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THE ROLE OF PSYCHOPATHY IN INTIMATE PARTNER VIOLENCE: A SYSTEMATIC REVIEW

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THE ROLE OF PSYCHOPATHY IN INTIMATE PARTNER VIOLENCE: A SYSTEMATIC REVIEW

Abstract: Intimate partner violence (IPV) constitutes a public health problem with serious physical, psychological and social consequences. Among the individual factors associated with its perpetration, psychopathy has gained particular significance in recent years. The aim of this study is to update and analyse the published empirical evidence, from 2017 to 2025, on the relationship between psychopathic traits and intimate partner violence. A systematic review was conducted in accordance with the PRISMA guidelines. The search was carried out in the Scopus and Web of Science databases and on the ProQuest platform, applying predefined PICOS criteria. Twenty quantitative studies were included, comprising a sample of 7,706 adults from clinical, community and forensic settings. The results show a significant association between psychopathy and intimate partner violence (IPV), particularly when the dimensions of the construct are analysed separately. Primary psychopathy is mainly linked to instrumental violence and control strategies, whilst secondary psychopathy is associated with impulsive violence and a higher risk of reoffending. Furthermore, distinct profiles of perpetrators were identified based on the predominant psychopathic facets. The clinical and forensic implications arising from these findings are discussed, as are the methodological limitations of the current literature. Taken together, the results support the importance of a dimensional analysis of psychopathy for understanding the heterogeneity of IAV.

Resumen: La violencia de pareja íntima (VPI) constituye un problema de salud pública con graves consecuencias físicas, psicológicas y sociales. Entre los factores individuales asociados a su perpetración, la psicopatía ha adquirido especial relevancia en los últimos años. El presente estudio tiene como objetivo actualizar y analizar la evidencia empírica publicada, desde el año 2017 hasta 2025, sobre la relación entre los rasgos psicopáticos y la violencia de pareja. Se realizó una revisión sistemática siguiendo las directrices PRISMA. La búsqueda se efectuó en las bases de datos Scopus, Web of Science y en la plataforma ProQuest, aplicando criterios PICOS previamente definidos. Se incluyeron 20 estudios cuantitativos con una muestra de 7.706 adultos procedentes de contextos clínicos, comunitarios y forenses. Los resultados muestran una asociación significativa entre psicopatía y VPI, especialmente cuando se analizan de forma diferenciada las dimensiones del constructo. La psicopatía primaria se vincula principalmente con violencia instrumental y estrategias de control, mientras que la psicopatía secundaria se asocia con violencia impulsiva y mayor riesgo de reincidencia. Asimismo, se identifican perfiles diferenciados de agresores en función de las facetas psicopáticas predominantes. Se discuten las implicaciones clínicas y forenses derivadas de estos hallazgos, así como las limitaciones metodológicas de la literatura actual. En conjunto, los resultados respaldan la importancia del análisis dimensional de la psicopatía para comprender la heterogeneidad de la VPI.

Keywords: psychopathological disorders, intimate partner violence, psychopathic dimensions, recidivism, systematic review

Palabras clave: trastornos psicopatológicos, violencia de pareja íntima, dimensiones psicopáticas, reincidencia, revisión sistemática

ABBREVIATIONS

AQ-RSV = *Aggression Questionnaire-Revised Swedish Version*

ASP = *Aggression Subscale of the Physical Aggression Scale*

BIS-11 = *Barratt Impulsiveness Scale-11*

BPD = *Borderline Personality Disorder*

CAB = *Conflict Assessment Battery*

CASP*: Critical Appraisal Skills Programme*

CTS2 = *Conflict Tactics Scale-2*

ENHVdG = National Survey on Homicide and Gender-Based Violence

EPA-SSF = *Externalising Personality Assessment Short Form*

ICU = *Inventory of Callous-Unemotional Traits*

IVC = Inventory of Intimate Partner Violence

LHA = *Life History of Aggression*

LSRP = *Levenson Self-Report Psychopathy Scale*

MACH-IV = *Machiavellianism Scale-IV*

MCMI-III = *Millon Clinical Multiaxial Inventory-III*

MJS = *Multidimensional Jealousy Scale*

NPI = *Narcissistic Personality Inventory*

PAI-BOR = *Personality Assessment Inventory–Borderline Features Scale*

PCL-R = *Psychopathy Checklist-Revised*

PCL:SV = *Psychopathy Checklist: Screening Version*

PCL:YV = *Psychopathy Checklist: Youth Version*

PICOS: Population, Intervention, Comparison, *Outcome*, *Study design*

PID-5 = *Personality Inventory for DSM-5*

PPPAS = *Prisoner Perceptions of Prison Adjustment Scale*

PRISMA: *Preferred Reporting Items for Systematic Reviews and Meta-Analyses*

PRQC = *Perceived Relationship Quality Components Inventory*

PPI-SF = *Psychopathic Personality Inventory–Short Form*

RPQ = *Reactive-Proactive Aggression Questionnaire*

RCSI = *Romantic Conflict Style Inventory*

SCR = *Skin Conductance Response*

SCID-II-PQ = *Structured Clinical Interview for DSM-IV Axis II Personality Disorders – Personality Questionnaire*

SCIRS = *Sexual Coercion Inventory–Revised Short*

SOI-R = *Sociosexual Orientation Inventory–Revised*

SRP: SF = *Self-Report Psychopathy Scale–Short Form*

SRP-III = *Self-Report Psychopathy Scale-III*

STAI = *State-Trait Anxiety Inventory*

TLS = *Triangular Love Scale*

TriPM = *Triarchic Psychopathy Measure*

VPI = Intimate Partner Violence

VPR = Recorded Partner Violence

1. INTRODUCTION.

Intimate partner violence (IPV), also known as domestic violence, refers to behaviours perpetrated by an intimate partner or former partner that may cause physical, sexual or psychological harm (Stewart et al., 2021). These encompass any form of aggression, whether physical, sexual, psychological or controlling (Centres for Disease Control and Prevention, 2024). Some authors have broadened this definition to include other forms of violence such as stalking, financial abuse (Breiding et al., 2015) or cybercontrol (Niehaus et al., 2025). IPV represents a serious global public health problem, contributing to both global morbidity and mortality and violating fundamental human rights (World Health Organisation, 2019). According to existing evidence, it is estimated that more than 25 per cent of women aged between 15 and 49 have experienced an episode of IPV in their lifetime, with a marked increase in its incidence following the COVID-19 pandemic (World Health Organization, 2024).

IPV has traditionally been conceptualised as a violent act committed by men against women. However, recent research has shown that this phenomenon affects all genders, socioeconomic backgrounds, age groups and sexual orientations (Ali et al., 2016; Gerino et al., 2018; Halty et al., 2023; Wasarhaley et al., 2017). In the United States, approximately 41 per cent of women and 26 per cent of men have experienced sexual or physical violence or harassment; and more than 61 million women and 53 million men have been victims of psychological IPV (Centres for Disease Control and Prevention, 2024). According to data from the *Office for National Statistics* (2016), in the United Kingdom, women are twice as likely as men to be victims of some form of IPV. This highlights the need to adopt an inclusive perspective in the study of IPV that allows the experiences of all affected groups to be addressed.

Various community, family and individual risk factors have been linked to the perpetration of IPV, including substance abuse, levels of social support, previous exposure to domestic violence, educational attainment, financial difficulties and child abuse (Robertson et al., 2020). However, in recent years, psychopathic traits have emerged as a particularly relevant variable due to their strong association with various criminal behaviours, acting as significant predictors of violent and antisocial conduct (De Brito et al., 2021; Sica et al., 2023). Psychopathy is considered a severe personality disorder characterised by a combination of affective, interpersonal and behavioural symptoms; it manifests itself through a lack of empathy or remorse, interpersonal manipulation and impulsivity (Burghart and Mier, 2022; De Brito et al., 2021).

In this context, it is particularly important to analyse the internal structure of psychopathy in order to understand its association with this type of violence. Firstly, general psychopathy (also referred to as global or total) refers to the comprehensive construct encompassing the full range of personality deficits and disruptive behaviours. For its empirical study, the bifactorial model proposed by Hare conceives of psychopathy as a multidimensional concept comprising two major factors: Factor 1 (equivalent to primary psychopathy), which encompasses affective and interpersonal aspects, and Factor 2 (comparable to secondary psychopathy), related to an impulsive lifestyle and antisocial behaviours (Hare and Neumann, 2008). Factor 1 encompasses the interpersonal facet, characterised by egocentricity, manipulation and superficial ‘ ’ charm; and the affective facet, characterised by profound emotional insensitivity and a lack of empathy (Burghart and Mier, 2022; De Brito et al., 2021; Douglas et al., 2015). Factor 2

encompasses the lifestyle facet, characterised by impulsivity and irresponsibility; and the antisocial facet, which includes criminal behaviour and violation of social norms (De Brito et al., 2021; Douglas et al., 2015). In line with this, the triarchic model of psychopathy (Patrick et al., 2009) offers a complementary perspective by breaking psychopathy down into three dimensions: boldness, linked to Factor 1; *meanness*; and *disinhibition*, related to the characteristics of Factor 2. These dimensions have been differentially linked to IPV. Recent studies show that Factor 2 traits are associated with a higher likelihood of violent and repeat offending, whilst those of Factor 1 are linked to violence that is more instrumental, strategic and resistant to treatment (Fernández-Suárez et al., 2018; Robertson et al., 2020). This distinction is essential for understanding the heterogeneous nature of perpetrators in contexts of intimate partner violence and for designing more effective interventions.

The evidence suggests that individuals with psychopathic traits are more likely to perpetrate IPV, have higher rates of reoffending and face greater difficulties in treatment programmes (McDonagh et al., 2024; Robertson et al., 2020). In recent years, research into the relationship between psychopathy and IPV has evolved, incorporating new theoretical and methodological approaches that were not fully addressed in previous reviews such as those by Fernández-Suárez et al. (2018) and Robertson et al. (2020). These studies identified various limitations in the existing literature, such as the heterogeneity of the tools used to assess psychopathy, the indiscriminate inclusion of antisocial or criminal traits in the definition of psychopathy, and the lack of differentiated analyses according to the specific dimensions of psychopathy. In light of these limitations, the aim of this study is to update the empirical evidence available since 2017 and to examine, in a differentiated manner, how the various dimensions of psychopathy are associated with the severity, frequency and types of IPV, thereby complementing the findings of Fernández-Suárez et al. (2018).

The research question guiding this systematic review, formulated in accordance with the PICOS model (Richardson et al., 1995), focuses on determining whether, in adults who have perpetrated physical, psychological or sexual violence against their partners, the presence of specific dimensions of psychopathy—assessed using validated instruments—is differentially associated with the perpetration, frequency, severity or type of intimate partner violence, considering exclusively quantitative empirical studies.

Updating and expanding the available knowledge in this area is crucial for understanding the individual factors involved in intimate partner violence (IPV), as well as for the design of specific and effective interventions. In this regard, analysing the differential role of psychopathic traits in perpetrators can offer relevant insights both for advancing research and for its application in clinical and forensic settings.

2. METHODOLOGY.

This systematic review was conducted in accordance with the methodological guidelines set out in the PRISMA 2020 statement (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses*; Page et al., 2021), with the aim of identifying and analysing empirical studies examining the relationship between psychopathic traits and the perpetration of *intimate partner violence* (IPV*)*. This review aims to update the available evidence from December 2017 to the present day, complementing and updating the previous review by Fernández-Suárez et al. (2018).

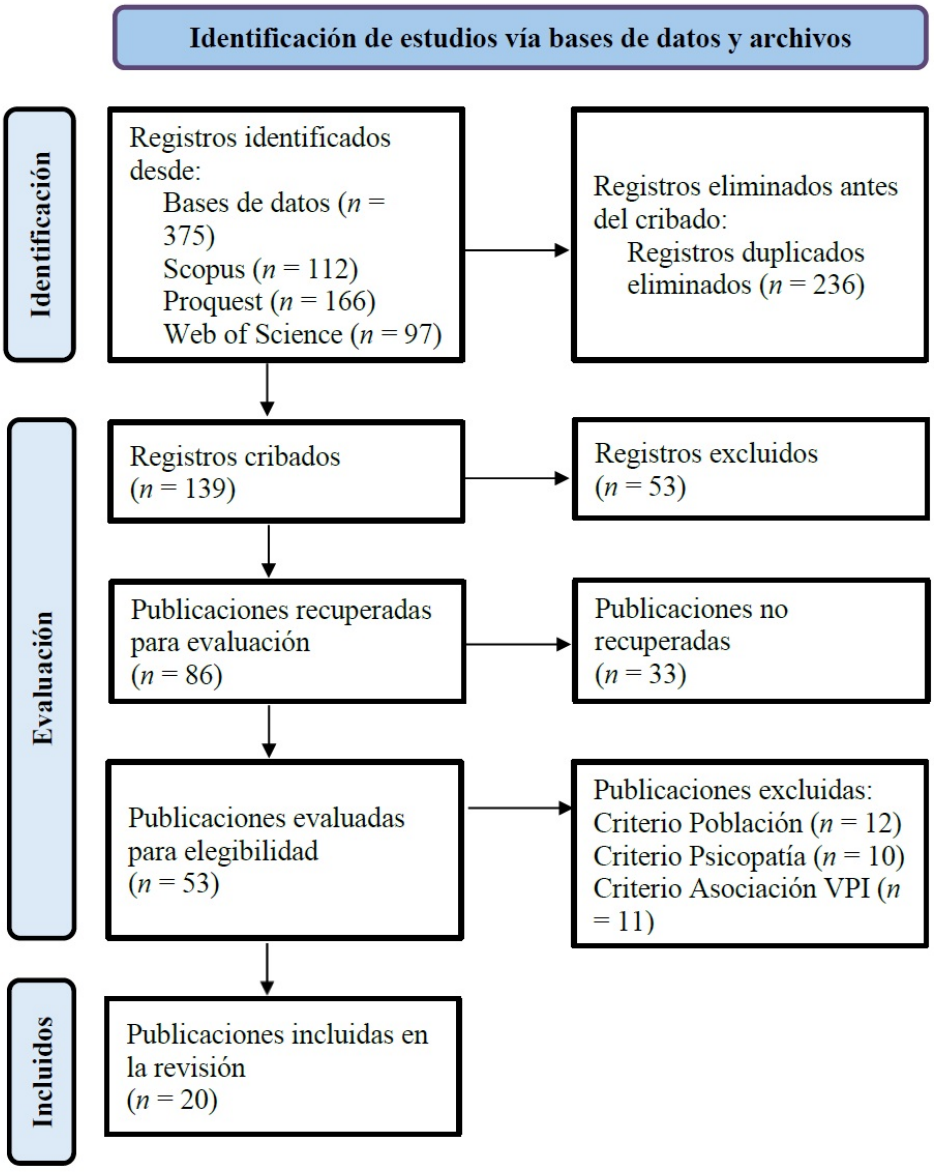
The literature search was conducted in April 2025 across three databases: Scopus, ProQuest and *Web of Science Core Collection*. A combined search strategy was employed, using the following terms across all databases: (*Psychopathy* OR *Psychopathic* OR *Psychopath* OR *"Psychopathic traits")* AND *("Intimate Partner Violence"* OR *"IPV" OR "Partner abuse"* OR *"Partner violence"* OR *"Relationship violence"* OR *"batterers"* OR *"Spousal* abuse" OR *"Spousal* violence"* OR *"Family Violence"* OR *"Domestic Violence"* OR *"Domestic Abuse"*). The results were filtered to include only scientific articles published between December 2017 and April 2025, with no language restrictions.

The following inclusion criteria were established for the selection of studies: quantitative empirical research; samples of adults (men and women) who had perpetrated physical, psychological or sexual violence against their partners; assessment of specific dimensions of psychopathy using validated psychometric instruments such as the *Psychopathy Checklist-Revised* (PCL-R), the *Psychopathy Checklist: Screening Version* (PCL:SV), the *Psychopathic Personality Inventory-Revised* (PPI-R), the *Self-Report Psychopathy Scale* (SRP) or the *Triarchic Psychopathy Measure* (TriPM); and direct analysis of the relationship between psychopathic traits and IPV, taking into account the frequency, severity or type of violence perpetrated. Studies that assessed recidivism as an indirect measure of the frequency of violence were included, as were studies on intimate partner homicide, as these are considered extreme expressions of physical violence. Studies of a qualitative or theoretical nature, reviews, meta-analyses, theses or editorials were excluded, as were studies focusing exclusively on adolescents, victims, minors exposed to violence, children, or clinical or forensic professionals. Furthermore, studies that did not directly assess the association between psychopathic traits and IPV were excluded. Where a single article contained several studies, only those that met the defined inclusion criteria were considered.

The study selection process was carried out in accordance with the phases set out in the PRISMA 2020 model (Page et al., 2021). The detailed flowchart of the process is presented in Figure 1.

Figure 1

Flowchart following the PRISMA 2020 model



To ensure the reliability of the study selection process, a peer review was carried out, in which two independent assessors independently examined the identified records, achieving an excellent level of agreement (κ = .76). Furthermore, a double-coding procedure was applied to verify the reliability of data extraction, yielding an average reliability index of .84, which indicates a good level of agreement according to conventional standards (Orwin, 1994).

The methodological quality of the studies included in this review was assessed using tools selected according to the research design of each article. Most of the studies were quantitative in nature and employed an associative approach; therefore, the *Critical Appraisal Skills Programme* (CASP, 2024) checklist, in its cohort-specific version, was used for cross- studies. For case-control studies (Brzozowski et al., 2021; Collison and Lynam, 2023; Fox et al., 2022; Halty et al., 2023; Santos-Hermoso et al., 2022), the CASP

version specific to case-control studies (CASP, 2024) was applied. The study by Babcock and Michonski (2019) was assessed using the CASP checklist adapted for experimental studies in psychology (CASP, 2024). Finally, the studies by Shaffer et al. (2021) and Verdugo-Martínez et al. (2025), which employed a longitudinal cohort design, were assessed using *Checklist 3* (*Cohort studies* from *the Scottish Intercollegiate Guidelines Network*; SIGN, 2019) for cohort studies. After applying the respective checklists, it was concluded that all articles had an overall methodological quality ranging from moderate to high; consequently, none were excluded on the basis of this criterion.

3. RESULTS.

The studies included in this review involved 7,706 participants (5,476 men, 2,230 women) across 22 studies involving adults, recruited from forensic centres (k = 8), the community (k = 11) or a combination of settings (k = 3). The studies were conducted in the United States (k = 7), the United Kingdom (k = 2), Spain (k = 4), Portugal (k = 3), Sweden, Canada and Italy (k = 1 each), or a combination of two countries (k = 3). Consequently, 45.8% of the studies included European samples. Table 1 presents a summary of the main characteristics and results of the reviewed studies.

Table 1

Summary of the characteristics of the studies included in the review

Studies (year)*	***Sample***	***Assessment tools***	***Type of violence***	***Results***
Babcock and Michonski (2019)	*N* = 79 100% men Country: USA *Mean* age = 29.9 (19–52) Community sample	PPI-SF (Factors 1 and 2) PAI-BOR CTS2 (physical, psychological and sexual violence) Emotion recognition + SCR	Physical	Secondary psychopathy (r = .30) and BPD (r = .20) are associated with higher levels of violence; primary psychopathy does not correlate with VPI
Brassard et al. (2022)	*N* = 226 100% men Country: Canada *Mean* age = 34.18 (18–69) Clinical/community sample	LSRP (primary and secondary psychopathy) CTS2	Physical, psychological and sexual (distinguished by severity)	Secondary psychopathy predicts higher psychological and sexual VPI scores (β = .26, p < .01); primary psychopathy is negatively associated with severe physical VPI scores (β = −.19, p < .05)

Studies (year)*	***Sample***	***Assessment tools***	***Type of violence***	***Results***
Brazil et al. (2023)	*N* = 286 participants 50% men 50% women Country: USA and Canada Men: *M* = 27.2 (18–60) Women: *M* = 25.8 (18–58) Community sample	SRP: SF SCIRS (sexual coercion) MJS (jealousy)	Sexual (coercion)	Total psychopathy predicts sexual coercion mediated by suspicious jealousy (β = .17 and .15)
Brzozowski et al., 2021	Study 1: *N* = 443 100% women Country: United Kingdom *Mean* age = 19.37 (18–45) Community sample	CTS2 LSRP PCL-R STAI MCMI-III	Physical	Only secondary psychopathy was significantly higher among female perpetrators of violence (*U* = 17,433.5, *p* = .005, *r* = −.14)
	Study 2: *N* = 92 100% women Country: United Kingdom *Mean* age = 19.09 (18–28) Community sample	CTS2 TriPM (meanness, disinhibition, audacity) RPQ	Physical	The female aggressors scored higher on the scales for meanness (*U* = 2249.5, *p* = .014) and boldness (*U* = 2300.5, *p* = .040), with high levels of both reactive and proactive aggression
Collison and Lynam (2023)	*N* = 307 54.7% women 45.3% men Country: USA *Mean* age = 39.4 Community sample	EPA-SSF PID-5 CTS2 RPQ CAB SCID-II-PQ	Physical and psychological	Total EPA correlates with physical VPI (*r* = .22), psychological VPI (*r* = .23), and proactive VPI (*r* = .48)
Cunha, Braga et al. (2021)	*N* = 152 100% men Country: Portugal *Mean* age = 42.8 (22–70) Forensic evidence and parole	PCL-R (total and 4 subscales) IVC (physical and psychological violence)	Physical and psychological	The affective dimension predicts a higher frequency of PVI (β = .239, *p* < .05) and is positively correlated with the total IVC score (β = - .673, *p* = .502)

Studies (year)*	***Sample***	***Assessment tools***	***Type of violence***	***Results***
Cunha et al. (2024)	*N* = 245 100% men Country: Portugal *Mean* age = 44.14 (22–81) Forensic and community sample	PCL-R IVC	Physical and psychological	Positive correlation between psychopathy and VPI frequency (total, physical and psychological); the interpersonal facet correlates significantly with psychological VPI frequency
Cunha, Pinheiro et al. (2021)	*N* = 279 100% men; Country: Portugal *Mean* age = 44.29 (22–81) Forensic and community sample	PCL-R IVC	Recidivism Physical and psychological	The antisocial facet of the PCL-R predicts general recidivism (*OR* = 1.71) and recidivism in VPI (*OR* = 2.00)
Fox et al. (2022)	*N* = 99 (57 VPI, 42 violent non-VPI) 100% men Country: USA *Mean* age = 32.4 Forensic sample Comparison group	PCL-R Life history interviews Neuropsychological tests	Physical (presence/absence of VPI)	The interpersonal facet (Factor 1) is negatively associated with membership of the VPI group ($r \approx -.27$); no differences were found in other facets
Golmaryami et al. (2021)	*N* = 216 77% women 23% men Country: USA *Mean* age = 22.93 (18–50) Community sample	ICU CTS2 SOI-R RCSI PRQC	Physical	CU traits predict physical VPI (β = .15, $p < .05$), dominance (β = .47, $p < .001$) and lower relational satisfaction (β = −.19)
Gómez et al. (2021)	*N* = 92 100% men; Country: Spain *Mean* age = 40.33 (22–61) Forensic sample	PCL-R (regrouped into 6 factors) Structured interviews	Physical (serious assault, attempted or completed homicide)	Factors relating to past criminality, impulsivity and manipulation predict greater involvement in IPV (model R^2 = .53)

Studies (year)*	***Sample***	***Assessment tools***	***Type of violence***	***Results***
Halty et al. (2023)	*N* = 76 100% men Country: Spain *Mean* age = 48 (20–86) Forensic sample	PCL-R (total, factors and facets) ENHVdG	Intimate partner homicide	Murder associated with high scores on Factor I and low scores on Factor II ($p < .0001$, $d = .85$), particularly with high scores on the affective facet ($M = 5.17$, $SD = 2.68$)
Hoffmann and Verona (2021)	*N* = 300 57% men 43% women Country: USA *Mean* age = 34.8 (18–62) Community sample with a history of criminal offences/substance use	PCL:SV (4 subscales) CTS2 (sexual coercion and physical violence)	Sexual (coercion) and physical violence as covariates	Women: the interpersonal facet predicts total and minor coercion (*IRR* = 1.50 and 1.45, respectively), and the antisocial facet predicts severe sexual coercion (*IRR* = 2.56) Men: the interpersonal facet correlates with total coercion ($r = .19$, $p < .05$)
Mejia et al. (2020)	Study 2: *N* = 125 53% women 47% men Country: USA *Mean* age = 36.74 Community sample	TriPM TLS CTS2 SOI	Physical and psychological	Meanness and disinhibition predict physical ($B = .27$ and .31, respectively) and psychological ($B = .32$ and .35, respectively) VPI
Plouffe et al. (2022)	Study 1: *N* = 399 (109 men, 290 women) Country: Canada and the US *Mean* age = 18.74 (18–34) Community sample	SRP-III (Factors 1 and 2) CTS2 NPI MACH-IV ASP	Physical and psychological	Psychopathy Factor 2 predicts psychological VPI (*IRR* = 1.40) and higher frequency in both physical ($\beta = .22$, $p < .01$) and psychological ($\beta = .38$, $p < .001$)

Studies (year)*	***Sample***	***Assessment tools***	***Type of violence***	***Results***
	Study 2: *N* = 360 (153 men, 207 women) Country: Canada and the USA *Mean* age = 34.39 (18–73) Community sample	SRP-III CTS2 NPI MACH-IV ASP	Severity of physical violence	Factor 2 predicts greater severity of physical IPV (β = .21, p = .004)
Santos-Hermoso et al. (2022)	*N* = 97 100% men Country: Spain *Mean* age = 46.4 (20–86) Forensic sample	PCL-R (4 dimensions) VPR ENHVdG database	Physical (lethal), psychological, control (financial/work-related)	High scores on Factor 2 and the antisocial facet are associated with a higher probability of VPI, particularly psychological VPI (p = .043 and p = .001 respectively)
Shaffer et al. (2021)	*N* = 885 100% men Country: USA Aged 18–25 Forensic sample	PCL: YV (juvenile psychopathy) Annual self-reports	Physical	Factor 2 (impulsivity/antisocial) predicts membership of the high VPI group (*OR* = 1.12, p = .013)
Sica et al. (2023)	*N* = 1,149 45.8% women 54.2% men Country: Italy *Mean* age = 31.3 Community sample	TriPM Questionnaire adapted from the tNISVS	Physical and psychological	Disinhibition predicts physical (β = 1.00) and psychological (β = 1.10) VPI; Meanness predicts VPI in women (β = 0.64 for psychological and 0.97 for physical); Audacity is negatively associated with psychological VPI
Sjödin et al. (2018)	*N* = 171 100% men Country: Sweden *Mean* age = 21.9 (18–25) Forensic sample (young people in prison)	PCL-R PPPAS AQ-RSV LHA	Physical and psychological	Factor 2 (lifestyle/antisocial) significantly higher in the high-violence cluster (d = .98); association with frequency and severity

Studies (year)*	***Sample***	***Assessment tools***	***Type of violence***	***Results***
Verdugo-Martínez et al. (2025)	*N* = 1,628 100% men Country: Spain *Mean* age = 38.99 (20–82) Forensic sample	LSRP (primary and secondary psychopathy) BIS-11 MSI-BPD	Recidivism in VPI (no specific type of violence)	Primary psychopathy increases the risk of recidivism by 2% for every point on the psychopathy scale; impulsivity by 3% (Cox model)

* Studies are listed in alphabetical order by the first author's surname.
Note: The meanings of the abbreviations appearing in the table can be found in the 'Abbreviations' section.

3.1. ASSOCIATION BETWEEN PSYCHOPATHY AND THE PERPETRATION OF IPV.

The results confirm the existence of significant associations between psychopathy and the perpetration of IPV, in line with the findings of Robertson et al. (2020). Fox et al. (2022) found that intimate partner offenders scored significantly higher on total psychopathy (W = 850.0, p < .05, r = –.25) compared with other violent offenders. Empirical evidence points to a significant relationship between total psychopathy scores and the likelihood of exhibiting trajectories of persistent physical violence (Shaffer et al., 2021), as well as correlations with physical and psychological aggression (Collison and Lynam, 2023; Santos-Hermoso et al., 2022).

Furthermore, the study by Cunha et al. (2024) showed that overall psychopathy significantly predicted the frequency of VPI (β = .13, p = .041), replicating previous findings such as those of Cunha, Braga et al. (2021), who demonstrated that total PCL-R scores significantly predicted the overall frequency of IPV, and those of Brazil et al. (2023), who identified a significant association between general psychopathy and higher levels of sexual coercion. It is thus evident that total psychopathy is significantly associated with the perpetration of IPV, although the magnitude of this association may vary depending on the specific facets assessed, the type of violence perpetrated, the gender of the perpetrator and the context of the assessment.

3.2. DIFFERENTIAL RELATIONSHIP BETWEEN THE DIMENSIONS OF PSYCHOPATHY AND TYPES OF VIOLENCE.

The literature shows that global psychopathy does not always accurately predict IPV, and it is necessary to break it down to identify differential effects. Various studies have analysed how specific facets of psychopathy relate to different types of IPV (physical, psychological and sexual). Based on Hare's model, the evidence consistently shows that Factor 2 is significantly associated with physical and psychological violence (U = 17.433.5, p = .005, r = −.14; d = .98) (Brzozowski et al., 2021; Plouffe et al., 2022; Santos-Hermoso et al., 2022; Sjödin et al., 2018). The interpersonal facet shows significant associations with psychological violence and sexual coercion (Fox et al., 2022; Hoffmann and Verona, 2021). Furthermore, the traits of callousness and emotional insensitivity *(* , considered the affective component of psychopathy, have been significantly associated with physical aggression (β = .15, p < .05) (Golmaryami et al., 2021).

Based on the triarchic model of psychopathy, distinct relationships have also been observed depending on the dimension assessed. Female perpetrators tended to show high levels of meanness (U = 2249.5, p = .014, r = −.25) and boldness (U = 2300.5, p = .040, r = −.21) (Brzozowski et al., 2021; Mejia et al., 2020). Similarly, Collison and Lynam (2023) found that antagonism and disinhibition correlate with psychological aggression (r = .27 and .22, respectively) and physical aggression (r = .26 and .30, respectively). Finally, Sica et al. (2023) highlighted that disinhibition was a robust predictor of all types of IPV, whilst audacity was negatively associated with psychological violence (β = –.23, 95% CI = –.30 to –.04).

3.3. THE RELATIONSHIP BETWEEN PSYCHOPATHIC TRAITS AND THE SEVERITY OF IPV.

With regard to the severity of IPV, Brassard et al. (2022) found that primary psychopathy predicted the most severe forms of psychological violence (β = .189, p = .007) and sexual violence (β = .192, p = .003), whilst secondary psychopathy was associated solely with minor psychological violence (β = .173, p = .024). According to the results presented by Hoffmann and Verona (2021), in women the antisocial facet is significantly linked to severe sexual coercion, whilst the interpersonal facet significantly predicts minor coercion. In contexts of femicide, the empirical evidence provided by Halty et al. (2023) shows that Factor 1 was significantly higher amongst perpetrators, particularly in its affective component (M = 5.17, SD = 2.68). Finally, Plouffe et al. (2022) identified Factor 2 as the sole significant predictor of the use of severe violent responses in hypothetical scenarios (β = .21, p = .004).

3.4. DIFFERENCES IN FREQUENCY AND RECIDIVISM ACCORDING TO THE FACETS OF PSYCHOPATHY.

The results regarding the frequency and recidivism of VPI indicate that certain psychopathic dimensions play a significant role. It is observed that both the affective facet (β = .239, p < .05) and the total PCL-R score (β = .229, p < .01) are significant predictors of the overall frequency of violence (Cunha, Braga et al., 2021), whilst the interpersonal facet has been specifically associated with the frequency of psychological violence (r = .21, p < .01) (Cunha et al., 2024). Furthermore, secondary psychopathy has been linked to the frequency of physical violence (Babcock and Michonski, 2019). These findings are reinforced by research highlighting that young people with high scores on Factor 2 exhibit more frequent and aggressive patterns of violence, thereby predicting trajectories of high and persistent physical violence (OR = 1.12, p = .013) (Shaffer et al., 2021; Sjödin et al., 2018).

With regard to recidivism, Cunha, Pinheiro et al. (2021) identified the antisocial facet as the only significant psychopathic predictor of recidivism in VPI (OR = 2.001, p < .01). Complementarily, Verdugo-Martínez et al. (2025) showed that primary psychopathy increased the risk of recidivism by 2% for each additional point, whilst impulsivity increased it by 3%.

4. DISCUSSION.

The aim of this review was to analyse the existing literature on the relationship between psychopathy and VPI. Whilst previous systematic reviews have focused on confirming the undeniable general association between the two constructs (Fernández-Suárez et al., 2018; Robertson et al., 2020), the specific contribution of this study lies in the empirical deconstruction of this relationship through an updated dimensional analysis. Moving beyond the view of psychopathy as a unitary construct is critical, as grouping all facets under a single overall score masks the underlying dynamics of aggression.

In this regard, the results presented reinforce the view that not all facets of psychopathy contribute equally, nor are they associated with the same types of violence. Firstly, a consistent relationship was found between the antisocial and affective facets and the perpetration of IPV, including physical, psychological and sexual violence (Brassard et al., 2022; Cunha, Braga et al., 2021; Cunha et al., 2024). Specifically, the affective facet predicts patterns of instrumental violence, whilst the antisocial facet is more closely linked to a type of impulsive violence (Plouffe et al., 2022; Sica et al., 2023; Sjödin et al., 2018). These patterns are consistent with those proposed by other studies that associate Factor 1 with instrumental and planned violence profiles and Factor 2 with general reactive violence and impulsivity (Kennealy et al., 2010; Ojanen and Findley-Van Nostrand, 2019; Swogger et al., 2007), highlighting the importance of distinguishing between the facets of psychopathy to understand the mechanisms underlying IPV. A possible explanation for these differential effects may lie in psychophysiological mechanisms. Babcock and Michonski (2019) demonstrated that primary psychopathy is associated with emotional hypoactivation, favouring instrumental violence, whilst secondary psychopathy is linked to emotional hyperreactivity consistent with reactive violence, partially replicating the findings of Armenti and Babcock (2018) regarding the moderating effect of affective empathy.

Some authors suggest that intimate partner offenders constitute a specific subgroup within violent offenders (Espinosa-Gárate et al., 2025; Suevos-Rodríguez et al., 2026). Fox et al. (2022) found that the interpersonal dimension distinguishes these offenders from others, suggesting a more premeditated form of violence, devoid of emotional or moral inhibitions and stable in nature, which represents a prospective risk factor for IPV. This is consistent with the findings of Halty et al. (2023) on lethal violence and with the specific factorial models proposed by Gómez et al. (2021), who identify variables such as impulsivity, criminal versatility and lack of empathy as robust predictors of severe violence.

With regard to contextual factors, variables such as exposure to interparental violence during childhood or violence against women by a partner (Cunha et al., 2024; Ríos Lechuga et al., 2024), dating violence (Arrojo et al., 2024) or antisocial trajectories during adolescence (Shaffer et al., 2021) emerge as relevant predictors of both psychopathy and IPV in adulthood. Furthermore, variables such as impulsivity, pathological jealousy, sexual consent (Gómez-Pulido et al., 2024) or factors relating to criminal history mediate the relationship between psychopathy and IPV, providing new explanatory pathways (Brazil et al., 2023; Cunha, Pinheiro et al., 2021; Gómez et al., 2021).

Although this was not a specific objective, the findings reveal a gender-differential profile in the relationship between psychopathy and IPV. Whilst female samples have been less extensively studied, it is confirmed that female perpetrators tend to exhibit higher levels of secondary psychopathy, spitefulness and verbal control (Brzozowski et al., 2021; Hoffmann and Verona, 2021), challenging previous stereotypes of female violence as purely reactive (Palumbo et al., 2020; Savard et al., 2015). This highlights the need to include gender as a moderator in future research, as well as to take into account demographic patterns and possible temporal trends (Gracia et al., 2025).

Despite methodological advances compared with previous studies, this review is not without limitations. Firstly, most of the included studies employ cross-sectional designs, which prevent the establishment of clear causal relationships, the tracing of developmental trajectories of violence, or the observation of the development of psychopathic traits. Furthermore, the heterogeneity in the instruments used to assess psychopathy hinders the direct comparison of results and may introduce biases in interpretation when working with different definitions of the dimensions of psychopathy. Added to this are the limitations in measuring violence, as many studies rely exclusively on self-reports from perpetrators, without cross-checking the information with victims; this may introduce social desirability bias and result in an underestimation or distortion of violent behaviours. Another shortcoming is the scarcity of research on sexual and economic violence (see Pineda-Rojas et al., 2025) or psychological coercion as specific forms of IPV, despite their growing relevance. Furthermore, the lack of psychophysiological measures makes it impossible to understand the mechanisms underlying violent behaviour. Finally, there remains an over-representation of male and Western samples, which hinders research into gender differences and limits the generalisability of the findings.

Despite these limitations, the results have significant clinical and forensic implications. The need to assess the facets of psychopathy separately is emphasised, as they can predict different patterns and severities of violence, the risk of reoffending, and even facilitate the identification of offender profiles (Cunha, Pinheiro et al., 2021; Fox et al., 2022; Granda-Vivas and Moral-Jiménez, 2025; Halty et al., 2023). This differentiation is key to designing interventions tailored to the specific profile of the perpetrator, thereby increasing their effectiveness. Treatment programmes should be tailored to incorporate specific strategies for managing impulsivity, emotional dysregulation and the development of interpersonal skills in secondary psychopathy; and to address the dynamics of power, control and manipulation that hinder the therapeutic alliance in primary psychopathy (Häkkänen-Nyholm, 2012; Savard et al., 2011). Furthermore, the findings support the development of preventive programmes targeting adolescents exposed to domestic violence to mitigate the intergenerational perpetuation of this problem. Furthermore, the need to consider moderating variables such as empathy, a history of childhood abuse, jealousy or impulsivity is highlighted, in order to improve the assessment of the risk of reoffending and the effectiveness of intervention programmes. In this regard, long-term follow-up after treatment is necessary, with continuous risk assessment.

Looking ahead to future research, it is essential to address the limitations identified by incorporating longitudinal designs to analyse developmental trajectories. Furthermore, there is a need to include female samples and comparative studies by gender , as well as research into the underlying mechanisms of IPV, including multifactorial explanatory

models that take into account both personality variables and historical and contextual factors. Finally, it would be necessary to incorporate the victims' perspective and employ multi-method approaches to overcome the limitations of self-reporting and move towards more comprehensive explanatory models. These findings not only enrich our understanding of the phenomenon, but also provide new opportunities for the design of more humane, sensitive and effective interventions, as well as assisting in the conduct of expert assessments (e.g., Palomares-Rodríguez et al., 2024).

5. CONCLUSIONS.

This review goes beyond merely confirming a theoretically expected premise, such as the general association between psychopathic traits and IPV. Its true justification and value lie in the practical and forensic implications derived from the clinical differentiation between the dimensions of psychopathy. The findings critically demonstrate that the profile of the aggressor is not homogeneous and, therefore, the approach cannot be standardised.

Adopting a multifactorial approach and distinguishing between proactive, instrumental and coercive violence (characteristic of primary psychopathy or Factor 1) and reactive, impulsive and dysregulated aggression (characteristic of secondary psychopathy or Factor 2) is of particular interest. On the one hand, perpetrators with a predominance of primary psychopathy—linked to coercive control, manipulation and a potential false therapeutic alliance—require strategies focused primarily on strict containment and objective risk management. On the other hand, a profile dominated by secondary psychopathy—characterised by high reactivity and an unstable lifestyle—requires intensive interventions centred on emotional regulation and impulse control.

In short, the dimensional analysis of psychopathy is not merely a theoretical refinement, but the cornerstone for refining risk assessment tools. Furthermore, it will enable us to optimise decision-making within the prison system and design more effective interventions that are tailored to each profile and genuinely aimed at reducing reoffending.

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