Original Article

The prevalence of personality dysfunction and its relationship with risky, impulsive and self-destructive behaviors in general population

Hashem Jebraeili [1*]

1. Assistant Professor, Faculty of Social and Educational Sciences, Razi University, Kermanshah, Iran.

Abstract

Considering the severe implications of risky behavior for the individual and society and the possible role of personality dysfunction in it, the present study was conducted to investigate the prevalence of personality dysfunction and its relation with risky, impulsive and self-destructive behaviors in the general population. In an analytical cross-sectional study, 428 adults were selected from the general population of the country and were measured using risky, impulsive, and self-destructive behavior questionnaire and the short form of the severity indices of personality problems (SIPP-SF). The data was analyzed by correlation tests, t-test, confirmatory factor analysis and latent profile analysis (LPA) using SPSS-26 and Mplus-8 software. The prevalence of personality dysfunction was 59.3% with the estimate made through LPA. Each of the risky behaviors were more associated with a specific type of personality dysfunction, including substance use (r=-0.28, P<0.01) and risky sexual behavior (r=-0.24, P<0.01) with responsibility, aggression (r=-0.32, P<0.01) and criminal behavior (r=-0.28, P<0.01) with self-control and impulsive shopping and driving with social adaptation (r=-0.34, P<0.01) were more correlated. Due to the specific relationship of each personality dysfunction with a specific type of risky behaviors, it is necessary to develop interventions focused on specific personality dysfunction to reduce each of the risky behaviors.

Introduction

Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) (American-Psychiatric-Association, 2013) maintained Personality Disorder Diagnostic System DSM-IV-TR. By introducing an alternative model for personality disorders in section 3 (emerging methods and models that require further study and research), however, the severity of personality functioning harm (criterion A) and maladaptive personality traits (criterion B) were distinguished. Criterion B provides an alternative trait approach with five higher order dimensions (negative affect, detachment, antagonism, disinhibition, and psychoticism) (Asadi et al., 2024). Criterion A is defined as impairment in self and interpersonal functioning ability, which is based on a dimensional view of personality functioning, and these key components of personality dysfunction are capable to distinguish between clients with and without personality disorder (Oltmanns & Widiger, 2019).

The DSM-5 provides the Levels of Personality Functioning Scale (LPFS) (Morey et al., 2011) to evaluate indicators of Criterion A. The main limitation of the LPFS is that it does not measure self- functioning and interpersonal functioning separately, and for the same reason, it does not make it possible to distinguish between self-centered problems and those that are manifested in interpersonal situations (Morey et al., 2022). In contrast, the severity indices of personality problems (SIPP) appear to be promising instrument to measure the criterion A of DSM-5 (Bastiaansen et al., 2013). This instrument provides a set of five valid and reliable indices of the main components of (mal)adaptive personality functioning that are able to distinguish clinical populations from healthy groups and are sensitive to modifications following treatment in the clinical populations (Wilberg et al., 2023). The results of a series of studies on 2730 participants conducted to develop and evaluate the SIPP indicated that 16 aspects of this instrument are homogeneous item clusters that are well matched with five higher order domains. These domains confirm good concurrent validity in different populations,

Corresponding author: Assistant Professor, Faculty of Social and Educational Sciences, Razi University, Kermanshah, Iran. E-mail: **h.jebraeili@yahoo.com**

have a good convergent validity regarding the association with the rating of the severity of personality pathology interview, and have a discriminant validity in terms of relationship with the dimensions of trait-based personality disorder (Feenstra et al., 2011; Verheul et al., 2008).

Despite its good psychometric properties and clinical utility, the main form of the SIPP suffers from the usage restriction in research situations due to the relatively high number of items. In response to this restriction, the short form of the instrument was developed that can cover all five main areas of social concordance, relational functioning, self-control, responsibility and identity integration using only half of the main scale items (60 items) (Rossi et al., 2017). Although this instrument is relatively new, its psychometric properties were confirmed in several studies (Debast et al., 2018; van Reijswoud et al., 2021). Rossi et al. (2017), in particular, in a study confirmed the construct validity of this scale in terms of a structure involving five higher order domains of personality functioning. This scale was also a useful clinical instrument to track the effects of treatment on the levels of personality functioning (Hutsebaut et al., 2023).

The conceptualization of the SIPP is based on the presumption that personality is a modifiable entity and SIPP is designed such that it is sensitive to changes in personality functioning. The changes are supposed to occur in certain components of the personality. It is assumed that rigid components based on the maturity of the personality can be distinguished from modifiable components. For example, temperament and basic traits are considered as rigid maturity-based components, while adaptive capacities (e.g., emotion regulation, self and other-representations, coping strategies, and acquired skills) are modifiable components. (Verheul et al., 2008). There is an inverse relationship between levels of adaptation and the severity of personality pathology. Thus, personality pathology can be conceptualized as a defect in the development of adaptive capacities that enable individuals to cope with developmental tasks and life challenges (Feenstra et al., 2011). Therefore, the SIPP measures the adaptive capacities of individuals; these capacities differ in healthy individuals compared to people with personality disorders only in terms of severity and weakness (Hopwood et al., 2018). People with lower levels of adaptive capacities have difficulty in coping with life challenges and may use ineffective methods to deal with such problems. One of the areas in which these people may have problems is impulse control and risky and self-destructive behaviors (Dariotis & Chen, 2022).

Risky and self-destructive behavior involves making behavioral choices that may put individuals at serious risk of harm and reflects a tendency to engage in harmful behaviors regardless of their potential negative consequences (Steinberg, 2008). According to the definition, a wide range of behaviors are categorized among the risky or self-destructive behaviors. For example, some people may put themselves at risk by acting aggressively, injuring themselves for a purpose

other than suicide, or driving recklessly, while others may put themselves at risk by making large bets or risky financial investments. Some people may expose themselves to health risks by consuming illicit drugs or overeating, and others might engage in risky sexual behaviors or participate in criminal activities (Sadeh & Baskin-Sommers, 2017). Regardless of the diversity, these behaviors in general will bear high costs to the individual and society by increasing the likelihood of premature death, long-term disability, and mental health consequences (Akbari Chermahini & Shafieetabar, 2024; Meddeb et al., 2022). Also, involvement in risky and impulsive behaviors, whether inherently criminal or not, would increase the likelihood of conflict in the judicial system (Mestre-Bach et al., 2018; Shafti et al., 2022).

A factor that has always been considered in understanding the onset and course of risky behaviors is personality traits whose association with a wide range of risky behaviors is notified in different studies (Abolalaei et al., 2022; Garcia et al., 2022). However, less attention has been paid to the relationship between risky behaviors and personality functioning. Recent findings in this area confirm the recurrent comorbidity of personality disorders with risky behaviors including drug use (Arnevik et al., 2019). For example, the prevalence of substance use disorders in patients with personality disorders is reported up to 57% (Grant et al., 2004), and with regard to the continuum between healthy and impaired personality, a large number of drug users may have subliminal personality disorders (Arnevik et al., 2019). The association between personality dysfunction and some risky behaviors (substance use and risky sexual behaviors) is also affirmed in other studies (Flynn et al., 2021), but no studies can be found evaluating the association of personality dysfunction with a wider range of risky behaviors. For this reason and also because of the lack of appropriate tools for measuring personality (dis)functioning in Iran, the present study was conducted to investigate the psychometric properties of SIPP-SF and the relationship between personality dysfunction and risky behaviors.

Method

Participants

The present study was cross-sectional and 428 adults participated in it. Sampling was done online in late summer and early fall in 2021. The sampling method was voluntary and the online link was provided in social media only to those who were inclined to fill in the questionnaires but there were no compulsions or financial incentives to participate in the research.

Instrument

The short version of the severity indices of personality problems (SIPP-SF):

This questionnaire is a short form of the SIPP developed in the Netherlands (Verheul et al., 2008). It is a self-

report tool involving 60 items that measures the severity of personality pathology. The items measure the main components of maladaptive personality functioning in the five areas of self-control, identity integration, relational capacities, responsibility, and social concordance. Higher score in each area indicating more adaptive personality functioning. Participants are asked to indicate on a 4-point scale from one (strongly disagree) to four (strongly agree) how much they agree with each of the sentences over a three-month time frame. In a study, the Cronbach's alpha of areas ranged from 0.75 to 0.91, and the instrument was capable to distinguish individuals with personality disorders from healthy ones (van Reijswoud et al., 2021). The results of another study also confirmed the factor structure of this inventory (Rossi et al., 2017).

Risky, impulsive and self-destructive behavior questionnaire (RISQ):

This self-report questionnaire involves 38 items that measures the general tendency to engage in risky and self-destructive behaviors in 9 areas including illegal/criminal behavior, substance use, aggression, self-harm, gambling, risky sexual behaviors, heavy alcohol use, impulsive eating and driving, or reckless spending (Sadeh & Baskin-Sommers, 2017). Each item asks participants to report how many times they have been involved in such behaviors in the very past month and throughout their life. In order to reduce the positive skewness, participants' responses to each item are first graded based on five categories (0, 1-10, 11-50, 51-100, and above 100), and then the scores of the items in each area are summed up to calculate the participant's score in that area. A higher score in each area indicates a greater tendency to risky behaviors in that domain. In a psychometric study the internal consistency of the total score of the inventory was 0.92 and it was between 0.73 and 0.92 for various areas (except for the reckless behavior which was calculated 0.63) and the factor structure of the questionnaire was affirmed (Sadeh & Baskin-Sommers, 2017). In a study conducted in Iran, Cronbach's alpha and the split-half coefficient of the total score of the questionnaire were 0.91 and 0.91, respectively, and the factor structure of the questionnaire was confirmed (Jebraeili et al., 2021).

Procedure

After translating, back translating and re-checking the content to ensure the equivalence of Persian items with the main items of the SIPP-SF, the online version of the questionnaires were prepared and the online link was provided to those who intended to participate in the study. In this research, an attempt was made to use as few questionnaires as possible to prevent respondents from becoming tired. The data collected were analyzed using LPA, independent t-test, Spearman correlation test and confirmatory factor analysis by SPSS version 26 and Mplus version 8.

Results

Demographic data indicated that out of 428 participants, 54.9% were male, 44.9% were female, 68.2% were single and 31.8% were married. 59.3% were Kurd, 27.9% were Fars, and 12.8% were from others ethnicities. The mean age of participants was 28.67 with a standard deviation of 7.62. Information about personality dysfunction indicated that self-control with a mean of 33.42 was the most prominent and identity integration with a mean of 35.12 was the most minor problem area. Cronbach's alpha and the split-half methods were used to calculate the reliability of the SIPP-SF. Cronbach's alpha was calculated for the subscales of self-control, identity integration, responsibility, relational capacities and social concordance 0.85, 0.84, 0.76, 0.72 and 0.84, respectively, and it was 0.95 for the total score of the questionnaire. The split-half coefficient for the whole questionnaire equaled 0.92. Two separate confirmatory factor analyses were used to evaluate the one-factor and five-factor structure of the questionnaire. The results of factor analysis confirmed that the five-factor structure of the inventory fitted the data well (RMSEA= 0.05, CFI=0.91, TLI=0.91) and the factor loading of all questions on the relevant factor was statistically significant at the error level 0.01 (P<0.01). The one-factor model of the questionnaire also fitted the data quite well (RMSEA=0.09, SRMR=0.02, CFI=0.99, TLI=0.98) (Fig. 1).
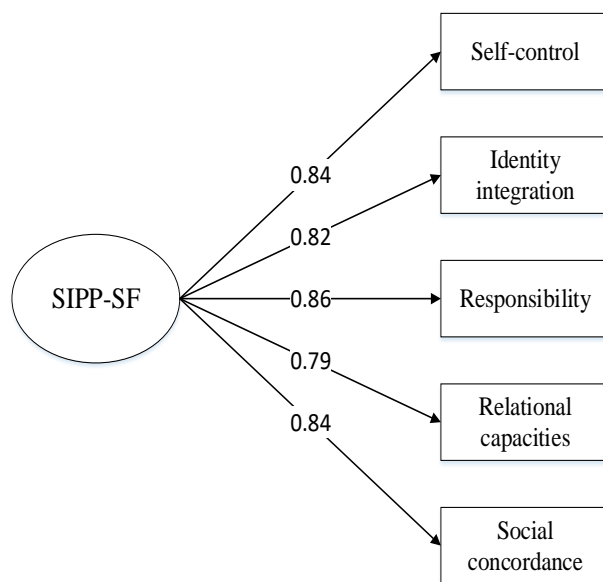
Fig. 1. Factor loadings of the SIPP-SF subscales on the total score

After confirming the reliability and factor structure of the questionnaire, LPA was used to assess the status of participants in terms of personality dysfunction and categorization of individuals according to the proximity of their scores in the subscales of the inventory. Using various indices, including the adjusted Lo–Mendell–Rubin likelihood ratio test that was significant for a model with two profiles (LMR=1007.35, P<0.01) but insignificant for models with more than two profiles indicated that the participants are divided into two groups based on their scores in the subscales of the SIPP-SF. The first group, which constituted 59.3% of the total population, suffered from personality dysfunction, and the second group, which comprised 40.7% of the total population, had favorable personality function. There were no differences between these two groups in terms of gender (X^2=-2.53, P>0.05), education (X^2=2.74, P>0.05), age (t=0.97, P>0.05) and socio-economic status (t=0.88, P>0.05). But in terms of marital status, the difference between the two groups was significant (X^2=5.23, P<0.05) and it was more probable for the married people to belong to the first group (t=2.38, P<0.05). In terms of ethnicity, the difference between the two groups was also significant (X^2=14.09, P<0.05) and particularly it was more probable for the Kurds, compared to Fars individuals, to belong to the first group (t=3.73, P<0.01).

Spearman correlation test was used to examine the correlation between different areas of personality dysfunction and risky behaviors because of the non-normal distribution of risky behaviors scores. The results confirmed that with the exception of heavy alcohol use which had no significant relationship with any of the areas of personality dysfunction and impulsive eating which had a significant relationship only with responsibility (r=-0.14, P<0.05), all risky behaviors had significant relationship with all areas of personality dysfunction. Risky behaviors were different in the degree of correlation with different areas of personality dysfunction; such that substance use had the highest correlation with responsibility (r=-0.28, P<0.01), aggression had the highest correlation with self-control (r=-0.32, P<0.01), gambling had the highest correlation with relational capacity (r=-0.23, P<0.01), risky sexual behavior had the highest correlation with responsibility (r=-0.24, P<0.01), self-harm had the highest correlation with identity integration (r=-0.23, P<0.01), reckless behavior had the highest correlation with social concordance (r=-0.25, P<0.01), criminal behavior had the highest correlation with self-control (r=-0.28, P<0.01) and the total score of risky behavior had the highest correlation with social concordance (r=-0.34, P<0.01).

Table 1. Mean, standard deviation and correlation coefficients of variables

Variables	M SD	1	2	3	4	5
1- Self-control	33.42 (6.51)					
2- Identity integration	35.12 (6.42)	.66**				
3- Responsibility	34.96 (5.86)	.69**	.72**			
4- Relational capacities	33.99 (5.35)	.63**	.66**	.67**		
5- Social concordance	34.78 (6.36)	.74**	.66**	.70**	.65**	
6- Substance use	0.19 (0.61)	-.16**	-.19**	-.28**	-.21**	-.23**
7- Aggression	0.60 (1.45)	-.32**	-.21**	-.22**	-.21**	-.27**
8- Gambling	0.29 (0.87)	-.14**	-.11**	-.21**	-.23**	-.16**
9- Risky sexual behavior	0.27 (0.90)	-.17**	-.19**	-.24**	-.16**	-.22**
10- Heavy alcohol use	0.07 (0.33)	-.02	-.02	-.08	-.02	-.01
11- Self-harm	0.35 (1.04)	-.20**	-.23**	-.22**	-.10**	-.18**
12- Impulsive eating	0.53 (1.10)	-.07*	.07*	-.14**	-.09	-.06
13- Reckless behavior	1.11 (1.43)	-.21**	.15**	-.19**	-.19**	-.25**
14- Crime	0.18 (0.66)	-.28**	.21**	-.27**	-.23**	-.27**
15- Total Risky behavior	3.60 (5.21)	-.32**	.28**	-.33**	-.26**	-.34**

*P<0.05, **P<0.01

Discussion

The results of Cronbach's alpha as well as split-half coefficient, which were used to examine the internal consistency of the SIPP-SF, indicated that both the subscales and the total score of the SIPP-SF were quite reliable. The factor structure of the SIPP-SF was examined using confirmatory factor analysis, the results of which confirmed both the one-factor structure and the five-factor structure of the SIPP-SF. LPA was used to estimate the prevalence of personality dysfunction. LPA is a person-centered research strategy assuming that there may be several subgroups with distinct characteristics in a particular population and samples extracted from it (Daljeet et al., 2017). LPA is a model-centered technique that provides various statistical indices based on which individuals can be categorized separately according to their behaviors or other characteristics (Grant et al., 2019). Applying this method in the present study led to extraction two groups. The first group, which constituted the majority of people, suffered from personality dysfunction, but the second group performed at the desired level. Although it is impossible to compare the results with other studies due to the lack of similar research, considering the fact that the prevalence of personality disorders is reported to be about 3 to 10% among the general population (Lenzenweger et al., 2007), it can be confidently state that the prevalence of personality dysfunction is very high in Iran and it is necessary to provide facilities for public intervention.

In fact, the results indicate that plenty of people in the community suffer from adaptation to life issues. As it was mentioned earlier, one of the assumptions the conceptualization of the SIPP is based on is the distinction between personality-centered traits and general levels of concordance. The SIPP is designed to assess adaptive capacities, which are modifiable components, rather than temperament and basic traits, which are considered rigid components based on maturity. Such adaptive capacities are known as dynamic personality organizations that are associated with self-regulation and making relationships with others (Verheul et al., 2008). Also, the authors of the SIPP conceptualized personality pathology as a defect in developing adaptive capacities that enables people to deal with developmental tasks and life challenges. It is assumed that there is an inverse relationship between levels of adaptation and the severity of personality pathology, and that people with low levels of adaptation are more prone to personality disorders.

The study of personality dysfunction based on demographic variables led to interesting results. There was not any difference in personality dysfunction between men and women and people with different education, age and socio-economic status. This finding indicates that not only personality dysfunction in one gender are not higher or lower than the other gender, but also increasing the educational level and age does not reduce personality dysfunction. More interestingly, there was no relationship between socioeconomic status and personality dysfunction; this means that the personality dysfunction currently observed in the population are not related to financial problems and the pressures of the economic crisis. In contrast, belonging to some ethnic groups was associated with a higher risk of personality dysfunction that might result from improper parenting experiences in such groups. There was a positive relationship between being married and having personality dysfunction, which, contrary to expectations, indicates that married people are more likely to experience adaptation challenges because of the complexity and pressure of playing the roles of parents as well as spouses.

Correlation results indicated that each area of risky behaviors was more strongly associated with one of the areas of personality dysfunction. The highest correlations were found in these areas: responsibility with substance use, aggression with self-control, gambling with relational capacities, risky sexual behavior with responsibility, self-harm with identity integration, reckless behavior with social concordance, criminal behavior with self-control and the total score of risky behavior with social concordance. Investigations on the relationship between personality dysfunction and risky behaviors mainly focus on the role of self-control (Bogaerts et al., 2021). Self-control is conceptualized as the capability to tolerate, use, and control emotions and impulses by the person himself/herself (Verheul et al., 2008). Research affirm that self-control is positively correlated with compatibility correlations in various areas of life such as academic and occupational success, healthier and more stable relationships, more intimate social networks, empathy, and preventative health behaviors (e.g., regular medical examinations) (Findley & Brown, 2018). In contrast, lack of self-control is associated with a wide range of antisocial and deviant behaviors (Kundakova et al., 2022).

In the present study, in line with other studies, over other personality dysfunction, self-control had the highest relationship with criminal acts. In addition to that, self-control had the highest relationship with aggression which indicates that violence and aggression are more frequently committed by those who have difficulty in self-control. Other results are also remarkable. According to the results, self-harm is more common in people suffering from problems of identity integration (ability to consider themselves and their lives as sustainable, integrated and purposeful). Substance use and risky sexual behavior are more prevalent among people with lack of responsibility. Reckless behavior (impulsive purchase and driving) is more common among people with social concordance problems (anger management and cooperation). Gambling was also more common among people with relationship problems (problems in making intimate and long-term relationships); it is possible that rather than relationship problems leading to gambling, it was gambling that caused these people to have problems in their relationships with others (Hing et al., 2022).

Ultimately, the highest correlation was obtained between the total score of risky behavior and social concordance, which indicates that in general, people who have difficulty in managing anger and are unable to cooperate with others may turn to risky behaviors most.

Conclusion

The present study indicated that the Persian version of SIPP-SF enjoys acceptable validity and reliability. The prevalence of personality dysfunction was very high, which although may not be recognizable as personality disorders, they indicate a subliminal disorder and can make compatibility difficult for individuals. As confirmed by the correlations of these problems with risky behaviors, these problems may manifest themselves in the form of impulsive, risky, and self-destructive behaviors, causing problems for the individual and others. Also, since these problems are associated with compatibility and are not considered immutable personality traits, identifying and intervening them may result in the reduction of risky behaviors in society. Despite the interesting results obtained in this study, some findings, such as more incidences of personality dysfunction in married people compared to the single individuals were unexpected. To ensure the accuracy of the results, it is suggested to conduct similar research on larger populations.

Disclosure statement

Acknowledgment

ORCID

Hashem Jebraeili: https://orcid.org/0000-0002-4007-5096

References

Abolalaei, A., Atadokht, A., & Basharpoor, S. (2022). Comparison of impulsivity, emotional instability, decision making and risky behaviors in patients with bipolar disorder and borderline personality disorder. *Journal of Research in Psychopathology*, *3*(10),1-11. doi:10.22098/jrp.2022.9579.1041

Akbari Chermahini, S., & Shafieetabar, M. (2024). Investigating the relationship between adolescents' tendency toward risky behaviors and mindfulness: The moderator role of future time perspective. *Journal of Research in Psychopathology*, *5*(15), 8-15. doi:10.22098/jrp.2023.13266.1187

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5 ed.). APA .

Arnevik, E. A., Pedersen, G., Walderhaug, E., Lien, I., Wilberg, T., & Hummelen, B. (2019). Measuring Personality Problems in Patients With Substance Use Disorders: A Cross-Sample Validation. *J Dual Diagn*, *15*(4), 324-332. doi:10.1080/15504263.2019.1668583

Asadi, S., Cunningham, T. J., Morgan, T. A., Zimmerman, M., & Rodriguez-Seijas, C. (2024). Examining Measurement Invariance in the Personality Inventory for DSM-5 Brief Form Across Sexual and Gender Minority Status. *Assessment*, *31*(3), 678-697. doi:10.1177/10731911231176449

Bastiaansen, L., De Fruyt, F., Rossi, G., Schotte, C., & Hofmans, J. (2013). Personality disorder dysfunction versus traits: structural and conceptual issues. *Personal Disord*, *4*(4), 293-303. doi:10.1037/per0000018

Bogaerts, S., Garofalo, C., De Caluwé, E., & Janković, M. (2021). Grandiose and vulnerable narcissism, identity integration and self-control related to criminal behavior. *BMC Psychol*, *9*(1), 191. doi:10.1186/s40359-021-00697-1

Daljeet, K. N., Bremner, N. L., Giammarco, E .A., Meyer, J. P., & Paunonen, S. V. (2017). Taking a person-centered approach to personality: A latent-profile analysis of the HEXACO model of personality. *Journal of Research in Personality*, *70*, 241-251. doi:10.1016/j.jrp.2017.08.003

Dariotis, J. K., & Chen, F. R. (2022). Stress Coping Strategies as Mediators: Toward a Better Understanding of Sexual, Substance, and Delinquent Behavior-Related Risk-Taking among Transition-Aged Youth. *Deviant Behav*, *43*(4), 397-414. doi:10.1080/01639625.2020.1796210

Debast, I., Rossi, G., & van Alphen, S. P. J. (2018). Age-Neutrality of a Brief Assessment of the Section III Alternative Model for Personality Disorders in Older Adults. *Assessment*, *25*(3), 310-323. doi:10.1177/1073191118754706

Feenstra, D. J., Hutsebaut, J., Verheul, R., & Busschbach, J. J. (2011). Severity Indices of Personality Problems (SIPP-118) in adolescents: reliability and validity. *Psychol Assess*, *23*(3), 646-655. doi:10.1037/a0022995

Findley, M., & Brown, R. (2018). Fifty states of self-control: A U.S. statewide examination of the initiation and inhibition dimensions of self-regulation. *J Soc Psychol*, *158*(1), 23-36. doi:10.1080/00224545.2017.1297287

Flynn, T. P., Parnes, J .E., & Conner, B. T. (2021). Personality Disorders, Risky Behaviors, and Adversity: The Moderating Role of Resilience. *Psychol Rep*, 332941211028998. doi:10.1177/00332941211028998

Garcia, M., Rouchy, E., & Michel, G. (2022). Temperament and character profiles of adolescent participants in the choking game. *Arch Pediatr*, *29*(7), 475-479. doi:10.1016/j.arcped.2022.06.002

Grant, B. F., Hasin, D. S., Stinson, F. S., Dawson, D. A., Chou, S. P., Ruan, W. J., & Pickering, R. P. (2004). Prevalence, correlates, and disability of personality disorders in the United States: results

from the national epidemiologic survey on alcohol and related conditions. *J Clin Psychiatry*, *65*(7), 948-958. doi:10.4088/jcp.v65n0711

Grant, R., Becnel, J. N., Giano, Z. D., Williams, A. L., & Martinez, D. (2019). A Latent Profile Analysis of Young Adult Lifestyle Behaviors. *Am J Health Behav*, *43*(6), 1148-1161. doi:10.5993/ajhb.43.6.12

Hing, N., O'Mullan, C., Mainey, L., Greer, N., & Breen, H. (2022). An integrative review of research on gambling and domestic and family violence: Fresh perspectives to guide future research. *Front Psychol*, *13*, 987379. doi:10.3389/fpsyg.2022.987379

Hopwood, C. J., Kotov, R., Krueger, R. F., Watson, D., Widiger, T. A., Althoff, R. R., Ansell, E. B., Bach, B., Michael Bagby, R., Blais, M. A., Bornovalova, M. A., Chmielewski, M., Cicero, D. C., Conway, C., De Clercq, B., De Fruyt, F., Docherty, A. R., Eaton, N. R., Edens, J. F., . . . Zimmermann ,J. (2018). The time has come for dimensional personality disorder diagnosis. *Personal Ment Health*, *12*(1), 82-86. doi:10.1002/pmh.1408

Hutsebaut, J., Kindt, K. C. M., van Dam, L. J. H., & Bachrach, N. (2023). [A multi-centre ROM study of the Guideline-Informed Treatment for Personality Disorders]. *Tijdschr Psychiatr*, *65*(8), 466-472. (Een ROM-studie van de Guideline-Informed Treatment for Personality Disorders in vier behandelcentra).

Jebraeili, H., Rezaee, R., & Davudizadeh, S. (2021). Psychometric Properties and Factor Structure of the Risky, Impulsive and Self-destructive Behavior Questionnaire and Affective Triggers of the Risky Behavior. *Contemporary Psychology*, *16*(1), 108-197. dor:20.1001.1.20081243.1400.16.1.8.6

Kundakova, M., Rima, D., Atakhanova, G., Temirbolat, N., & Beaver, K. M. (2022). Does Self-control Predict Crime, Delinquency, and Victimization in Immigrants? A Longitudinal Analysis. *J Interpers Violence*, *37*(11-12), Np8534-np8558. doi:10.1177/0886260520976215

Lenzenweger, M. F., Lane, M. C., Loranger, A. W., & Kessler, R. C. (2007). DSM-IV personality disorders in the National Comorbidity Survey Replication. *Biol Psychiatry*, *62*(6), 553-564. doi:10.1016/j.biopsych.2006.09.019

Meddeb, A., Berlin, J., Laporte, N., & Wallinius, M. (2022). Adverse childhood experiences do not moderate the association between aggressive antisocial behavior and general disinhibition in a forensic psychiatric inpatient sample. *Front Psychol*, *13*, 1019246. doi:10.3389/fpsyg.2022.1019246

Mestre-Bach ,G., Steward, T., Granero, R., Fernández-Aranda, F., Talón-Navarro, M. T., Cuquerella, À., Baño, M., Moragas, L., Del Pino-Gutiérrez, A., Aymamí, N., Gómez-Peña, M., Mallorquí-Bagué, N., Vintró-Alcaraz, C., Magaña, P., Menchón, J. M., & Jiménez-Murcia, S. (2018). Gambling and

Impulsivity Traits: A Recipe for Criminal Behavior? *Front Psychiatry*, *9*, 1-10. doi:10.3389/fpsyt.2018.00006

Morey, L. C., Berghuis, H., Bender, D. S., Verheul, R., Krueger, R. F., & Skodol, A. E. (2011). Toward a model for assessing level of personality functioning in DSM-5, part II: empirical articulation of a core dimension of personality pathology. *J Pers Assess*, *93*(4), 347-353. doi:10.1080/00223891.2011.577853

Morey, L. C., McCredie, M. N., Bender, D. S &, . Skodol, A. E. (2022). Criterion A: Level of personality functioning in the alternative DSM-5 model for personality disorders. *Personal Disord*, *13*(4), 305-315. doi:10.1037/per0000551

Oltmanns, J. R., & Widiger, T. A. (2019). Evaluating the assessment of the ICD-11 personality disorder diagnostic system. *Psychol Assess*, *31*(5), 674-684. doi:10.1037/pas0000693

Rossi, G., Debast, I., & van Alphen, S. P. J. (2017). Measuring personality functioning in older adults: construct validity of the Severity Indices of Personality Functioning - Short Form (SIPP-SF). *Aging Ment Health*, *21*(7), 703-711. doi:10.1080/13607863.2016.1154012

Sadeh, N., & Baskin-Sommers, A. (2017). Risky, Impulsive, and Self-Destructive Behavior Questionnaire (RISQ): A Validation Study. *Assessment*, *24*(8), 1080-1094. doi:10.1177/1073191116640356

Shafti, M., Steeg, S., de Beurs, D., Pratt, D., Forrester, A., Webb, R. T., & Taylor, P. J. (2022). The inter-connections between self-harm and aggressive behaviours: A general network analysis study of dual harm. *Front Psychiatry*, *13*, 953764. doi:10.3389/fpsyt.2022.953764

Steinberg, L. (2008). A Social Neuroscience Perspective on Adolescent Risk-Taking. *Developmental review: DR, 28*(1), 78-106. doi:10.1016/j.dr.2007.08.002

van Reijswoud, B. E., Debast, I., Videler, A. C., Rossi, G., Lobbestael, J., Segal, D. L., & van Alphen, S. P. J. (2021). Severity Indices of Personality Problems-Short Form in Old-Age Psychiatry: Reliability and Validity. *J Pers Assess*, *103*(2), 174-182. doi:10.1080/00223891.2020.1743710

Verheul, R., Andrea, H., Berghout, C. C., Dolan, C., Busschbach, J. J., van der Kroft, P. J., Bateman, A. W., & Fonagy, P. (2008). Severity Indices of Personality Problems (SIPP-118): development, factor structure, reliability, and validity. *Psychol Assess*, *20*(1), 23-34.doi:10.1037/1040-3590.20.1.23

Wilberg, T., Pedersen, G., Bremer, K., Johansen, M. S., & Kvarstein, E. H. (2023). Combined group and individual therapy for patients with avoidant personality disorder-A pilot study. *Front Psychiatry*, *14*, 1181686. doi:10.3389/fpsyt.2023.1181686