

## **Sexuality of dissocial persons**

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### **Summary**

**Introduction.** The development of personality disorders as well as sexual disorders is defined by the common time spectrum as well as deficits and changes in such areas as biological, environmental and mental area. Dissocial (antisocial) personality disorder is characterised by a pervasive pattern of disregard for, or violation of, the rights of others. The indices of the discussed disorder can be found in specific patterns of social inadequacy occurring during childhood and puberty. At the same time, characteristic indices of social functioning at a young age often indicate subsequent dysfunctions in the area of sexuality.

**Aim.** The aim of this paper is to explain sexual functioning of persons with dissocial personality disorder (including the relation with sexual dysfunctions), and to ascertain issues that need further empirical studies.

**Method.** As a result of analysis of available literature (matched with EBSCO database search fulfilling criteria of sample size, accuracy of examination procedure, conclusions and discussion) 5 articles fulfilling criteria cited above has been found.

**Conclusions.** Based on literature overview, it appeared to be impossible to determine one coherent way of sexual functioning of dissocial persons, and to establish causal relationship of sexual dysfunctions and dissocial personality disorder. However, it is possible to indicate group of most characteristic dysfunctional sexual behaviours. Noteworthy, available publications analyse only selected aspects of sexual behaviours in small, homogenous groups. There is a lack of review studies as well as multi-faceted studies.

**Key words:** sexuality, antisocial personality disorder

### **Introduction**

The mechanism of personality development has been described in various theoretical approaches; however, each of the directions of conceptualisation takes into account a significant role of neurobiological and environmental factors and their mutual influ-

ence. For example, according to C.R. Cloninger's model personality includes genetically conditioned temperament and character determined by the environment. These factors modify the structures, which form the psyche and their effects, which most often appear already during childhood and puberty, define the location of a person's functioning on the health-pathology axis [1].

At the same time, the psychosexual development of a person is a complex process, which depends on biological factors (such as genetic factors and hormonal balance) and on the development of the individual's psyche and environmental influence during lifespan, beginning on prenatal period, adulthood until adulthood [2]. Therefore, a common time spectrum can be assumed for the development of key problems in the functioning of personality and at the sexual level.

### **Personality disorders according to DSM-5**

Personality disorders are defined as an established pattern of internal experience and behaviour, which significantly diverges from cultural expectations towards a person (DSM-5) [3] which include areas of functioning, such as cognition, mood, interpersonal functioning and impulse control. Behaviours making up this pattern are rigid; they are revealed in a majority of social situations and, as a result, lead to suffering and/or impaired function on significant areas of life. In diagnostic criteria according to DSM-5, personality disorders have been divided into three groups (clusters) including disorders with a similar pattern (A, B and C) [3]. Group A is characterised by generalised mistrust and suspicion of other persons, whose motives of action are interpreted as sinister (this cluster includes paranoid, schizoid and schizotypal personality disorders). A pattern of behaviour based on disregard for and violation of rights of other persons (the cluster includes antisocial personality disorders of the borderline type, histrionic and narcissistic) is characteristic of cluster B. Cluster C, on the other hand, is characterised by social inhibition, a sense of maladjustment as well as oversensitivity to criticism (the cluster includes avoidant, dependent and obsessive-compulsive personality disorders) [3].

Among various common features, sexuality is one of the most important aspects in cluster B – one of three clusters of the aforementioned personality disorders.

### **Concepts of sexual functioning**

Sources of patterns of sexual functioning are interpreted in various ways, depending on the adopted theoretical approach. However, the majority of them include (in various proportions) the importance of biological factors (evolutionary, genetic and neurobiological) as well as cultural and social ones [4, 5]. The continuity of psychosexual development defines the influence of the development during the prenatal period as well as infancy and childhood on the key period of peripubertal development. Numerous studies show a significant correlation between specific sexual behaviour emerging

during puberty (such as early age of sexual initiation, a large number of partners or risky sexual behaviour) and social maladjustment indices, e.g. abuse of psychoactive substances [6]. It can be assumed that childhood models of maladjustment forecast specific models of functioning at the sexual level.

### **Antisocial personality disorder**

Antisocial personality disorder is the first disorder listed in the DSM-5 classification in cluster B. It occurs four times more often in men than in women.

A person with an antisocial (dissocial) personality type is characterised by “a pervasive pattern of disregard for, or violation of, the rights of others”, which is manifested by a failure to comply with social, legal and safety standards, a lack of empathy or regret [7]. These features can be observed on every area of such a person’s functioning, including the sexual level [8]. Destructiveness (towards partner and oneself), violence (used to force the sexual act as well as during it), breaking sexual and social standards (e.g. by deviation) and self-concentration on needs ignoring needs and state (mental and physical) of partner are typical for antisocial sexual behaviors. According to individual standard of J. Godlewski, sexual intimacy of dissocial people may fulfill biological (procreative) needs, psychological (achieving pleasure), but no social needs (creating interpersonal relations) [1].

### **Aim**

The aim of this paper is to review the literature about sexual functioning of people with dissocial personality disorder. Specified aims are described below:

- to explain sexual functioning of people with dissocial personality disorder;
- to determine mutual relationship between antisocial personality disorder and sexual dysfunctions;
- to find what issues from discussed field requires more empirical studies.

### **Method**

Following keywords have been put into EBSCO scientific articles database: “sexual” and “antisocial”. Years 2010–2015 has been set as a date of publication. A total of 674 abstracts were obtained. Among first 150 results (ordered by relevance) 5 publications were chosen according to following criteria:

- article published in English;
- appropriate group size (above 30 subjects);
- accuracy of subject choice and procedure;
- elaborate conclusions and discussion.

Due to article volume limit it is impossible to discuss more publications. Papers were chosen to present widest spectrum of discussed issue (considering both subjects selection and measured variables).

### **Key empirical studies**

One of key studies on sexual functioning of persons with a dissocial personality type is a longitudinal study described by S.T. Ronis and Ch.M. Borduin [9]. 1,725 young people, who were observed from puberty to early adulthood, took part in this study in the years 1976–1986. At each stage of the study, young people filled in a self-report delinquency scale aimed at verifying whether the subjects exhibit antisocial behaviour (sexual and non-sexual). The aim of the study was to compare two groups of people exhibiting antisocial behaviour and differ in the occurrence or a lack of occurrence of dissocial sexual behaviour.

No difference was revealed in the source of the disorder, the structure of its development and the level of pathological behaviour. The group exhibiting sexual dysfunctions, apart from sexual behaviour, showed analogous features and behaviour as the group which did not have such problems. In view of such results, the authors of the study indicate a significant role of individual features in the dissocial personality disorder and the secondary nature of sexual disorders, which do not result directly from the discussed personality disorder.

The aforementioned study shows changes in the personality occurring over the period of its development. The experimental group was selected on the basis of screening. This method considerably extends the time and cost of the study; however, it is used quite often due to the difficulty in selecting such a group in any other way.

It should be mentioned that dissocial persons commit illegal acts statistically more often than persons suffering from other personality disorders [10]. The aforementioned methods of functioning can explain the fact that persons accused of or convicted for committing a crime, often with the use of violence, are most often selected to the experimental group. Therefore, the group of sexually violent offenders suffering from antisocial personality disorder becomes a natural experimental group.

In a study by W. Driemeyer et al. [11], two groups of German juvenile delinquents were compared: 32 persons who were found guilty of “minor” sexual offences (such as voyeurism, obscene phone calls or using illegal pornography) and 32 violent offenders without any sexual context. The comparison was performed in the area of propensity for aggressive behaviour, features indicating mental disorders, use of psychoactive substances, sexual functioning and antisocial aspects of personality. Families of members of both groups took part in an individual, partly structured telephone interview BARO (Basic Raads Onderzoek from the Netherlands). The subjects filled in the SPS-J questionnaire (Screening Psychischer Störungen für Jugendliche), which was aimed at measuring the level of their pathological behaviour (with special attention

paid to the level of aggression) and the Multiphasic Sex Inventory – juvenile version (MSI-J), used to describe several aspects of sexuality of the subjects.

The group of sexual offenders have achieved a significantly higher result on a scale measuring their negative attitude towards their own sexuality and a higher level of sexual fantasies (as well as a higher number of attempts at fulfilling such fantasies) relating to rape. A larger number of cases of deviant behaviour were found in the discussed group as compared to the other group. At the same time, these persons have less sexual experience, less confidence and less faith in their ability to build romantic relations and were also characterised by a lower level of aggression. Interestingly enough, persons condemned for sexual offences declare a less frequent use of erotic materials than persons convicted for other crimes. Sexually violent offenders, more often than other persons, were victims of sexual abuse in earlier periods of their life. Additionally, on a scale of antisocial behaviour, the group of offenders using violence not related to sex scored much higher. Antisocial behaviour is an indicator, which differentiates between the experimental groups the most. It is worth noticing that, despite weaker antisocial tendencies, the group of sexual offenders were more often sentenced for such offences committed in the past. The authors of the study think that this result indicates overestimation of the connection between the antisocial type of personality and the tendency to commit sexual offences. The results of this study may not be sufficient to draw such conclusions for several reasons, such as too low a number of persons included in the group or low harmfulness of committed acts as well as limitations resulting from testing only offenders convicted for committed offences.

Another study involving prisoners was conducted in Quebec [10]. Over 200 prisoners aged 24–42 who committed sexual assault (90% of them were repeat offenders) took part in the study. The subjects were divided into two groups according to the time of initiation of sexual offence behaviour. In the study, police data pertaining to the age of the first sexual offence, the annual frequency of committed offences and the type of the most frequently committed offences as well as a semi-structured interview including psychological questionnaires were used. The subjects filled in questionnaires indicating dissocial personality features occurring early (until 12 years of age) and late (during teenage years) (behaviour problems such as lies, tantrums, escapes, risky behaviour as well as offences committed with and without violence). Also, the level of subjective involvement in sexual activity during youth and adulthood was tested.

The study revealed the high heterogeneity of the groups. The subjects who committed their first offences early in life declare an earlier age of sexual initiation, more sexual partners in life, a high frequency of sexual intercourses and a higher level of involvement in sexual activities than persons in the other group. At the same time, the first group has a greater problem with controlling thoughts, behaviour and sexual drive. What is the most important from the point of view of this study is that the first group was characterised by a much higher level of dissocial behaviour than the second

group. The authors think that a high level of early antisocial behaviour related to strong sexual drive, which is characteristic of the group under analysis, may account for early involvement in sexual activities, including criminal conduct. Additionally, the study established a specific pattern of antisocial sexuality characterised by a lack of control of sexual drive, including sexual thoughts and behaviour. In addition, multiple long-term sexual relations, which are often accompanied by aggressive behaviour, remain a frequent element.

The literature shows a strong correlation between dissocial personality disorder and abuse of psychoactive substances [12]. One of the studies aimed at showing differences in the sexual functioning of persons suffering from antisocial personality disorder and, at the same time, having a problem with abuse of psychoactive substances is a study by A. Alegrii et al. [13]. Over 400 women and twice as many men with antisocial personality diagnosed according to DSM-IV took part in the study. The study was aimed at testing whether sexual experience in childhood as well as unwanted sexual situations in adulthood are related to the identified personality type or whether they introduce a division in this seemingly homogeneous group. The subjects filled in a number of questionnaires, including ASPD (Lifetime Antisocial Personality Disorder), which confirmed the diagnosis of antisocial personality disorder, AAEs (Adult Adverse Events), which tested difficult sexual experience (such as being raped, molested, sexually assaulted) as well as tendencies to enter into relations with a violent partner, and the CAEs questionnaire (Childhood Adverse Events), testing difficult individual experience of the subjects as well as mental problems in the family history.

The quoted results showed distinct sex-related differences between persons suffering from dissocial personality. In women, the occurrence of dissocial features was strongly correlated with a high level of sexual abuse in childhood. This connection applies to nearly a half of the tested women (and only 15% of tested men). Women scored higher on all scales of the AAEs questionnaire. They were more often raped in the past (nearly 10% of the female subjects as compared to 1% of men) and had more relationships with a violent partner.

Similar results were also obtained in other studies [13]; however, mechanisms accounting for these results, in particular, the ones pertaining to differences between the sexes in the area of unwanted sexual situations in adult life are not fully understood.

They show, however, a certain pattern of sexual functioning of dissocial women. This pattern seems to be strongly related to involvement in victimisation situations, filled with violence as well as with remaining submissive in sexual relations. The aforementioned pattern of behaviour diverges from the dynamics of dissocial personality.

The majority of studies of persons with dissocial features apply to men (which is consistent with the distribution of dissocial occurrence of personality according to the sex). Therefore, a study in which the participation of 77 sexually active, student-age women seems interesting [8]. At the beginning of the study, the women filled in a questionnaire measuring the intensity of psychopathic personality disorder features (Psychopathic Personality Inventory – PPI). This questionnaire defines the severity of

features on two scales: the scale of fearless dominance and of self-centred impulsivity. Additionally, a cold-heartedness scale was created. Another test was a questionnaire pertaining to the frequency of actually undertaken risky sexual behaviour (Sexual Risk Survey – SRS) [14]. Next, for 8 weeks, the tested women filled in a modified version of the SRS questionnaire concerning risky sexual behaviour in the past week as well as questionnaires measuring the mood and self-esteem level related to the activities in question: Positive and Negative Affect Schedule Short Form PANAS-SF [15], Harder Personal Feelings Questionnaire PFQ2 [16] and State Self-Esteem Scale SSE, [17]. Statistical analyses showed a connection between risky sexual behaviour and the dominance scale (average to weak correlation) and a connection with a similar intensity between risky sexual behaviour and the impulsiveness scale. The connection between the mental state after the occurrence of the discussed type with the aforementioned scales was at a low level. While the intensity of dissocial features is correlated with the attitude towards oneself after undertaking risky sexual behaviour. Persons with dissocial features with a high level of impulsiveness show a weak tendency to a worse mood and greater shame than persons without severe impulsiveness. What is important, these persons have a definitely lower self-esteem level after undertaking the behaviour in question than other persons under analysis. Also the cold-heartedness and dominance scales proved to be moderators between the frequency of risky sexual behaviour and the mental state after engaging in it. The aforementioned results allow for concluding that the occurrence of dissocial features may be considered a predictor of the occurrence of risky sexual behaviour; however, it does not influence the well-being and self-esteem of women, who undertook such behaviour. In summary, it can be assumed that engagement in risky sexual behaviour is an element of functioning of dissocial persons, while the type of personality does not influence the self-esteem and the mood accompanying the described behaviour.

### **Discussion**

On the basis of the quoted research, it is impossible to present a single consistent picture of sexual functioning of dissocial persons. One can identify one key element whose occurrence is emphasised by the majority of studies – tendencies to undertake risky sexual behaviour by antisocial persons. Individual studies indicate their various consequences and co-occurring behaviour. This effect can be justified on several levels. First of all, the selection of subjects and research methods is important. Studies involving large groups of subjects, which are a sample representative of society, seem to be the most reliable. However, a chance of finding a set of persons with dissocial personality, which is sufficient for reliable analyses, seems to be very small. On the other hand, one could analyse homogeneous groups, in which an increase in the occurrence of the discussed disorder (such as prisoners and addicts) is observed. However, such research involves small groups of subjects, which prevents them from drawing reliable general conclusions.

The difference in the selection for the groups shows non-homogeneity of the sexual aspect in the analysed personality disorder. Paying attention to differences between the sexes seems to be the most important. The sexual aspect in women (both as the developmental element and for the fulfilment of needs in adult life) seems to be more strongly related to dissocial personality than in the case of men. This tendency should probably be analysed more broadly in various environments. The results obtained in the research conducted on convicted persons are also interesting. These results are consistent with other research conducted on analogous groups and they imply a lower level of intensity of dissocial features among sexual offenders than expected in theoretical assumptions. The sources of these discrepancies can be looked for in low numbers of subjects in the tested groups or their non-representativeness (due to the lack of organised offenders among the subjects, whose acts indicate strongly abnormal personality) as well as in the imperfection of the theoretical models.

The selection of methods also remains a problem – different research tools are used in each study in the discussed scope, which differ both in terms of psychometrics, language and the level of accuracy and detail. Therefore, it becomes impossible to consolidate the results presented in various reports.

On the other hand, the variety of tools, despite the indicated limitations, remains valuable in the context of research on dissocial personality, due to the strong tendency of antisocial persons to manipulate and falsify information provided to act to their advantage.

An important problem is the question about the source of tendencies to pathological sexual behaviour among persons with dissocial features. The authors indicate individual aspects of a person's development, implying that there is no general connection between the type of personality and such behaviour. It is highly likely that both the biological aspect and upbringing play a significant role. In the first case, strong sexual drive in the context of antisocial features may be developed and shaped in the wrong direction, in the other case – sexual abuse in childhood can lead to pathology in sexuality. These assumptions require further empirical verification.

### **Recapitulation and conclusions**

The above overview presents a collection of data pertaining to various aspects of sexuality of persons with dissocial personality traits. They were selected so as to describe the issue as thoroughly as possible and to provide a synthetic representation of the existing publications on the subject.

Following findings may be presented based on this overview:

1. It is impossible to develop one, coherent picture of sexual functioning of dissocial people;
2. It cannot be stated, whether if sexual dysfunctions are unequivocally caused by antisocial personality disorder;
3. Risky sexual behaviors, violent sexual acts are most characteristic dysfunctions, which can be related to difficulty in controlling sexual urges;

4. It is crucial to conduct studies about multi-aspectual sexuality (including biological dysfunctions, mental dysfunctions, pattern of sexual functioning, image of self sexuality and behaviors outside sexual norm (e.g. paraphilia);
5. There is a lack of revive articles in this area.

In summary, it can be concluded that the sexuality of persons suffering from dissocial personality is a problem analysed in scientific studies. However, they usually apply to homogenous experimental groups and selected aspects of the functioning of such persons, e.g. co-occurrence of abnormal personality and paraphilia. A multi-aspectual presentation of these problems is significant not only in the context of understanding it, but also in developing therapeutic aid for such people.

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