"He seemed so normal": Single tactic perpetrators of sexual violence are similar to non-violent men using the DSM-5's hybrid personality disorder model

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ABSTRACT

The corpus of sexual violence literature contains numerous studies comparing perpetrators to non-perpetrators, but less is known about differences between those using different tactics (i.e., physical/aggressive, non-physical/coercive, or both/polytactic). Similarly, specific personality traits are often measured in sexual violence research, but personality disorder studies are less common. This research addresses these gaps by investigating potential personality disorder diagnoses in aggressive, coercive, and polytactic perpetrators using the *DSM-5's* hybrid model of personality disorders. A nationwide sample of adult men (*N* = 672) completed a survey measuring personality traits and sexually violent experiences. Men reporting sexual violence were expected to generate higher levels of maladaptive personality trait scores, leading to higher prevalence rates of Antisocial and Narcissistic Personality Disorders, than non-violent men. Aggressive and coercive men's personality trait scores were statistically similar to those of non-violent men. Polytactic men were significantly more maladaptive than study counterparts, and were at greater risk of being classified as personality disordered. These findings have implications for models predicting sexual violence and for intervention and prevention efforts.

1. Sexual violence

Sexual violence (SV) involves a range of strategies generally described in two primary categories. The first is sexual coercion, which consists of *nonphysical* methods of obtaining sexual contact from an unwilling partner (e.g., guilt, lies; DeGue, DeLillo, & Scalora, 2010). Sexual coercion is the most common form of SV in college students (Fedina, Holmes, & Backes, 2016), and it is highly prevalent in non-student populations, as well (e.g., 20%; Russell & King, 2016). The second SV category is sexual aggression, which encompasses *physical* means of gaining sexual contact from an unwilling individual (e.g., force, drug/alcohol-induced incapacitation, unwanted touching/kissing). Sexual aggression is the most severe type of SV, and accused perpetrators often face legal and social consequences related to the act (DeGue et al., 2010). Approximately 19% of university women are victims of sexual aggression (Krebs, Lindquist, Warner, Fisher, & Martin, 2008), and 22% of community men perpetrate these acts (Russell & King, 2016).

There has been extensive empirical investigation of SV, but much of the available research compares non-perpetrators to perpetrators. Little is known about individual differences between aggressive offenders, coercive offenders, and those who utilize both means of SV (i.e., polytactic perpetrators). Researchers generally find repeat offenders of SV have greater levels of maladaptive and aggressive traits (e.g., Abbey & McAuslan, 2004), but most of these studies do not distinguish between tactics. Making this distinction could improve prevention efforts, as well as support the development of effective clinical interventions.

Integrating constructs used in clinical practice could similarly improve the body of literature. Maladaptive factors like rape myth acceptance and hostility towards women reliably predict SV in numerous studies (e.g., Abbey, Jacques-Tiura, & LeBreton, 2011; Malamuth, 1986; Russell & King, 2016, 2017), and these findings contributed to the development of well-validated SV models, such as Malamuth (1986)'s Confluence Mediational Model (Malamuth & Hald, 2017). Theoretical models often include personality traits, but the use of specific personality disorder (PD) diagnostic criteria is relatively uncommon. To bridge a gap between theory and practice, it would be helpful to establish clinically relevant personality profiles so evidence-based clinicians have reason to add SV predictors like rape myth acceptance to their test batteries.

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2. Personality and sexual violence

Sexual violence is often examined through a clinical lens, with the behavioral health conditions of Narcissistic PD (NPD) and Antisocial PD (ASPD) being extensively linked to SV. Individuals with these disorders share several core features, including behavioral impulsivity, manipulation and exploitation of others, empathic deficits, and reactive aggression (e.g., Paulhus, 2014). Individuals with NPD are characterized by exaggerated self-importance and entitlement, and they may be insensitive and disdainful toward the needs of others (American Psychiatric Association, 2013). Narcissistic traits relate to increased SV perpetration (Mouilso & Calhoun, 2012; Zeigler-Hill, Enjaian, & Essa, 2013) and sexual harassment (Zeigler-Hill, Besser, Morag, & Campbell, 2016), as well as greater acceptance of rape myths, rape-conducive beliefs, and sexual coercion (Bushman, Bonacci, Van Dijk, & Baumeister, 2003). ASPD tends to manifest as callousness, deceitfulness, and manipulativeness (American Psychiatric Association, 2013). Psychopathy is a construct overlapping ASPD due to shared disinhibition, hostility, and antagonism (e.g., Beck, Freeman, & Davis, 2015; Strickland, Drislane, Lucy, Krueger, & Patrick, 2013; Walsh & Wu, 2008), and it relates to increased sexual harassment (Zeigler-Hill et al., 2016), sexual coercion (Harris, Rice, Hilton, Lalumiere, & Quinsey, 2007; Jones & Olderbak, 2014), sexual aggression (Kosson, Kelly, & White, 1997; Malamuth, 2003), and positive attitudes regarding predatory behavior (O'Connell & Marcus, 2016).

As personality research progresses, the value of assessing PDs as dimensional symptom clusters has become apparent; however, categorical diagnostic classifications remain important for clinicians in everyday practice. With this in mind, a *DSM-5* workgroup proposed a new hybrid model with dimensional traits and categorical diagnoses (Krueger & Markon, 2014). They also provided an open-source instrument called the Personality Inventory for the *DSM-5* (PID-5; Krueger, Derringer, Markon, Watson, & Skodal, 2012) to promote empirical investigation of the hybrid model (Krueger & Markon, 2014). The model's new diagnostic criteria requires disorder-specific PID-5 facet elevations (American Psychiatric Association, 2013), and the workgroup proffered facets for each PD diagnosis. Subsequent investigation revealed these configurations had limited specificity (e.g., Few et al., 2013), but stepwise regression techniques identified additional facets to supplement the workgroup's suggestions (e.g., Yam & Simms, 2014).

3. Study goals and hypotheses

The goal of the present study was to establish prevalence rates of PD diagnoses among men classified into SV tactic groups (non-violent, aggressive, coercive, and polytactic). Men reporting any SV were expected to have greater mean *t*-scores on the PID-5 facets and domains, as well as more NPD and ASPD diagnoses than the non-violent sample. Because sexual aggression is the more serious SV, individuals using only aggression were predicted to have greater PID-5 scores, NPD diagnoses, and ASPD diagnoses than coercers. Polytactic men were expected to have greater PID-5 scores, NPD diagnoses, and ASPD diagnoses than both aggressors and coercers.

4. Methods

4.1. Participants

Participants ($N = 672$; $M_{age} = 32.06$, $SD_{age} = 11.62$) were United States residents. The sample was 84.1% Caucasian, 4.3% African American, 4.8% Hispanic, 3.0% Asian, and 3.8% Other. The PID-5 was screened for consistency (Keeley, Webb, Peterson, Roussin, & Flanagan, 2016), and 29 participants were excluded for random responding. The final sample had < 3% missing data.

4.2. Materials

4.2.1. Personality inventory for DSM-5 (PID-5)

The 220-item PID-5 (Krueger et al., 2012) assessed 5 personality domains comprised of 25 personality facets. Items were rated on 4-point Likert-type scales (1 = *Very False or Often False*; 4 = *Very True or Often True*). Facet scores were not calculated if participants left > 25% of the contributing items blank. Domain scores were only calculated if all facets scores comprising the domain were available. Internal consistency was within acceptable limits (α range = .79–.93), and domains were moderately intercorrelated (*r* range = .44–.63).

4.2.2. Revised Sexual Experiences Survey-Short Form Perpetration (SES)

The 10-item SES (Koss et al., 2007) assessed sexual aggression and coercion perpetration. Men indicated the frequency of sexually aggressive and coercive behavior since age 14 (*0,1,2, or 3 + times*). Internal consistency was acceptable (α = .78).

4.3. Procedure

Participants were recruited through Amazon's MTurk. They completed the survey on Qualtrics after giving informed consent. Participants were administered additional assessments for inclusion in other research. The study took < 30 min to complete.

4.4. Data analyses

Participants were first classified into the Non-Violent ($n = 509$) or Violent ($n = 163$) group based on self-reported sexual aggression and/ or coercion (> 1 SV act = Violent). To determine whether the PID-5 was invariant between the Violent and Non-Violent groups, a multigroup confirmatory factor analysis (MGCFA) was conducted. Configural, metric, and scalar invariance were tested across groups. Configural invariance requires the model to fit each group's data (RMSEA ≤ .08 and CFI ≥ .90). Metric invariance is supported when goodness-of-fit indices (GFIs) between unconstrained and metric models are similar, and scalar invariance requires similarity between the metric and scalar models. The Comparative Fit Index (CFI) and Root Mean Squared Error of Approximation (RMSEA) were the GFIs employed in this research. Because the samples were uneven, critical differences between GFIs were operationalized as ΔCFI ≤ .005 and ΔRMSEA ≤ .01 (Chen, 2007).

After invariance testing, PID-5 scores were converted to *t*-scores using norms from Krueger et al. (2012)'s nationally representative sample. Table 1 presents means and SDs of normed PID-5 domains. Participants were then classified into mutually exclusive groups based on self-reported SV. Participants were classified as Non-Violent ($n = 509$) if they reported no SV, Coercive ($n = 57$) if they had > 1 act of non-physical SV (e.g., verbal pressure, threats), and Aggressive ($n = 52$) if they reported > 1 instance of physical SV (e.g., unwanted touching/kissing, physical force). Participants were classified as Polytactic ($n = 54$) if they reported > 1 act of non-physical and > 1 act of physical SV. A multivariate analysis of variance (MANOVA) was used to analyze the effects of SV perpetration on mean PID-5 *t*-scores, which

Table 1
PID-5 domain descriptive statistics.

	M	*SD*
Negative affectivity	51.92	10.40
Detachment	54.73	11.09
Antagonism	44.48	15.53
Disinhibition	52.51	10.07
Psychoticism	46.77	12.54

Means are *t*-scores normed with Krueger et al. (2012)'s sample.