



Pergamon

Aggression and Violent Behavior  
8 (2003) 235–243

**AGGRESSION  
AND  
VIOLENT  
BEHAVIOR**

# Use of the Millon Clinical Multiaxial Inventory in the psychological assessment of domestic violence: A review

Robert J. Craig\*

*Illinois School of Professional Psychology, Chicago, IL, USA*

Received 22 February 1999; received in revised form 1 April 2000; accepted 4 May 2001

---

## Abstract

An Millon Clinical Multiaxial Inventory (MCMI)-based literature review found that the personality disorders of antisocial, aggressive–sadistic, passive–aggressive (negativistic), and, to some extent, narcissistic are more prevalent in the MCMI profile codes of male spouse abusers. There is a relative absence of Axis I syndromes, although substance abuse of moderate intensity was also extant in these profiles. Some patients produced a normal profile on the MCMI, and their domestic violence may not be a product of a personality disorder. We conclude that the MCMI may be a useful instrument to assess the personality of males in treatment for domestic violence. Elevations of these defined scales may be used as markers to evaluate personality styles at risk for domestic abuse.

© 2001 Elsevier Science Ltd. All rights reserved.

---

## 1. Introduction

Domestic violence has recently become the focus of attention of assessment psychologists who continue to seek ways of identifying and redressing this behavior. In the most recent epidemiological report on the prevalence of domestic abuse, a nationwide, community hospital-based study, which surveyed almost 3500 women, found that 10% of women reported fear of their partner or ex-partner and 2.2% had acute physical abuse trauma which precipitated their visit to the hospital. Fourteen percent reported physical or

---

\* Drug Abuse Program, West Side VAMC, 820 South Damen Avenue, Chicago, IL 60612-3740, USA.

sexual abuse in the past year, and 37% reported abuse at some point in their lifetime (Dearwater et al., 1998).

The *Diagnostic and Statistical Manual of Mental Disorders — Fourth Edition* (DSM-IV) (American Psychiatric Association, 1994) does not contain an Axis I clinical syndrome specific to domestic violence. Instead the manual provides a V Code (i.e., V61.1 Physical Abuse of Adult) when the primary clinical focus is on physical violence. However, the issue of diagnosing domestic violence is complicated by the fact that many patients deny, distort, minimize, or otherwise hide this behavior in order to perpetuate it and/or to avoid criminal prosecution. Thus, simply asking a patient if they engage in domestic violence or have a history as a perpetrator of physical abuse can be insufficient to identify the problem. On the other hand, if we had diagnostic instruments where a test profile would suggest this problematic behavior despite such denials, then we would be in a better position to make the diagnosis and initiate interventions.

Diagnostic instruments may include structured psychiatric interviews or psychometric tests. The presently available structured psychiatric interviews, such as the Schedule for Affective Disorders and Schizophrenia (Endicott & Spitzer, 1978), and the Structured Clinical Interview for DSM-III-R (SCID-II) (Spitzer, Williams, Gibbon, & First, 1992), do not include screening items for domestic violence. Psychometric assessment instruments can be categorized as either broad band or narrow band tests. Narrow band tests assess for a particular entity or disorder. There is no published narrow band test specific for domestic violence. Further, it is unlikely that such assessment instruments will ever be developed due to the problem of lying or underreporting among perpetrators of abuse. On the other hand, broad band self-report inventories screen for a wide array of problems. Sometimes the item pool does not even address any questions related to the behavior being assessed (e.g., domestic violence). However, if a certain test profile consistently appears on these tests, and if research can establish that this profile is associated with domestic violence, then we can make the diagnosis even when the patient is attempting to conceal the problem.

Among broad band instruments, the MMPI and the Millon Clinical Multiaxial Inventory (MCMI) as revised (Millon, 1983, 1987, 1994, 1997a) are the most popular self-report personality measures (Craig & Horowitz, 1990; Watkins, Campbell, Niebeding, & Hallmark, 1995). The MCMI is derived from Millon's bioevolutionary theory on the development of personality styles and personality disorders (Millon & Davis, 1994). This instrument has generated a large literature base (Craig, 1993a, 1993b; Millon, 1997b) published interpretive manuals (Choca & Van Denburg, 1997; Craig, 1993b), critical reviews (Craig, 1999; Wetzler, 1990), and reviews with special populations (Craig & Weinberg, 1992a, 1992b). Clearly, the MCMI now occupies an important role in the assessment of patients with clinical disorders.

In its current version, the MCMI-III consists of four validity scales (Validity Index, Disclosure, Desirability, and Debasement), 10 scales measuring clinical personality styles or disorders (schizoid, depressive, avoidant, dependent, histrionic, narcissistic, antisocial, compulsive, passive-aggressive, and self-defeating), three measuring more severe personality dysfunctions (schizotypal, borderline, and paranoid), eight Clinical Syndrome scales (anxiety, bipolar, manic, somatoform, dysthymia, alcohol dependence, drug dependence, and

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات