victims compared to just 6.28% for male murder victims. Meanwhile, the Finnish research group of Weizmann-Henelius et al. (2012) examined 642 homicides, finding that IPH accounted for 16.5% of all female murder victims compared to just 6.1% for male murder victims.

The findings of both studies concur that there are significantly more cases of IPH against women than cases of IPH against men. However, these figures differ markedly in terms of the proportion of women murder victims in cases of IPH compared to men murder victims in cases of IPH. Stöckl et al. (2013) found a remarkable difference in the proportion of women murder victims.

IPH against women (female IPH) is, then, a serious problem with strong repercussions not only in Spain but in the international context (González-Álvarez et al., 2018; Loinaz et al., 2018; Spencer & Stith, 2018). In this light, the Spanish Ministry of Interior has set up a National Team for In-Depth Homicide Review in the context of Gender Violence or ENHVDG in the Spanish acronym (González-Álvarez et al., 2018; López-Ossorio et al., 2018). Given the social alarm caused by this phenomenon, this research team has sought to contribute scientific data to help reduce the number of deaths each year.

The prevention of IPVAW and specifically of female IPH requires coordinated action by the police, the courts, and the penitentiary system. One of the most main challenges for the penitentiary system is to generate successful interventions for offenders of this kind to reduce reoffending.

In terms of key individual differences influencing IPV, psychopathy has been acknowledged in the literature as a powerful predictor of violence (Leistico et al., 2008). This makes sense given that psychopathy is defined by traits that exacerbate violence and antisocial risk, including lack of remorse, manipulateness, shallow emotion, callousness, and persistent violation of social norms (Hare, 2003). In previous research, total psychopathy scores have been reported as useful predictors of IPV (Marshall & Holtzworth-Munroe, 2010). The generally violent men who exhibit the worst IPV profiles may be those men who exhibit the traits of psychopathy, which are most often associated with the most violent of individuals (Coid et al., 2009; Swogger et al., 2007).

Woodworth and Porter (2002) published the first study to relate psychopathy (measured via the Psychopathy Checklist, PCL) with IPH. These researchers found that 27% of individuals who committed

homicides displayed psychopathic traits and, moreover, that these men were much more likely to commit acts of instrumental, planned violence than non-psychopathic murderer (Woodworth & Porter, 2002). The claim that various different aspects of the psychopathic personality are related with violent behavior is supported by an extensive literature (Walsh et al., 2007). Among the different structural models underlying the PCL scales, it is the two-factor model that predominates in the literature. The initial factorial analysis of the PCL (Harpur et al., 1988) produced a bi-factorial structure formed by factor I (items related with the affective/interpersonal aspect) and factor II (items related with unstable lifestyle, impulsiveness and criminal versatility).

Subsequent research by Cooke and Michie (2001) questioned this bi-factorial structure in order to show, using more advanced statistical techniques such as item response theory, that the PCL could explain more applying a three-factor structure. This new model suggested, among other matters, that the items used to evaluate antisocial behavior were not in themselves significant enough to warrant consideration as a factor and, therefore, that they should be eliminated (Cooke & Michie, 2001). When the factorial structure of the PCL was questioned in this way, Hare and his team carried out a battery of statistical analyses to show that the antisocial behavior items concerned are important to explain the disorder and should be included (Hare & Neuman, 2006). This analysis formed the basis for the 4-facet model, which is no more than factor I split into facet 1 (evaluating the interpersonal aspect) and facet 2 (evaluating the affective dimension of the psychopathy), and factor II, split between facet 3 (unstable lifestyle) and facet 4 (antisocial behavior).

This differentiation is important because studies have found a stronger relationship between psychopathic personality and IPV, that even appeared to be more robust than the relationship between IPV and problematic alcohol use, while the antisocial component displays an inverse relationship (Okano et al., 2016). Okano et al. (2016) found these results in a sample of 703 civil patients with a psychiatric diagnosis. Furthermore, Cunha et al. (2018) found a relationship between the affective facet and the frequency of IPVAW in a sample of 152 perpetrators of IPVAW, including 76 that were in correctional facilities and 76 that were in the community with suspended prison sentences or provisional suspension processes; Cunha et al. (2018) found a positive relationship between Psychopathy Checklist-Revised (PCL-R; Hare, 2003) affective facet scores and IPVAW frequency.

Swogger et al. (2007) also found, among 211 European American and African American male inmates who participated with an economic incentive, one of the subsets of the total sample, including 85 convicted men perpetrators of IPVAW scored higher on the affective facet than the subset of convicted non-perpetrators ($n = 87$). Meanwhile, Mager et al. (2014) found a strong positive relationship between factor I and IPVAW among male offenders. Turning to factor II, Weizmann-Henelius et al. (2012) found that male IPH offenders scored significantly lower than NON-IPH offenders on the lifestyle and antisocial facets.

The present study is intended to contribute further data on the relationship between psychopathy and female IPH in Spain, and to establish whether our results support international findings. We assess the percentage of IPH offenders presenting psychopathic traits, as well as the distribution of scores in the PCL-R factors and facets (Hare, 2003).

Furthermore, a phenomenon that is sometimes related with IPH is the tendency of some offenders to attempt suicide or actually take their own lives after killing their female intimate partner. This is a relevant matter, since suicide rates among female IPH offenders differ markedly from those found among other kinds of offenders and the general population (Echeburúa et al., 2008; López-Ossorio et al., 2018). Likewise, Belfrage and Rying (2006) found that the suicide rate in female IPH cases perpetrated by men was four times higher than in other types of homicide. Meanwhile, Eke et al. (2011) observed

a much higher percentage of fatal than non-fatal suicide attempts, suggesting that the association between female IPH and ensuing suicide could be more closely linked to the outcome of the attempt than to the intention behind it.

Data in Spain show that over the period 1999-2019 227 (18.16%) of the 1,250 Spanish men who killed their female intimate partners or ex-partners committed consummated suicide attempt after their crime, and 153 (12.24%) committed unsuccessful suicide attempt, compared to the 860 (68.80%) who did not seek to end their own lives (Government Delegation for Gender Violence [GDGV, 2019, 2020]).

At a clinical level, suicide has frequently been related with internalizing problems like depression, poor emotional states, and dysphoria. In this way, Verona et al. (2001) identified a high level of suicide risk among male inmates presenting reactive aggression, persistent criminality, and antisocial personality disorder. Ideation-to-action models of suicide posit that suicidal desire develops independently from suicide capability, and that the presence of both is necessary for suicidal behavior (Klonsky et al., 2017). Self-injurious thoughts and behaviors are positively associated with secondary psychopathy (impulsive-antisocial behaviors) and negatively associated or unrelated to primary psychopathy (interpersonal-affective deficits). While there is evidence that both psychopathy subtypes are associated with the capability for suicide (i.e., pain tolerance, fearlessness about death), a critical risk factor for moving an individual from suicidal ideation to suicidal action, only secondary psychopathy possesses traits associated with both suicidal desire and capability (Fadoir et al., 2019). Initial conceptualizations of psychopathy established an inverse relationship between psychopathy and suicide. Cleckley (1976) in fact included the item "Rarely commit suicide" as one of his 16 indicators to reflect this idea. This claim merits further explanation, however, since factor I and II scores need to be considered separately in cases of psychopathy. A number of studies have found a positive relationship with suicide or attempted suicide in factor II, but not in factor I (Anestis et al., 2018; Anestis et al., 2016; Douglas et al., 2006; Douglas et al., 2008; Smith et al., 2014).

In other words, the psychopathic traits related with suicide appear to be rather those concerned with unstable lifestyle, impulsivity, and criminal versatility. In contrast, personality traits, like lack of empathy or remorse, are negatively related with suicide, being very unusual for suicide to occur among people diagnosed as psychopaths (Fadoir et al., 2019).

Therefore, the second objective of this study is to throw light on the relationship between committing suicide after the homicide and the presence of the diagnostic of psychopathy or a profile of psychopathic traits among Spanish male offenders of female IPH. As mentioned above, it is expected that factor II will be positively related with committing suicide after the female IPH, but that factor I will show no such relationship (Fadoir et al., 2019).

Method

Participants

The design of the investigation included a retrospective study of the cases of femicide reviewed by the National Team for In-Depth Homicide Review in the context of Gender Violence in Spain (González-Álvarez et al., 2018). The cases of femicide included in this paper are those that took place in Spain and for which it was possible to obtain the score of the PCL-R of the perpetrators. The final sample consisted of a total of 76 cases of femicide. The male offenders of female IPH had an average age of 48 years ($DT = 16.41$, intervals between 20 and 86 years). The study comprised both those male offenders of female IPH who are still alive and those who committed consummate suicide attempt. Regarding the conduct after the crime,

22.3% of female IPH offenders had committed consummated suicide attempt, and 22.4% had committed unsuccessful suicide attempt, compared with 55.3% who had not committed suicide. In total, there were 77.7% of perpetrators who were alive and serving time in different prisons throughout the Spanish territory.

In the studied sample, 48.1% of IPH male offenders—both alive and dead because of the consummated suicide attempted—already had a criminal record before committing homicide, while 51.9% did not. Spanish nationals made up 78.9% of the sample, while 7.9% were from different Latin American countries, 6.7% were Moroccan, 2.6% were Romanian, 1.3% were German, 1.3% were from Mali, and 1.3% were Pakistani. Only 3.9% of the participants had high socioeconomic status compared to 23.7% with average level earnings. Meanwhile, 32.2% had low incomes and 40.2% either very low or no income at all. Some 40.8% of the sample were in active employment, 32.8% were unemployed, and 26.3% were pensioners. In relation to the consumption of substances by the people who participated in the study, 31.6% consumed alcohol, 2.6% consumed drugs, 26.3% consumed alcohol and drugs, 26.3% did not consume, and 13.2% did not answer. Regarding the presence or not of a criminal record by the study subjects, 46.1% did have a record compared to 50% who did not.

Instruments and Variables

The Hare Psychopathy Checklist-Revised (Hare, 2003)

The Spanish adaptation of the PCL-R by Torrubia et al. (2010) uses a semi-structured interview format made up of 20 items scoring on a scale of 0-2 points (0 = *the item is not applicable to the subject*; 1 = *the item is sometimes applicable to the subject*; and 2 = *the item is fully applicable to the subject*). The information obtained in the interview is then cross-checked against supporting archive documentation. Total scores vary from 0 to 40, and a diagnosis of psychopathy is considered to exist for scores of 30 or more (Hare, 2003). In European samples, the cut-off of 25 recommended by Cooke and Michie (1999) is generally followed due to the influence of culture on the expression of psychopathy. The Cronbach alphas obtained in the present study were .94 for the total scale, .91 for factor I, .90 for factor II, .84 for interpersonal affect (facet 1), .90 for the affective facet (facet 2), .80 for lifestyle (facet 3), and .71 for the antisocial facet (facet 4).

Computerized Template of National Team Variables (González-Álvarez et al., 2018)

This is an ad hoc list of IPH variables prepared by the National Team for In-Depth Homicide Review set up by the Spanish Ministry of Interior. The variables included concern the offender (e.g., criminal record and mental disorders), the victim (e.g., family or partnership unit, and employment situation), and relational dynamics (e.g., type of relationship with the offender at the time the offence was committed, and the presence or absence of control). The data collected on these variables in each case are included in the technical reports (TR; see below).

Procedure

Permission to carry out the study was obtained from the Spanish Interior Ministry. All of the participants were informed about the objectives of the study and were told that their cooperation would contribute to a better understanding of the problems at issue. They were also informed of the approximate duration of the study and were asked to give their express written consent. A total of 76 TR on cases of IPH against women occurring in recent years were examined. The

research was carried out under the approval of the ethics committees of the universities that participated in the data collection of the study.

The TR contained information about the main sources of risk associated with IPVAW (victim, victimizer, relational dynamics, and socio-cultural context) obtained following a multimethod-multisource approach (López-Ossorio et al., 2018) from different data sources (police records and sentences, interviews with victims' and victimizers' families and friends, and prison records, and psychological, psychiatric, and social services expert reports).

The TR are completed by an interdisciplinary team (psychologists, criminologists, and sociologists) belonging to the National Team. These experts analyze and synthesize all the data about the cited variables (see above); these data are previously collected through field work, through interviews in the victim and author's environments, in addition to the videotaped interview with the author in prison—except in cases involving consummate suicide (22.3%). The interviews with the author in prison were carried out by groups of forensic psychologists together with experts from other fields (e.g., criminologists). The interviews provided a range of different data to codify the PCL-R protocol (e.g., confession of any other additional offences not included in the archive data), but they were used principally to assess personality traits (factor I), with regard to both the style of interpersonal interactions (facet 1) and affective traits (facet 2).

All authors who are alive and in prison have voluntarily participated without receiving any incentive in return, except for an inmate who refused to participate and who was advised that the study would be carried out equally. In cases of the author's consummate suicide, the coding of the PCL-R was carried out through the analysis of the file information, with the corresponding correction of the score indicated in the PCL-R manual (Hare, 2003).

The information used to codify the PCL-R was retrospectively analyzed by three forensic psychologists, two master's degree, and a PhD student, with training in the application of the protocol. These three forensic psychologists examined the TR and, when necessary, analyzed the primary file information again, with the only objective of scoring the PCL-R. In all cases in which the author was alive, the team of psychologists again analyzed the videotaped interview in order to deepen the analysis of the personality characteristics of the author (facet 1 and facet 2).

Twenty TR (26.32% of the sample) were selected at random in order to assess observer conformity. We followed Hemphill's recommendation (personal communication, 5 March 2018) to analyze a number of cases equal to at least 20% of the sample in question or in any event at least 20 cases. The intraclass correlation coefficient (ICC) estimates and their confidence intervals were calculated (95% confidence interval).

All of the ICCs estimates calculated and the related confidence intervals were significantly different from zero. The ICC was chosen as the most suitable reliability index for continuous data (Koo and Li, 2016; McGraw & Wong, 1996) and the most used in the reliability analyzes of the PCL-R (Blais et al., 2017). The bi-directional model of mixed effects, absolute agreement, single measures was chosen, according to the classification of McGraw and Wong (1996). ICC estimates ranged from .74 (facet 4) to .94 (facet 3) and the values of the lower and upper limits of the confidential interval ranged between .54 (facet 4) and .98 (facet 3).

Statistical Analysis

Version 26 of the Windows SPSS® statistics package (Armonk, NY: IBM® Corp.) was used to analyze the data. Descriptive statistics and frequencies were performed to analyze the prevalence of psychopathy in the sample and the distribution of percentages of factors and facets of the PCL-R. To compare the means of factors

I and II of the PCL-R, Student's *t* for related samples was applied; to compare the facets of the PCL-R, an ANOVA for repeated measures was applied; and, finally, to analyze the relationship between psychopathy and suicide, an ANOVA model of two factors was carried out, repeated measures in a single factor. Internal consistency was established using Cronbach's alpha.

Results

Prevalence of Psychopathy

The diagnosis of psychopathy, assessed by PCL-R, was present in 3.9% among female IPH offenders applying the cut-off point of 30, but this percentage rose to 14.5% applying the cut-off of 25 recommended by Cooke and Michie (1999) for European studies.

Average Scores in Psychopathy

As presented in Table 1, the mean of PCL-R total scores was 14.37. The maximum score obtained in the sample was 32, which suggests that few female IPH offenders score higher than 30. The highest score obtained for factor I indicates that at least one subject in the sample scored the maximum possible on this factor, but not on factor II. Analyzing the facets of the psychopathy construct, results revealed that female IPH offenders presented higher scores on affective facet and on lifestyle facet. The antisocial facet presented the lowest score.

Table 1. Descriptive Statistics for the Total PCL-R, as well as Factors and Facets

	Total PCL	Factor I	Factor II	Facet 1	Facet 2	Facet 3	Facet 4
Mean	14.37	8.14	5.82	2.97	5.17	4.09	1.72
SD	8.53	4.87	4.10	2.61	2.68	3.05	1.52
Minimum	0	0	0	0	0	0	0
Maximum	32	16	16	8	8	10	6

Note. SD = standard deviation.

Comparison of PCL-R Factors I and II and Facets 1, 2, 3, and 4

To compare the scores of the factors and facets with each other, the total of the factor and facet was divided by the corresponding number of items. Our data show significantly higher scores on factor I ($M = 1.02$, $SD = 0.60$) than on factor II ($M = 0.58$, $SD = 0.41$) ($t = 8.203$, $p = .0001$, $d = 0.85$). When the facets are compared with each other, statistically significant differences between the facets are obtained, $F_{(3, 225)} = 71.64$, $p = .0001$, $\eta^2 = .489$). Post hoc analyzes reveal that there are significant differences between facets 1-2, 2-3, and 3-4, with facet 2 being significantly higher (Table 1).

Relationship between Psychopathy and Suicide

The results relating psychopathy scores with the suicide variables were then analyzed. As shown in Table 2, an interaction effect is observed between the suicide variable (suicide vs. non-suicide) and the two PCL-R factors, $F_{(1, 57)} = 19.14$, $p = .0001$, $\eta^2 = .25$). In Figure 1 it is observed that the subjects who commit suicide have higher scores on factor II and, on the other hand, the subjects who do not commit suicide have higher scores on factor I.

Table 2. Descriptive Statistics for the Suicide Variable (suicide vs. no suicide) and the PCL-R Factors

	Suicide	Mean	SD
Factor I	Suicide ($n = 17$)	4.82	5.17
	No suicide ($n = 42$)	9.55	4.41
Factor II	Suicide ($n = 17$)	5.41	4.16
	No suicide ($n = 42$)	5.66	4.03

Note. SD = standard deviation.

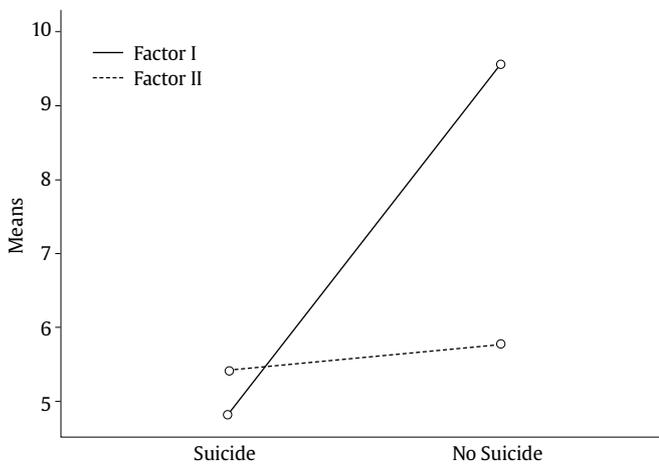


Figure 1. Comparison between the Suicide Variable (suicide vs. no suicide) and the PCL-R Factors.

When the means of the PCL-R facets are compared with the suicide variable (suicide vs. non-suicide), the subjects who do not commit suicide have higher scores on facet 2 ($t = 4.65$, $p = .0001$, $d = 1.25$) (Table 3); for the rest of the facets, no significant differences were found (facet 1, $t = 1.94$, $p = .057$, $d = 0.57$; facet 3, $t = 0.12$, $p = .903$, $d = 0.03$; facet 4, $t = 0.57$, $p = .56$, $d = 0.16$).

Table 3. Descriptive Statistics for the Suicide Variable (suicide vs. no suicide) and the PCL-R Facets

		Facet 1	Facet 2	Facet 3	Facet 4
Suicide ($n = 17$)	Mean	1.88	2.94	3.94	1.47
	SD	2.44	2.90	3.28	1.41
No suicide ($n = 42$)	Mean	3.38	6.17	4.05	1.71
	SD	2.77	2.18	2.93	1.50

Note. SD = standard deviation.

There is also an interaction effect between the suicide variable (attempt vs. suicide) and the two PCL-R factors, $F_{(1,32)} = 4.53$, $p = .041$, $\eta^2 = .12$) (Table 4). In Figure 2 it is observed that the subjects who have attempted suicide have higher scores on factor I, while the subjects who commit suicide have higher scores on factor II.

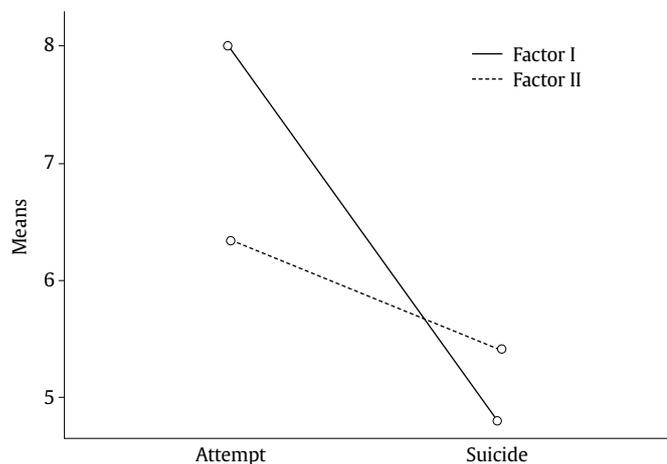


Figure 2. Comparison between the Suicide Variable (attempt vs. suicide) and the PCL-R Factors.

When the means of the PCL-R facets are compared with the suicide variable (attempt vs suicide), the subjects who have a suicide attempt have higher scores on facet 2 ($t = 2.23$, $p = .033$, $d = 0.76$) (Table 5); for

the rest of the facets, no significant differences were found (facet 1: $t = 1.48$, $p = .14$, $d = 0.51$; facet 3: $t = 0.36$, $p = .717$, $d = 0.12$; facet 4: $t = 0.98$, $p = .331$, $d = 0.34$).

Table 4. Descriptive Statistics for the Suicide Variable (attempt vs. suicide) and the PCL-R Factors

		Suicide	Mean	SD
Factor I	Attempt ($n = 17$)	8.00	8.00	4.18
	Suicide ($n = 17$)	4.82	4.82	5.17
Factor II	Attempt ($n = 17$)	6.35	6.35	4.40
	Suicide ($n = 17$)	5.41	5.41	4.16

Note. SD = standard deviation.

Table 5. Descriptive Statistics for the Suicide Variable (attempt vs. suicide) and the PCL-R Facets

		Facet 1	Facet 2	Facet 3	Facet 4
Attempts ($n = 17$)	Mean	3.06	4.94	4.35	2.00
	SD	1.88	2.27	3.27	1.69
Suicide ($n = 17$)	Mean	1.88	2.94	3.94	1.47
	SD	2.44	2.90	3.28	1.41

Note. SD = standard deviation.

Discussion

This study was designed to throw light on the presence of psychopathic traits among a sample of Spanish male offenders of female IPH. The results of this study showed 3.9% of the sample of female IPH offenders presented the diagnosis of psychopathy when applying the usual cut-off point in North America (scores equal or greater than 30 on the PCL-R), compared to 7.4% found by Weizmann-Henelius et al. (2012) in Finland. Taking the cut-off point recommended for European studies (≥ 25), however, this percentage rose to 14.5% of female IPH offenders compared to 23.5% found by Weizmann-Henelius et al. (2012). In a study of prison inmates carried out in Spain, Torrubia et al. (2010) observed the presence of the diagnostic of psychopathy among 18.39% of the sample. Overall, these data indicate that there was fewer individuals diagnosed as psychopaths in Spanish female IPH offenders than in other European samples of female IPH offenders.

The subjects displaying diagnosis of psychopathy in the sample of this study scored higher on factor I than on factor II, specifically in facet 2, i.e., those focusing on the affective aspects. These subjects may be described as lacking empathy and remorse, exhibiting shallow affect, callousness, lack of guilt, and manipulation (Hare, 2003). Though the overall PCL-R scores found were lower than in other European samples, these results are nonetheless in line with research relating female IHP perpetrated by men with higher scores on factor I and lower scores on factor II (Mager et al., 2014; Swogger et al., 2018; Swogger et al., 2007; Weizmann-Henelius et al., 2012) and, specifically, with a stronger association with the affective facet, congruent with the findings of Cunha et al. (2018).

The second objective of this study was to examine the relationship between committing suicide after female IPH and the presence or absence of the diagnostic of psychopathy in a Spanish male sample of female IPH offenders. Our data show that individuals displaying high factor I scores tend not to attempt suicide after committing their crime, and subjects who commit suicide have higher scores on factor II. Furthermore, subjects who do not commit suicide have higher scores on facet 2, which reflects the affective aspects of psychopathy. That is, when there is impulsiveness and lack of behavioral control (factor II) and they score less on factor I (less self-centeredness, less pathological lying, they have a little more feelings of guilt and responsibility than those who score high) suicide or suicide attempts would be more likely. These findings are in line with existing research

relating the presence of traits like impulsivity and criminal versatility to the risk of suicide (Douglas et al., 2006; Douglas et al., 2008; Smith et al., 2014; Swogger et al., 2009; Verona, et al., 2001; Walsh et al., 2007).

One of the aspects that has been related to the characteristics of factor II of psychopathy and suicide is emotional dysregulation. Emotionally dysregulated individuals with secondary psychopathy may not be able to tolerate their distress, making it more likely they would desire death as an escape from intense ruminations (Fadoir et al., 2019). Given the circumstances in which suicide occurs in our sample, prior to the homicide of the partner, it seems reasonable to consider that in those cases that present high scores on factor II there is a great emotional dysregulation that leads to suicide. On the other hand, in the cases in which factor I is high, specifically, the affective aspect is high, it is not related to suicide.

The data from this research offer interesting data regarding the suicide attempt variable. Subjects who commit the homicide of their partner and attempt suicide have higher scores on factor I and facet 2 of the PCL-R, than those subjects who commit suicide after the crime. These results are not in line with the results found in the research by Swogger et al. (2009), where they found that only the antisocial dimension of psychopathy is associated with suicide attempts. A possible explanation for these results is that in our sample, the subjects who make the suicide attempt do so for exclusively manipulative purposes, and therefore, it is not associated with elements of emotional dysregulation. Indeed, Cleckley (1976), writing about psychopaths' parasuicidal behavior, indicated that "many bogus attempts are made, sometimes with remarkable cleverness, premeditation, and histrionics" (p. 359).

Despite the significant contributions made, this study is not without its limitations. One improvement would be to investigate whether the findings obtained for the sample of Spanish male offenders of female IPH is replicated among offenders whose acts of IPVAV stop short of actual homicide. Prior research has found that a significant percentage of people with a diagnostic of psychopathy or psychopathic traits talk about killing and, moreover, the homicides they commit involve instrumental violence (Fox & DeLisi, 2018).

Assessment of psychopathic traits in a control sample of IPVAV offenders could shed greater light on the relationship between psychopathy (and/or psychopathic traits) and crimes of this type committed without the mediation of homicide. It is also convenient to carry out future research with other control groups of non-intimate partner homicide (NON-IPH) offenders, such as samples of men who kill other men or men who kill their whole family, among others (López-Ossorio et al., 2018). The most relevant of these comparisons would be to examine whether there are significant differences between the levels of psychopathy depending on the different samples, to attempt to elucidate whether psychopathy is a differential risk factor in the cases of female IPH perpetrated by men, given the relevance that this knowledge could have in police work and the design of treatment programs with specific components.

Furthermore, given the differentiated profiles found for factors I and II, police forces might be well advised to make even greater efforts (if possible) in criminal investigations involving disappearances of the female partners, assessing in their male intimate partners characteristics such as emotional coldness or lack of empathy, which could be related to the ability to plan and premeditate homicides, and/or of subsequently tampering with the crime scene (e.g., moving or concealing the body), given that in our context there is a history of women murder victims characterized by premeditation and/or alteration of the scene.

The results of this research could be interesting to practitioners treating this type of individuals in prison and, in general, in any procedures undertaken to manage risks in cases of this kind. As explained above, it is precisely the traits of emotional coldness and lack of empathy (factor I) that are most strongly related with

failure at the therapeutic level and with an enhanced likelihood of recidivism (Cunha et al., 2021; Fernández-Suarez et al., 2018). Hence, it would be advisable to evaluate individuals convicted for a crime of female IPH and similar offences (IPVAW) when they enter the prison system, because offenders diagnosed as psychopaths or with a profile of psychopathic traits form an important, even if not particularly numerous, group with respect to whom specific measures are needed (Cantos et al., 2019; Salekin et al. 2010). It might be appropriate to consider measures of affective deficit and interpersonal style as more useful to distinguish between those men who perpetrate the most severe IPV and those who do not (Theobald et al., 2016).

Conflict of Interest

The authors declare no competing interest.

Note

¹Due to the nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data is not available.

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