



## MCMI-III Grossman personality facets among partner-violent men in prison<sup>1</sup>

Ismael Loinaz<sup>2</sup> (*Universidad del País Vasco UPV/EHU, Spain*)

Margarita Ortiz-Tallo (*Universidad de Málaga, Spain*), and

Marta Ferragut (*Universidad de Málaga, Spain*)

**ABSTRACT.** Assessment of personality is one of the key yet most difficult issues in the study of violent behavior. Recent research on intimate-partner violence highlights the need to describe offender typologies in order to tailor interventions to their needs. The Millon Clinical Multiaxial Inventory-III (MCMI-III) is commonly used in clinical and forensic settings, and Grossman facets are the latest additions to this instrument. They allow a more molecular diagnosis and may provide greater predictive ability when assessing violence. This study examines MCMI-III Grossman facets in 175 partner-violent men in prison. The results suggest the existence of three personality profiles that differ in their personality pathology severity, from lower pathological (Group 1; 27%) to greater pathological (Group 3; 30%). Subjects in Group 3 are more likely to show pathologies related to paranoid, sadistic, antisocial, negativistic, and borderline facets, which are all related to violent behavior. This group reported significantly more psychological aggression and minor sexual coercion (using the Conflict Tactics Scales-2, CTS-2), however, no differences regarding physical violence were found. Implications of these findings for interventions with intimate partner violence perpetrators are discussed.

**KEYWORDS.** Partner-violent men. Personality disorders. Personality facets. Forensic assessment. *Ex post facto* study.

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<sup>2</sup> Correspondence: University of the Basque Country UPV/EHU. Department of Personality, Assessment and Psychological Treatment. Avda. Tolosa, 70. 20.018 San Sebastián (Spain). Email:ismael.loinaz@gmail.com

**RESUMEN.** La personalidad es uno de los aspectos más importantes y complejos en la evaluación del comportamiento violento. Investigaciones recientes sobre violencia contra la pareja destacan la necesidad de describir tipologías de agresores con el objetivo de poder adaptar las intervenciones psicológicas. El Inventario Clínico Multiaxial de Millon (MCMI-III) es un instrumento de elección en el contexto clínico-forense y las facetas de Grossman son la última aportación internacional a esta herramienta. Estas permiten un diagnóstico más molecular y pueden proporcionar una mayor capacidad predictiva de la violencia. El presente estudio examina las facetas de Grossman del MCMI-III en 175 agresores de pareja en prisión. Los resultados sugieren la existencia de tres perfiles de personalidad, que difieren en la gravedad de su sintomatología, de menor (grupo 1; 27%) a mayor patología (Grupo 3; 30%). El grupo 3 muestra alteraciones relacionadas con facetas paranoídes, sádicas, antisociales, negativistas y límites, todas ellas relacionadas con el comportamiento violento. Este grupo muestra significativamente más violencia psicológica y coerción sexual menor (autoinformada en la *Conflict Tactics Scales, CTS-2*) pero no se dan diferencias respecto a la violencia física. Se discute la utilidad de las facetas de la personalidad para la intervención en la violencia de pareja.

**PALABRAS CLAVE.** Agresores de pareja. Trastornos de personalidad. Facetas de Grossman. Evaluación forense. Estudio *ex post facto*.

The study of personality traits and disorders is key to the understanding of violent behavior; although it is a complex and controversial aspect of psychological assessment and treatment. This complexity arises due to competing bodies of knowledge, discrepancies between dimensional (*e.g.*, Livesley's or Millon's theories) and categorical models (DSM-IV and ICD-10), and debate surrounding the existence of a normal/pathological personality *versus* a continuum between normal and disordered people in some factors or traits (Krueger, Skodol, Livesley, Shrout, and Huang, 2007; Trull, Distel, and Carpenter, 2011; Widiger, 2011; Trull and Durrett, 2005; Widiger, Livesley, and Clark, 2009). Furthermore, legal and forensic constructs regarding the association between disorders and aggression makes studying this challenging, especially when causality is analyzed.

Beyond these controversies, the future of personality disorder (PD) types for DSM-5 is being discussed, with a proposal for some specific disorders (antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, and schizotypal) being rated in a dimensional way. This decision results from the excessive co-occurrence of PD using categorical system or the rare occurrence of one PD in the absence of another Axis I or II disorder (Obiols, 2012; Skodol *et al.*, 2011).

Antisocial, paranoid, narcissistic, borderline, and avoidant personality disorders are usually associated with violent behavior (Fountoulakis, Leucht, and Kaprinis, 2008; Nestor, 2002; Novaco, 2010; Stone, 2007; Völlm, 2009). Some personality traits may explain, in part, why some individuals react to stress with violence, or why individuals under the same criminogenic conditions respond differently (Contreras, Molina, and Cano, 2011; Jones, Miller, and Lynam, 2011; Rodríguez *et al.*, 2011). Nevertheless, when the reason for violent behavior cannot be explained, PD are often invoked to account for this aggression with the risk of falling into a circular reasoning (McMurran and Howard, 2009). Therefore, the presence of a PD is not always the cause of aggression, but must be considered and carefully assessed.

The study of personality has proved useful in the assessment of partner-violent men (PVM) and the Millon Clinical Multiaxial Inventory (MCMI) plays an important role in this assessment (Craig, 2003). Scales of the MCMI-III such as antisocial, aggressive-sadistic, passive-aggressive, borderline, and paranoid are used as indices of aggression in forensic contexts (Craig, 2005). The MCMI also has a special role in the internationally proposed batterer typologies (Eckhardt, Samper, and Murphy, 2008; Huss and Langhinrichsen-Rohling, 2006; Johnson *et al.*, 2006; White and Gondolf, 2000) as well as in the Spanish proposed classifications (Loinaz, Echeburúa, and Torrubia, 2010; Loinaz, Ortiz-Tallo, Sánchez, and Ferragut, 2011; Ortiz-Tallo, Cardenal, Blanca, Sánchez, and Morales, 2007; Ortiz-Tallo, Fierro, Blanca, Cardenal, and Sánchez, 2006). Although PVM are a heterogeneous group, research using MCMI suggests certain characteristics associated with their abusive behavior and differential profiles.

In a review of the use of MCMI in psychological assessment of intimate partner violence, Craig (2003) concludes that there is no MCMI offender profile. It can be argued that there is a considerable diversity of personality pathology among PVM (Gibbons, Collins, and Reid, 2011), with a profile characterized by anger, impulsivity, and alienation (Fowler and Westen, 2011; Porcerelli, Cogan, and Hibbard, 2004).

Attending to these personality and violence features, one of the issues that must be taken into account, when analyzing the average profile of PVM, is that it can be a composite of several kinds of men with different personality configurations and etiologies (Fowler and Westen, 2011; Soria, Armadans, Viñas, and Yepes, 2009). Therefore, subtypes analysis must be common practice in working with these offenders and in forensic assessment.

Likewise, the comorbidity with personality disorders, substance abuse, or psychotic symptoms is common in forensic groups (Craig, 2005). Research demonstrates a high prevalence of comorbidity between PD and Axis I clinical syndromes in some intimate partner violence offenders (*e.g.*, Gibbons *et al.*, 2011; Loinaz *et al.*, 2011), highlighting that this group presents special treatment needs.

It is important, in the clinical and forensic research fields, to develop appropriate interventions and accurate prediction systems through batterer personality subtypes (*e.g.*, for violence risk, for treatment outcomes), implying each type a unique set of treatment needs (Gondolf, 2002). White and Gondolf (2000) investigated the potential of MCMI-III batterer profiles, interpreting combinations of scores on certain scales as a kind of personality tendency or disorder. The participants were divided into low (56%), moderate (23%), and severe (18%) personality dysfunction. Based on this classification, treatment implications were proposed.

Facets (content scales) are subscales within each construct of an instrument (*e.g.*, a personality disorder) that allow a detailed description and assessment of each factor or disorder. Facet scales are developed from the original test's item pool in a *post hoc* manner (Grossman and del Rio, 2005) and aim to improve and refine clinical diagnosis.

The use of more narrow traits, like those used in the Five Factors model, provides greater predictive ability when assessing violence or antisocial behavior (Jones *et al.*, 2011). Furthermore, the facet approach may provide greater flexibility for researchers in the assessment of multidimensional constructs such as psychopathic or antisocial

personality. Also, personality facets may be useful in the assessment of forensic samples (Stupperich, Ihm, and Strack, 2009). The accurate assessment of personality disorders can also be used to tailor interventions and improve treatment efficacy (Gibbons *et al.*, 2011), one of the proposed utilities of the batterers' typologies.

The MCMI-III facet scales address some of the personality assessment and treatment complexities in different ways (Grossman and del Rio, 2005): a) they allow for a more molecular view of the primary diagnosis, being more discriminative than a categorical diagnosis; b) facets do not require a full elevation of a primary MCMI-III scale to hold interpretative value, important for those cases with problematic features that do not reach threshold for a diagnosis; c) facets can detect elevations between primary scales, regardless if they occur more than once, that are directly related to the presentation of disorders in a non-prototypical way.

The current *ex post facto* study (Montero and León, 2007), based on Hartley's (2012) guidelines, analyzes personality patterns in a male partner-violent group in prison, and the utility of the MCMI-III facets in this assessment. It also examines the relationship of the facets with violent behavior and compares the results with previous studies on personality in PVM. The research findings may have implications for the treatment of perpetrators and for risk management and forensic assessment.

## Method

### Participants

Participants were 175 partner-violent men serving a prison sentence in Spain ( $n = 127$  from *Brians-2* prison, Barcelona; and  $n = 47$  from *Alhaurín de la Torre* prison, Malaga), assessed with a comprehensive assessment protocol including the MCMI-III. The mean age of the group was 39.20 years ( $SD = 9.50$ ; range 22-72). Almost 80% of participants were Spanish ( $n = 139$ ; 79.40%). Among those who were not Spanish ( $n = 36$ ; 20.60%), the majority were Latin American ( $n = 25$ ; 70%). Offenders were most commonly imprisoned for battery/abuse-mistreatment (30%), physical injuries (27%), and threats (20%); followed by aggravated battery (9%), violation of restraining or protective orders (9%), and homicide (5%).

### Instruments

- Millon Clinical Multiaxial Inventory III (MCMI-III, Millon, Davis, and Millon, 1997). The Spanish adaptation of the MCMI-III was used (Cardenal and Sánchez, 2007). It is a self-report inventory composed of 175 true-false items. The MCMI-III assesses 24 clinical scales (11 personality disorders, 3 severe personality disorders, 7 clinical syndromes, 3 severe syndromes), and has 4 validity indices. This instrument has been widely used in the assessment and typological classification of partner-violent men. MCMI uses base-rate (BR) scores (BR are transformed scores reflecting the prevalence rates of particular characteristics within the standardization sample) ranging from 0 to 115 (a BR score  $\geq 75$  indicates the presence of a trait; a BR score  $\geq 85$  indicates the presence of a

disorder). The original version of MCMI-III (Millon *et al.*, 1997) has produced alpha coefficients ranging from .66 to .90 and test-retest reliabilities ranging from .82 to .96. The Spanish adaptation has similar properties, with internal consistency ranging from .65 to .88, with a test-retest median of .91 (Cardenal and Sánchez, 2007).

- Revised Conflict Tactics Scales (CTS-2) (Straus, Hamby, Boney-McCoy, and Sugarman, 1996). The CTS-2 is a 78-item self-report inventory (39 items for perpetration and 39 for victimization) and is the most widely used instrument to measure the extension and magnitude of intimate partner violence. Items are rated on a 0-7 scale and scored according to a frequency-weighted system proposed by Straus *et al.* (1996): answers 0, 1, and 2, the same values; 3 (4 points); 4 (8 points); 5 (15 points); and 6 (25 points). Its internal consistency (Cronbach's alpha) varies between .34 and .94 (Straus, 2004, 2007), with similar psychometric properties in the English and Spanish versions (Connelly, Newton, and Aarons, 2005). The test-retest reliability in batterers has been found to range from .80 to .49, depending on the scale (Vega and O'Leary, 2007). In this study, the Spanish version of Loinaz (2008; see Loinaz, 2009) was used, with an internal consistency of .88 for the 39 items of perpetration in the same sample of partner-violent men (ranging from .59 to .83 among the subscales) (Loinaz, Echeburúa, Ortiz-Tallo, and Amor, 2012).

#### *Procedure*

Participants were individually informed about the aim of the research and their participation was voluntary, and confidential (was not rewarded, and did not affect in any sense the conditions of conviction). After signing a written informed consent form, an individual interview was conducted lasting at least 90 minutes. In a second group session, participants responded individually to the MCMI-III and CTS-2. After completing the assessment protocol, results were reviewed in a final individual session to validate information.

#### *Data analysis*

First, the 35 MCMI-III personality facets were analyzed in the whole sample. Second, cluster analysis was performed to identify potential subgroups of partner-violent men on the basis of personality facets most commonly related to aggressive behavior (from the antisocial, paranoid, narcissistic, borderline and avoidant domains). This is a commonly used methodology to classify individuals into relatively homogeneous groups. For this purpose, *Ward's hierarchical agglomerative method was chosen, as this has been previously undertaken to determine partner-violent men typologies* (Chambers and Wilson, 2007; Eckhardt *et al.*, 2008; Holtzworth-Munroe, Meehan, Herron, Rehman, and Stuart, 2000; Huss and Ralston, 2008). K-means cluster analyses were also performed to confirm the classification.

Nonparametric tests were conducted to identify differences between clusters on personality facets and intimate partner violence (in the CTS-2) because data did not meet the assumptions of normality of distribution or homogeneity of variance. Kruskal-Wallis test (rather than ANOVA) was used for differences among the three groups. Post-hoc paired comparisons, using Bonferroni correction for multiple comparisons (the

significance level for testing each dependent variable was:  $\alpha = .05/3 = .017$ ), were carried out with Mann–Whitney *U* tests (rather than *t* tests).

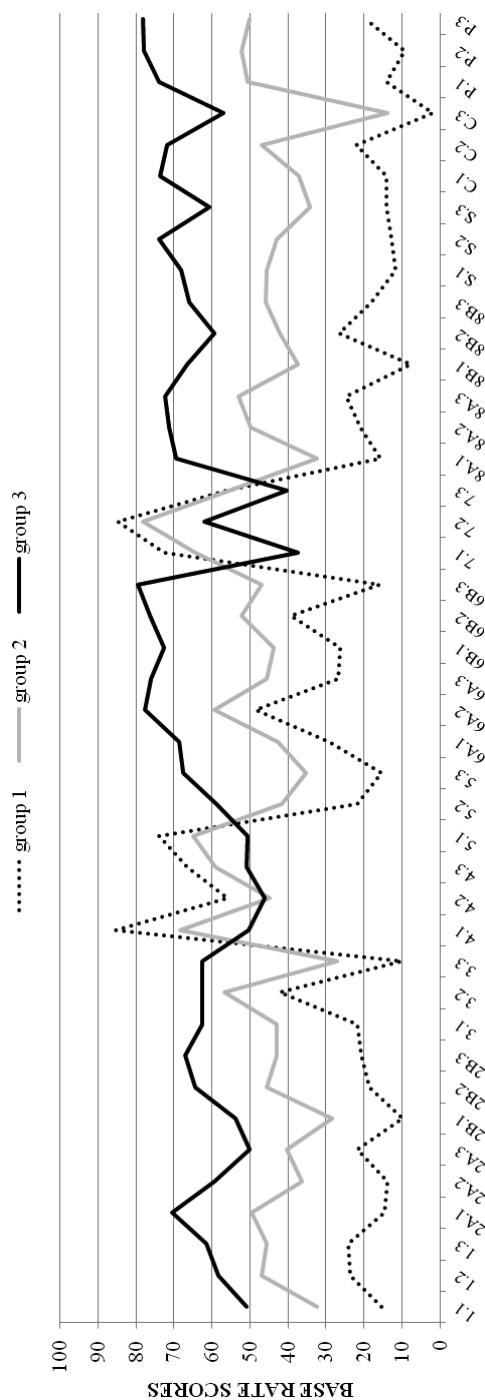
## Results

### *Facets scores*

MCMI-III facets mean base rate scores and standard deviations for the full sample ( $N = 175$ ) are shown in the Table 1. The most prominent facets were Interpersonally Respectful (compulsive), Gregarious Self-Image (histrionic), Admirable Self-Image (narcissistic), and Acting-Out Mechanism (antisocial). The higher mean scores for histrionic, narcissistic, and compulsive facets could be related to social desirability response bias or non-pathological personality styles. Elevations in antisocial, paranoid, and sadistic facets could reflect a profile of more severe partner-violent men.

**TABLE 1.** MCMI-III Grossman personality facet scales mean base-rate scores ( $N = 175$ ).

<i>Subscale</i>	<i>M</i>	<i>SD</i>	<i>Subscale</i>	<i>M</i>	<i>SD</i>
Schizoid			Sadistic		
1.1 Temperamentally Apathetic	33.10	25.40	6B.1 Temperamentally Hostile	47.50	26.30
1.2 Interpersonally Unengaged	44	26.20	6B.2 Eruptive Organization	55.50	29.60
1.3 Expressively Impassive	44.20	26.20	6B.3 Pernicious Representations	47.90	31.20
Avoidant			Compulsive		
2A.1 Interpersonally Aversive	46.30	27.40	7.1 Cognitively Constricted	58.90	23
2A.2 Alienated Self-Image	37	27.90	7.2 Interpersonally Respectful	75.30	22.80
2A.3 Vexatious Representations	38.20	24.10	7.3 Reliable Self-Image	51.10	24.40
Depressive			Negativistic		
2B.1 Temperamentally Woeful	30.70	28.60	8A.1 Temperamentally Irritable	38.70	27.60
2B.2 Worthless Self-Image	43.90	25.80	8A.2 Expressively Resentful	48	27.30
2B.3 Cognitively Fatalistic	43.90	27.30	8A.3 Discontented Self-Image	50.90	26.40
Dependent			Masochistic		
3.1 Inept Self-Image	42.70	25.70	8B.1 Discredited Representations	38	29.50
3.2 Interpersonally Submissive	54.20	24.30	8B.2 Cognitively Diffident	42.90	25.60
3.3 Immature Representations	32.90	29.80	8B.3 Undeserving Self-Image	44	26.90
Histrionic			Schizotypal		
4.1 Gregarious Self-Image	67.80	26.70	S.1 Estranged Self-Image	42.90	27.50
4.2 Interpersonally Attention-Seeking	48.20	25	S.2 Cognitively Autistic	43.80	33.20
4.3 Expressively Dramatic	58.50	24	S.3 Chaotic Representations	36.60	25.30
Narcissistic			Borderline		
5.1 Admirable Self-Image	63.30	20.60	C.1 Temperamentally Labile	41.80	28.60
5.2 Cognitively Expansive	41.20	26.90	C.2 Interpersonally Paradoxical	47.30	25.40
5.3 Interpersonally Exploitive	39.40	30.10	C.3 Uncertain Self-Image	23.40	29.80
Antisocial			Paranoid		
6A.1 Expressively Impulsive	46.60	25.80	P.1 Cognitively Mistrustful	47.30	32.40
6A.2 Acting-Out Mechanism	61.60	24.90	P.2 Expressively Defensive	48.10	32.80
6A.3 Interpersonally Irresponsible	49.30	29.30	P.3 Projection Mechanism	50.20	30.80

**FIGURE 1.** Base rate score graphical profiles.

*Personality cluster*

Cluster analysis identified three groups based on base-rate scores. Their graphical profile is represented in Figure 1. Group 1 ( $n = 47$ ; 27%) exhibited the highest scores on all histrionic (Gregarious Self-Image, Interpersonally Attention-Seeking, and Expressively Dramatic) and compulsive facets (Cognitively Constricted, Interpersonally Respectful and Reliable Self-Image), and on Admirable Self-Image (from narcissistic domain), and was labeled «non pathological». Group 3 ( $n = 53$ ; 30%) showed the highest elevations in scores for all other personality facets, and was labeled «pathological/antisocial». Group 2 ( $n = 75$ ; 43%) showed an intermediate personality profile with scores between those of Groups 1 and 3, and was labeled «mixed» group.

Table 2 presents the means and standard deviations for each partner-violent men subtype. Kruskal-Wallis test revealed significant differences ( $p < .05$ ) among the 3 groups. Using a Bonferroni corrected alpha level ( $\alpha = .017$ ), differences between Groups 1 and 3 were significant with regards to all variables (Mann-Whitney Test,  $p < .001$ ); except facet 4.2 ( $p = .47$ ). Differences between Groups 1 and 2 were all significant except in expressively dramatic ( $z = -1.88$ ;  $p = .060$ ), interpersonally respectful ( $z = -.85$ ;  $p = .395$ ), and reliable self-image facets ( $z = -.29$ ;  $p = .771$ ). Between Groups 2 and 3, only scores on interpersonally submissive ( $z = -1.70$ ;  $p = .089$ ), interpersonally attention-seeking ( $z = -.35$ ;  $p = .726$ ), and expressively dramatic facets ( $z = -1.93$ ;  $p = .054$ ) did not differ significantly.

**TABLE 2.** Means and standard deviations for different subtypes of offenders in MCMI-III Grossman personality facets.

		Non pathological group ( $n = 47$ )		Mixed group ( $n = 75$ )		Antisocial pathological group ( $n = 53$ )		$\chi^2_{(2)}$ *	$p$
		$M$	$SD$	$M$	$SD$	$M$	$SD$		
Schd	1.1 Temperamentally Apathetic	15.50	16.60	32.40	22.40	51	23.90	46.60	<.001
	1.2 Interpersonally Unengaged	23.70	18.90	47	23.80	58.20	24.40	42.70	<.001
	1.3 Expressively Impassive	24.30	19.80	45.50	22.70	61.40	23	52.40	<.001
Avoi	2A.1 Interpersonally Aversive	14.60	14.30	49.70	19.60	70.60	15.70	102.50	<.001
	2A.2 Alienated Self-Image	13.90	15.90	36.30	23	59.40	25.30	64.80	<.001
	2A.3 Vexatious Representations	21.70	18.70	40.20	21.30	50	24.50	34.90	<.001
Depr	2B.1 Temperamentally Woeful	10	18.80	28.40	24.10	53.70	25.80	59.10	<.001
	2B.2 Worthless Self-Image	18.50	15.40	45.70	18.30	64.40	23.20	80.30	<.001
	2B.3 Cognitively Fatalistic	20.60	20.40	42.90	21.50	67	20.30	73.70	<.001
Depe	3.1 Inept Self-Image	21.60	17.90	43.10	20.60	62.50	22	64.50	<.001
	3.2 Interpersonally Submissive	42.10	24.10	56.80	21.20	62.60	24.20	18.30	<.001
	3.3 Immature Representations	10.20	18.90	27	22.30	62.60	22.80	81.60	<.001
Hist	4.1 Gregarious Self-Image	85.40	15.20	68.50	25.40	50.40	26	45.80	<.001
	4.2 Interpersonally Attention-Seeking	56	19.30	44.80	25.90	46	26.40	7	.030
	4.3 Expressively Dramatic	66.50	22.50	59.10	22.40	50.90	25.80	10.70	.005

**TABLE 2.** Means and standard deviations for different subtypes of offenders in MCMI-III Grossman personality facets. (Cont.)

		Non pathological group (n = 47)		Mixed group (n = 75)		Antisocial pathological group (n = 53)		$\chi^2_{(2)}^*$	<i>p</i>
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Narc	5.1 Admirable Self-Image	74.10	10.80	65	17.20	50.60	24.90	29.20	<.001
	5.2 Cognitively Expansive	21.70	17.90	41.50	23.90	59	25.40	47.40	<.001
	5.3 Interpersonally Exploitive	15.50	15.10	35.40	25.10	67.70	23.30	75.40	<.001
Anti	6A.1 Expressively Impulsive	29.30	22.60	42.80	21.90	68.70	17.10	63.90	<.001
	6A.2 Acting-Out Mechanism	48.50	25.10	59.40	22.20	77.80	18.90	39.10	<.001
	6A.3 Interpersonally Irresponsible	26.90	23.60	45.70	23.90	76	17.40	75.80	<.001
Sadi	6B.1 Temperamentally Hostile	26.40	19.10	43.70	20.50	72.60	18.60	78.20	<.001
	6B.2 Eruptive Organization	39.30	29.20	52.20	26.70	76.50	20.10	45.60	<.001
	6B.3 Pernicious Representations	15.80	17.60	47	23.40	79.40	14.50	99.20	<.001
Comp	7.1 Cognitively Constricted	72.70	17.30	64.50	18.30	37.50	18.50	64.90	<.001
	7.2 Interpersonally Respectful	84.90	15.40	78.30	23.80	62.10	21.80	31.90	<.001
	7.3 Reliable Self-Image	56.30	24.40	55.50	24.20	40.30	21.70	15.40	<.001
Nega	8A.1 Temperamentally Irritable	15.80	14.90	32.40	20.10	69.30	16.40	100.60	<.001
	8A.2 Expressively Resentful	20.90	20.10	49.80	21.30	71.30	14.30	91	<.001
	8A.3 Discontented Self-Image	24.70	17.40	53.10	20.80	72.40	17.60	83.60	<.001
Maso	8B.1 Discredited Representations	7.80	13.10	37.40	22.50	66.60	19.90	99.30	<.001
	8B.2 Cognitively Diffident	26.50	18.40	42.30	22.30	59.30	25.80	38.30	<.001
	8B.3 Undeserving Self-Image	18.10	17.90	45.80	20.40	65.90	20.10	81.60	<.001
Scht	S.1 Estranged Self-Image	11.80	16.40	45.70	16.10	68.20	18.50	106.90	<.001
	S.2 Cognitively Autistic	12.80	19.40	43	25.60	74	24.40	87.80	<.001
	S.3 Chaotic Representations	14.10	14.10	34.20	19.70	60.80	18.90	86.10	<.001
Bord	C.1 Temperamentally Labile	14.10	16.10	37.20	19.80	73.80	13.50	113.90	<.001
	C.2 Interpersonally Paradoxical	21.90	17.10	47	17.30	71.70	15.80	100.10	<.001
	C.3 Uncertain Self-Image	2	5.60	13.70	22	56.90	23.90	89.10	<.001
Para	P.1 Cognitively Mistrustful	14	22.60	50.70	24.50	73.90	20.50	85.20	<.001
	P.2 Expressively Defensive	9.40	14.50	52.20	24.80	77.90	15.90	105.60	<.001
	P.3 Projection Mechanism	19.60	22.60	50.20	24.60	78.30	14.50	91.10	<.001

Note. \*Kruskal-Wallis test; MCMI-III personality scales. Schd = Schizoid (scale 1); Avoi = Avoidant (scale 2a); Depr = Depressive (scale 2b); Depe = Dependent (scale 3); Hist = Histrionic (scale 4); Narc = Narcissistic (scale 5); Anti = Antisocial (scale 6a); Sadi = Sadistic (scale 6b); Comp = Compulsive (scale 7); Nega = Negativistic (scale 8a); Maso = Masochistic (scale 8b); Scht = Schizotypal (scale S); Bord = Borderline (scale C); Para = Paranoid (scale P).

### *Violence differences*

The results for the CTS-2 (39 items related to perpetration) show that violent behavior is not consistently related to personality facets. Differences between groups (Kruskal-Wallis test) are statistically significant in psychological aggression (minor and severe) and in minor sexual coercion, but not in physical aggression or severe sexual coercion (see Table 3). Using a Bonferroni corrected alpha level (Mann-Whitney Test,  $\alpha = .017$ ), *post hoc* analysis show statistically significant differences between Groups 1 and 3 in minor ( $z = -2.62$ ,  $p = .009$ ) and severe ( $z = -2.97$ ,  $p = .003$ ) psychological aggression, and in minor sexual coercion ( $z = -2.56$ ,  $p = .010$ ). Differences between Groups 2 and 3 were only significant for minor sexual coercion ( $z = -2.44$ ,  $p = .015$ ).

**TABLE 3.** Violence differences between offender subtypes in CTS-2.

	<i>Non pathological</i>				<i>Antisocial pathological</i>				$\chi^2_{(2)}*$	<i>p</i>
	<i>Mixed group</i> ( <i>n</i> = 47)		<i>Mixed group</i> ( <i>n</i> = 75)		<i>group</i> ( <i>n</i> = 53)					
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
Minor Psychological Aggression	19.60	19.50	31.10	26.90	33.60	25.60	7.60	.023		
Severe Psychological Aggression	3.60	8.90	6	15	10.10	14.90	9.40	.009		
Minor Physical Assault	7.90	20.10	7.80	13.30	6.60	9.30	1.20	.550		
Severe Physical Assault	2.40	8.60	3.10	11.20	2.60	5	1.20	.540		
Minor Sexual Coercion	1.20	4.20	3.20	11.30	8.10	13	9	.011		
Severe Sexual Coercion	2.90	7.80	4	13.20	2.90	7.40	.70	.700		
Severity of physical violence	15.30	52.90	18.70	58	16.10	32.80	2.50	.290		

Note. \*Kruskal-Wallis test

### **Discussion and conclusions**

This was the first study to analyze MCMI-III facets in a sample of partner-violent men. It is also the first time that Grossman personality facet scores were obtained using the Spanish version of the instrument. Therefore, the results cannot be compared to other samples at this detailed level. Despite this, the results are consistent with some previous research on personality disorders.

First, results illustrated that there is considerable diversity in personality pathology among batterers. The mean scores for the full sample (higher for histrionic, narcissistic, antisocial, sadistic, and compulsive facets) were not fully consistent with personality disorders usually related to violent behavior (antisocial, paranoid, narcissistic, borderline and avoidant) (Fountoulakis *et al.*, 2008; Nestor, 2002; Novaco, 2010; Stone, 2007; Völlm, 2009). Moreover, elevations in narcissistic, histrionic, and compulsive personality scales in the MCMI-III can be interpreted as absence of pathology (Craig, 2005; Ortiz-Tallo, Cardenal, Ferragut, and Cerezo, 2011). Such scores might correspond to what White and Gondolf (2000) described as defensive «looking good» responses.

The three clusters obtained confirm that although some batterers met criteria for a non-pathological profile, the presence of antisocial, aggressive-sadistic, negativistic, or narcissist personality styles or disorders is more prevalent in some abuser profiles (Craig, 2003). At least 27% of the sample (Group 1) should be labeled as «non pathological», while Group 2 (labeled as mixed group) could be a mixture of normal profiles and subjects with pathological traits. The group «without personality disorder» corresponded to 40% of the sample in Hamberger, Lohr, Bonge, and Tolin (1996). White and Gondolf's (2000) «narcissistic/conforming» group (narcissistic, compulsive, and histrionic tendencies) and «avoidant/depressive» group (combinations of avoidant, depressive, schizoid, and dependent elevations) accounted for 32% and 21% of their sample, respectively. The «non elevated» group in Chambers and Wilson (2007) made up 55% of the sample and did not show any elevation in the PAI. Recent research using similar methodology, but with MMPI-2, found that the non-pathological group accounted for 53% of the sample (Scott, Flowers, Bulnes, Olmsted, and Carbajal-Madrid, 2009). In research about batterer typologies, 12%-60% of the samples were non-pathological or family only groups (Amor, Echeburúa, and Loinaz, 2009; Dixon and Browne, 2003; Holtzworth-Munroe *et al.*, 2000; Holtzworth-Munroe and Stuart, 1994; Johnson *et al.*, 2006).

Results also confirm the possibility of differentiating offenders in terms of personality (Echauri, Fernández-Montalvo, Martínez, and Azcárate, 2011; Fowler and Westen, 2011; Gibbons *et al.*, 2011; Gondolf, 1999, 2002), but these differences were not strongly associated with their violent profile reported in the CTS-2. In addition other research has found the absence of distinct personality profiles in males accused of severe crimes in a forensic context with MMPI-2 (Spaans *et al.*, 2009).

Despite the interest in examining personality facets in forensic contexts, the variable appears to have, for now, limited explanatory value of violent behavior by itself. Thus, the typological approach that includes the simultaneous assessment of different variables (anger, cognitive distortions, attachment, or impulsivity, for example) provides a more accurate technique to differentiate between offenders based on their risk or type of violent behavior.

Researchers in the field of typologies conclude that consensus is needed regarding definitions of offender types, dimensions that produce the most valid classifications, and the form and severity of the violence perpetrated by each type of batterer (Dixon, Hamilton-Giachritsis, and Browne, 2008). It is also argued that some fields in the measurement of intimate partner violence remain under-developed or with many uncertainties (Bowen, 2011b), as is the case of risk assessment tools (Bowen, 2011a; Kropp, 2009), especially in the Spanish context (Echeburúa, Amor, Loinaz, and Corral, 2010; Sierra, Monge, Santos-Iglesias, Bermúdez, and Salinas, 2011). Therefore, we still need to advance the study of these aspects, as well as our understanding about offender characteristics that predict treatment dropout or higher violence risk (Bowen and Gilchrist, 2006; Echeburúa and Fernández-Montalvo, 2009; Echeburúa, Sarasua, Zubizarreta, Amor, and Corral, 2010; Novo, Fariña, Seijo, and Arce, 2012; Polaschek, 2010; Stoops, Bennett, and Vincent, 2010), and early development of violent relationships (Rodríguez-Franco *et al.*, 2012).

In conclusion, the MCMII-III could be an instrument of choice for the psychometric assessment of partner violence (Craig, 2005), and could be used as a screening tool in forensic settings. However, more research is needed to assess the usefulness of the diagnosis, its relationship with aggressive behavior, the benefits of using facets, and the role of personality in intimate partner violence.

Finally, the study has some limitations that should be taken into account. This study was a first approach to personality facets of the MCMII-III and the results were presented in a very descriptive way due to the lack of studies in the field. We have tried to differentiate between the types of offenders based on personality facets, although it would be interesting to compare the differences in facets based on the risk of violent behavior (Thijssen and de Ruiter, 2011), the type of aggression (Dixon *et al.*, 2008; Mauricio and Lopez, 2009), or other psychopathological variables. Also, the profiles described may differ in other variables that have not yet been analyzed in this study.

Regarding future challenges, it may be of interest to analyze the usefulness of the facets in the study of typologies of offenders, rather than using broader features. It would also be interesting to study the convergent validity of the facets with emotional variables (Loinaz, Echeburúa, and Ullate, 2012) including self-esteem (for worthless self-image, inept self-image, admirable self-image, reliable self-image, discontented self-image, and undeserving self-image), and attachment (for interpersonally unengaged, gregarious self-image, and interpersonally aversive), or with impulsivity and anger scales (for expressively impulsive, and acting-out mechanism). All these limitations and future challenges should be considered in future studies in this area, especially with offenders convicted of intimate partner violence.

## References

- Amor, P.J., Echeburúa, E., and Loinaz, I. (2009). ¿Se puede establecer una clasificación tipológica de los hombres violentos contra su pareja? *International Journal of Clinical and Health Psychology*, 9, 519-539.
- Bowen, E. (2011a). An overview of partner violence risk assessment and the potential role of female victim risk appraisals. *Aggression and Violent Behavior*, 16, 214-226.
- Bowen, E. (2011b). *The rehabilitation of partner-violent men*. Chichester, UK: Wiley-Blackwell.
- Bowen, E. and Gilchrist, E. (2006). Predicting dropout of court-mandated treatment in a British sample of domestic violence offenders. *Psychology Crime and Law*, 12, 573-587.
- Cardenal, V. and Sánchez, M.P. (2007). *Adaptación y baremación al español del Inventory Clínico Multiaxial de Millon-III (MCMII-III)*. Madrid: TEA Ediciones.
- Chambers, A.L. and Wilson, M.N. (2007). Assessing male batterers with the Personality Assessment Inventory. *Journal of Personality Assessment*, 88, 57-65.
- Connelly, C.D., Newton, R.R., and Aarons, G.A. (2005). A psychometric examination of English and Spanish versions of the revised conflict tactics scales. *Journal of Interpersonal Violence*, 20, 1560-1579.
- Contreras, L., Molina, V., and Cano, M.C. (2011). In search of psychosocial variables linked to the recidivism in young offenders. *The European Journal of Psychology Applied to Legal Context*, 3, 77-88.
- Craig, R.J. (2003). Use of the Millon Clinical Multiaxial Inventory in the psychological assessment of domestic violence: A review. *Aggression and Violent Behavior*, 8, 235-243.

- Craig, R.J. (Ed.). (2005). *New directions in interpreting the Millon Clinical Multiaxial Inventory-III (MCMI-III)*. New York, NY: John Wiley & Sons.
- Dixon, L. and Browne, K. (2003). The heterogeneity of spouse abuse: A review. *Aggression and Violent Behavior, 8*, 107-130.
- Dixon, L., Hamilton-Giachritis, C., and Browne, K. (2008). Classifying partner femicide. *Journal of Interpersonal Violence, 23*, 74-93.
- Echauri, J.A., Fernández-Montalvo, J., Martínez, M.A., and Azcárate, J.M. (2011). Trastornos de personalidad en hombres maltratadores a la pareja: perfil diferencial entre agresores en prisión y agresores con suspensión de condena. *Anuario de Psicología Jurídica, 21*, 97-105.
- Echeburúa, E., Amor, P.J., Loinaz, I., and Corral, P. (2010). Escala de Predicción del riesgo de Violencia grave contra la pareja –Revisada– (EPV-R). *Psicothema, 22*, 1054-1060.
- Echeburúa, E. and Fernández-Montalvo, J. (2009). Evaluación de un programa de tratamiento en prisión de hombres condenados por violencia grave contra la pareja. *International Journal of Clinical and Health Psychology, 9*, 5-20.
- Echeburúa, E., Sarasua, B., Zubizarreta, I., Amor, P.J., and Corral, P. (2010). Variables predictoras del rechazo, abandono y fracaso terapéutico en hombres violentos contra su pareja tratados psicológicamente en un marco comunitario. *International Journal of Clinical and Health Psychology, 10*, 403-420.
- Eckhardt, C.I., Samper, R.E., and Murphy, C.M. (2008). Anger disturbances among perpetrators of intimate partner violence: Clinical characteristics and outcomes of court-mandated treatment. *Journal of Interpersonal Violence, 23*, 1600-1617.
- Fountoulakis, K.N., Leucht, S., and Kaprinis, G.S. (2008). Personality disorders and violence. *Current Opinion in Psychiatry, 21*, 84-92.
- Fowler, K.A. and Westen, D. (2011). Subtyping male perpetrators of intimate partner violence. *Journal of Interpersonal Violence, 26*, 607-639.
- Gibbons, P., Collins, M., and Reid, C. (2011). How useful are indices of personality pathology when assessing domestic violence perpetrators? *Psychological Assessment, 23*, 164-173.
- Gondolf, E.W. (1999). MCMI-III results for batterer program participants in four cities: Less «pathological» than expected. *Journal of Family Violence, 14*, 1-17.
- Gondolf, E.W. (2002). *Batterer intervention systems: Issues, outcomes, and recommendations*. Thousand Oaks, CA: Sage.
- Grossman, S.D. and del Rio, C. (2005). The MCMI-III facet subscales. In R.J. Craig (Ed.), *New directions in interpreting the Millon Clinical Multiaxial Inventory-III (MCMI-III)* (pp. 3-31). Hoboken, NJ: John Wiley & Sons.
- Hamberger, L.K., Lohr, J.M., Bonge, D., and Tolin, D.F. (1996). A large sample empirical typology of male spouse abusers and its relationship to dimensions of abuse. *Violence and Victims, 11*, 277-292.
- Hartley, J. (2012). New ways of making academic articles easier to read. *International Journal of Clinical and Health Psychology, 12*, 143-160.
- Holtzworth-Munroe, A., Meehan, J.C., Herron, K., Rehman, U., and Stuart, G.L. (2000). Testing the Holtzworth-Munroe and Stuart (1994) batterer typology. *Journal of Consulting and Clinical Psychology, 68*, 1000-1019.
- Holtzworth-Munroe, A. and Stuart, G.L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin, 116*, 476-497.
- Huss, M.T. and Langhinrichsen-Rohling, J. (2006). Assessing the generalization of psychopathy in a clinical sample of domestic violence perpetrators. *Law and Human Behavior, 30*, 571-586.

- Huss, M.T. and Ralston, A. (2008). Do batterer subtypes actually matter? Treatment completion, treatment response, and recidivism across a batterer typology. *Criminal Justice and Behavior, 35*, 710-724.
- Johnson, R., Gilchrist, E., Beech, A.R., Weston, S., Takrity, R., and Freeman, R. (2006). A psychometric typology of U.K. domestic violence offenders. *Journal of Interpersonal Violence, 21*, 1270-1285.
- Jones, S.E., Miller, J.D., and Lynam, D.R. (2011). Personality, antisocial behavior, and aggression: A meta-analytic review. *Journal of Criminal Justice, 39*, 329-337.
- Kropp, P.R. (2009). Intimate partner violence risk assessment. In J.L. Ireland, C.A. Ireland, and P. Birch (Eds.), *Violent and sexual offenders. Assessment, treatment and management* (pp. 43-67). Cullompton, UK: Willan Publishing.
- Krueger, R.F., Skodol, A.E., Livesley, W.J., Shrout, P.E., and Huang, Y. (2007). Synthesizing dimensional and categorical approaches to personality disorders: refining the research agenda for DSM-V Axis II. *International Journal of Methods in Psychiatric Research, 16*, S65-S73.
- Loinaz, I. (2009). *Aproximación teórica y empírica al estudio de las tipologías de agresores de pareja. Análisis descriptivo y variables e instrumentos de evaluación en el centro penitenciario Brians-2*. Madrid: Ministerio del Interior, Secretaría General Técnica.
- Loinaz, I., Echeburúa, E., Ortiz-Tallo, M., and Amor, P.J. (2012). Propiedades psicométricas de la Conflict Tactics Scales (CTS-2) en una muestra española de agresores de pareja. *Psicothema, 24*, 142-148.
- Loinaz, I., Echeburúa, E., and Ullate, M. (2012). Estilo de apego, empatía y autoestima en agresores de pareja. *Terapia Psicológica, 30*, 61-70.
- Loinaz, I., Echeburúa, E., and Torrubia, R. (2010). Tipología de agresores contra pareja en prisión. *Psicothema, 22*, 106-111.
- Loinaz, I., Ortiz-Tallo, M., Sánchez, L. M., and Ferragut, M. (2011). Clasificación multiaxial de agresores de pareja en centros penitenciarios. *International Journal of Clinical and Health Psychology, 11*, 249-268.
- Mauricio, A.M. and Lopez, F.G. (2009). A latent classification of male batterers. *Violence and Victims, 24*, 419-438.
- McMurran, M. and Howard, R.C. (Eds.). (2009). *Personality, personality disorder and violence*. Chichester, UK: John Wiley & Sons.
- Millon, T., Davis, R., and Millon, C. (1997). *Millon Clinical Multiaxial Inventory-III (MCMI-III) manual* (2<sup>nd</sup> ed.). Minneapolis, MN: Pearson.
- Montero, I., and León, O.G. (2007). A guide for naming research studies in Psychology. *International Journal of Clinical and Health Psychology, 7*, 847-862.
- Nestor, P.G. (2002). Mental disorder and violence: Personality dimensions and clinical features. *American Journal of Psychiatry, 159*, 1973-1978.
- Novaco, R.W. (2010). Anger and psychopathology. In M. Potegal, G. Stemmler, and C. Spielberger (Eds.), *International handbook of anger. Constituent and concomitant biological, psychological, and social processes* (pp. 465-497). New York, NY: Springer.
- Novo, M., Fariña, F., Seijo, D., and Arce, R. (2012). Assessment of a community rehabilitation programme in convicted male intimate-partner violence offenders. *International Journal of Clinical and Health Psychology, 12*, 219-234.
- Obiols, J.E. (2012). DSM 5: Precedents, present and prospects. *International Journal of Clinical and Health Psychology, 12*, 281-290.
- Ortiz-Tallo, M., Cardenal, V., Blanca, M.J., Sánchez, L.M., and Morales, I. (2007). Multiaxial evaluation of violent criminals. *Psychological Reports, 100*, 1065-1075.

- Ortiz-Tallo, M., Cardenal, V., Ferragut, M., and Cerezo, M.V. (2011). Personalidad y síndromes clínicos. Un estudio con el MCMI-III basado en una muestra española. *Revista de Psicopatología y Psicología Clínica*, 16, 49-59.
- Ortiz-Tallo, M., Fierro, A., Blanca, M.J., Cardenal, V., and Sánchez, L.M. (2006). Factores de personalidad y delitos violentos. *Psicothema*, 18, 459-464.
- Polaschek, D.L.L. (2010). Treatment non-completion in high-risk violent offenders: Looking beyond criminal risk and criminogenic needs. *Psychology, Crime & Law*, 16, 525-540.
- Porcerelli, J.H., Cogan, R., and Hibbard, S. (2004). Personality characteristics of partner violent men: A Q-SORT approach. *Journal of Personality Disorders*, 18, 151-162.
- Rodríguez, F.J., Bringas, C., Rodríguez, L., López-Cepero, J., Pérez, B., and Estrada, C. (2011). Drug abuse and criminal family records in the criminal history of prisoners. *The European Journal of Psychology Applied to Legal Context*, 3, 89-105.
- Rodríguez-Franco, L., López-Cepero, J., Rodríguez-Díaz, F.J., Bringas, C., Estrada, C., Antuña, M.Á., and Quevedo-Blasco, R. (2012). Labeling dating abuse: Undetected abuse among Spanish adolescents and young adults. *International Journal of Clinical and Health Psychology*, 12, 55-67.
- Scott, R.L., Flowers, J.V., Bulnes, A., Olmsted, E., and Carballo-Madrid, P. (2009). English-Speaking and Spanish-Speaking domestic violence perpetrators: An MMPI-2 assessment. *Journal of Interpersonal Violence*, 24, 1859-1874.
- Sierra, J.C., Monge, F.S., Santos-Iglesias, P., Bermúdez, M.P., and Salinas, J.M. (2011). Validation of a reduced Spanish version of the Index of Spouse Abuse. *International Journal of Clinical and Health Psychology*, 11, 363-383.
- Skodol, A.E., Bender, D.S., Oldham, J.M., Clark, L.A., Morey, L.C., Verheul, R., Krueger, R.F., and Siever, L.J. (2011). Proposed changes in personality and personality disorder assessment and diagnosis for DSM-5 part II: Clinical application. *Personality Disorders: Theory, Research, and Treatment*, 2, 23-40.
- Soria, M.A., Armadans, I., Viñas, M.R., and Yépes, M. (2009). Homicide and domestic violence. Are there different psychological profiles mediated by previous violence exerted on the victim? *The European Journal of Psychology Applied to Legal Context*, 1, 205-220.
- Spaans, M., Barendregt, M., Muller, E., de Beurs, E., Nijman, H., and Rinne, T. (2009). MMPI profiles of males accused of severe crimes: a cluster analysis. *Psychology Crime & Law*, 15, 441-450.
- Stone, M.H. (2007). Violent crimes and their relationship to personality disorders. *Personality and Mental Health*, 1, 138-153.
- Stoops, C., Bennett, L., and Vincent, N. (2010). Development and predictive ability of a behavior-based typology of men who batter. *Journal of Family Violence*, 25, 325-335.
- Straus, M.A. (2004). Cross-cultural reliability and validity of the revised Conflict Tactics Scales: A study of university student dating couples in 17 nations. *Cross-Cultural Research*, 38, 407-432.
- Straus, M.A. (2007). Conflict Tactics Scales. En N.A. Jackson (Ed.), *Encyclopedia of Domestic Violence* (pp. 190-197). New York, NY: Routledge.
- Straus, M.A., Hamby, S.L., Boney-McCoy, S., and Sugarman, D.B. (1996). The revised Conflict Tactics Scales (CTS2). Development and preliminary psychometric data. *Journal of Family Issues*, 17, 283-316.
- Stupperich, A., Ihm, H., and Strack, M. (2009). Violence and personality in forensic patients. Is there a forensic patient-specific personality profile? *Journal of Interpersonal Violence*, 24, 209-225.
- Thijssen, J. and de Ruiter, C. (2011). Identifying subtypes of spousal assaulters using the B-SAFER. *Journal of Interpersonal Violence*, 26, 1307-1321.

- Trull, T.J., Distel, M.A., and Carpenter, R.W. (2011). DSM-5 borderline personality disorder: At the border between a dimensional and a categorical view. *Current Psychiatry Reports*, 13, 43-49.
- Trull, T.J. and Durrett, C.A. (2005) Categorical and dimensional models of personality disorder. *Annual Review of Clinical Psychology*, 1, 355-380.
- Vega, E.M. and O'Leary, K.D. (2007). Test-retest reliability of the revised conflict tactics scales (CTS2). *Journal of Family Violence*, 22, 703-708.
- Völlm, B. (2009). Assessment and management of dangerous and severe personality disorders. *Current Opinion in Psychiatry*, 22, 501-506.
- White, R.J. and Gondolf, E.W. (2000). Implications of personality profiles for batterer treatment. *Journal of Interpersonal Violence*, 15, 467-488.
- Widiger, T.A. (2011). Integrating normal and abnormal personality structure: A proposal for DSM-V. *Journal of Personality Disorders*, 25, 338-363.
- Widiger, T.A., Livesley, W.J., and Clark, L.A. (2009). An integrative dimensional classification of personality disorder. *Psychological Assessment*, 21, 243-255.

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