

# The Relation Between Borderline Personality Disorder Features and Teen Dating Violence

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**Objective:** Teen dating violence (TDV) is a serious social problem with significant physical and emotional consequences. A number of theoretical models have identified several factors associated with intimate partner violence (IPV) among adults, including the role of Axis II features such as borderline personality disorder (BPD). However, little is known about borderline features and intimate partner violence among adolescents (i.e., TDV). The present study is the first to investigate the relation between TDV and borderline features in adolescents, taking into account important additional correlates of TDV at the cross-sectional level. **Method:** An ethnically diverse sample of 778 adolescents completed self-report measures of dating violence, borderline features, alcohol use, and exposure to interparental violence. **Results:** Borderline features made independent contributions to both TDV victimization and perpetration. The association between borderline features and TDV victimization was moderated by gender, and when considering severe violence, gender moderated the relation between borderline features and both TDV victimization and perpetration. **Conclusions:** Borderline features should be considered in the assessment, prevention, and intervention of TDV and vice versa.

**Keywords:** adolescence, borderline personality disorder, perpetration, teen dating violence, victimization

Teen dating violence (TDV) is a significant social problem with an alarmingly high prevalence rate (Centers for Disease Control and Prevention, 2012). It is estimated that 10% to 20% of adolescents have experienced “severe” physical dating violence (Eaton, Davis, Barrios, Brener, & Noonan, 2007), with a conservative definition of TDV including physical aggression, intimidation, or coercion (Foshee et al., 1996; Wolfe et al., 2003). The rate is even higher in at-risk samples and when other forms of abuse are considered (Malik, Sorenson, & Aneshensel, 1997; Wolfe, Scott, Wekerle, & Pittman, 2001). TDV victimization and perpetration have been associated with both internalizing (e.g., depression, anxiety, suicidal ideation) and externalizing (e.g., substance use, risky sexual behavior) problems (Exner-Cortens, Eckenrode, & Rothman, 2013; Rothman, Reyes, Johnson, & LaValley, 2012; Silverman, Raj, Mucci, & Hathaway, 2001; Temple & Freeman, 2011). Importantly, victims and perpetrators of TDV may be at increased risk for continuing this maladaptive form of relating in future intimate relationships (Stith, Smith, Penn, Ward, & Tritt, 2004; White & Smith, 2009). Against this background, the

primary objective of the present study was to examine whether borderline personality disorder (BPD) features in adolescents were related to increased levels of TDV victimization and perpetration.

Given the physical and emotional costs of TDV, including the increased risk for perpetuating the intergenerational transmission of interpersonal violence (Kwong, Bartholomew, Henderson, & Trinke, 2003; Riggs, O’Leary, & Breslin, 1990), it is crucial that risk factors and correlates of TDV be investigated to help interrupt this negative pattern of relating. An improved understanding of the etiology of TDV will invariably lead to advances in identification, prevention, and treatment.

## Explaining TDV/Intimate Partner Violence (IPV): Theoretical Framework and Empirical Support

Recent comprehensive etiological models posit a number of important factors that may explain aggressive and abusive behaviors between partners. For example, Bell and Naugle (2008) proposed a comprehensive model of IPV that recognizes the significant heterogeneity of and widens the scope of possible predictors for IPV by including factors such as personality traits, exposure to interparental violence, and substance use. With respect to this model, research has confirmed significant associations with TDV/IPV and exposure to interparental violence (Kinsfogel & Grych, 2004; Roberts, McLaughlin, Conron, & Koenen, 2011; Temple, Shorey, Tortolero, Wolfe, & Stuart, 2013b) and substance use (Stuart et al., 2008; Temple, Shorey, Fite, Stuart, & Le, 2013; Temple, Weston, Stuart, & Marshall, 2008).

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Specifically, research demonstrates that exposure to violence in one's family of origin (i.e., witnessed IPV between parents) predicts subsequent IPV (Forsstrom-Cohen & Rosenbaum, 1985; Roberts et al., 2011), likely because parents' interactions provide a salient model for how adolescents behave in their intimate relationships (Kinsfogel & Grych, 2004). This theory, known as the intergenerational transmission of violence, is generally supported by research (Sims, Dodd, & Tejada, 2008; Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998). Regarding the relation between TDV and substance use, research has demonstrated clear links between alcohol and drug use and violence in romantic relationships in adolescents (Howard & Wang, 2003; Silverman et al., 2001). For example, using a large, ethnically diverse sample of 1,565 adolescents, Temple and Freeman (2011) found that victims of dating violence were 2.5 to 4 times more likely to smoke cigarettes, use marijuana, or drink alcohol. In a meta-analytic review by Rothman et al. (2012), a strong association was found between higher levels of alcohol use and dating violence perpetration in youth.

### Borderline Personality Disorder

Thus far, few studies have investigated the role of maladaptive personality traits in partner violent relationships, especially with respect to adolescents. Although several models have included personality disorder variables as potential factors related to IPV (e.g., Dutton, 1995; Holtzworth-Munroe, 2000), empirical research in youth populations remains conspicuously lacking. Of particular interest in the adult IPV literature has been the role of borderline personality disorder (BPD) features. For adults, prevalence of the disorder is estimated to be one to two percent in community samples (Lenzenweger, Loranger, Korfine, & Neff, 1997; Torgersen et al., 2000) and approximately one in 10 psychiatric outpatients and one in five inpatients (American Psychiatric Association, 2013). For children and adolescents, prevalence tends to be higher in clinical samples compared to adult clinical samples, with Levy et al. (1999) finding 43% of 165 adolescent inpatients meeting criteria and Grilo et al. (1998) finding 49% of 255 adolescent and young adult inpatients meeting criteria. However, rates of the disorder in community samples have yielded inconsistent results and vary by study design (Sharp & Romero, 2007). Further, in both community and clinical adult samples, females are more likely to be diagnosed with BPD, though this sex difference has not always emerged in community samples of adolescents (e.g., Bernstein, Cohen, Velez, & Schwab-Stone, 1993). Evidence continues to mount that BPD constitutes a valid and reliable disorder in adolescence (Miller, Muehlenkamp, & Jacobson, 2008; Sharp, Ha, Michonski, Venta, & Carbonne, 2012).

### Linkages Between Borderline Personality Disorder and IPV

Characterized by dysregulated emotion, aggressive and impulsive behavior, intense interpersonal relationships, and frantic efforts to avoid real or imagined abandonment (American Psychiatric Association, 2013), it is likely that BPD symptoms relate to experiencing violence with intimate partners. Indeed, with impulsivity and "stormy" interpersonal relationships as hallmarks of the disorder, it is not surprising that relationship dysfunction is common within couples where one (or both) partner suffers from BPD (Daley, Burge, & Hammen, 2000).

In adult samples of partner violent men, research has found associations between BPD and IPV, including perpetration of severe violence (i.e., physical, sexual), even after controlling for current Axis I disorders (Bouchard, Sabourin, Lussier, & Ville-neuve, 2009). For example, research has demonstrated male batterers to have higher levels of borderline symptoms compared with nonbatterers (Hamberger & Hastings, 1991; Holtzworth-Munroe, Bates, Smutzler, & Sandin, 1997) and men convicted of nonviolent crimes (Edwards, Scott, Yarvis, Paizis, & Panizzon, 2003). Dutton (1994) found that Borderline Personality Organization was significantly related with chronic anger, jealousy, and higher frequencies of verbal and physical aggression in a sample of males in treatment for IPV. Research has also found that violent men diagnosed with BPD tend to use violence reactively, as opposed to proactively (Ross & Babcock, 2009). This type of violence is considered unplanned, impulsive, and accompanied by high arousal or anger. Perhaps because of poor emotion regulation or a "discharge arousal" to negative affect (Kingsbury, Lambert, & Hendrickse, 1997, p. 227), these men diagnosed with BPD reacted to their partners' displays of distress violently.

Though there is a significant lack of research examining aggression and psychopathology of women, particularly nonincarcerated women with Axis II disorders, recent studies have begun addressing this association (Ehrensaft, Moffitt, & Caspi, 2004; Spidel, Nicholls, Kendrick, Klein, & Kropp, 2004; Stuart, Moore, Gordon, Ramsey, & Kahler, 2006). For example, Spidel et al. (2004) administered a self-report diagnostic measure of personality disorders to female undergraduates and found high rates of BPD, as well as other personality pathology, in women who perpetrated abuse toward an intimate male partner. Regarding gender differences, using a sample of young adults, Ehrensaft et al. (2004) found that "nonsevere" abuse was perpetrated more often by females with aggressive personalities than males, while "clinically significant abuse" typically involved mutual abuse, characterized by personality deviance (e.g., low self-control, high negative emotionality). Another study (Zanarini et al., 1999) found that females with BPD had experienced significantly more physical and/or sexual assault as adults compared with males with BPD (50% vs. 26%). Finally, Maneta, Cohen, Schulz, and Waldinger (2013) found that for males, borderline personality traits were related to both IPV perpetration and victimization, whereas for females, borderline personality traits were only related to IPV victimization. These authors speculate that because the relation between IPV victimization and borderline personality traits is present across both genders, partners with high borderline personality traits are at increased risk of choosing partners more prone to violence. Indeed, personality disorder has been found to be up to six times higher in partner abusing men compared to the general population (Dutton, 2006), and Stuart et al. (2006) found that 27% of females arrested for domestic violence perpetration met criteria for BPD.

In adolescents, evidence suggests that BPD is expressed differently for males and females, which may have implications for TDV perpetration and victimization. For males, BPD symptoms tend to be characterized by externalizing problems and anger, whereas for females, BPD symptoms tend to be characterized by internalizing problems and emotion dysregulation (Bradley, Conklin, & Westen, 2005). Drawing on findings from the adult literature (Zanarini et al., 1999), perhaps it is possible that poor emotion regulation may elicit violent behavior from a

dating partner, thus resulting in higher rates of victimization for females. However, the mechanism underlying how BPD may impact IPV differently by gender remains understudied and warrants further research.

### Purpose of the Present Study

The downward extension of this work to adolescents is rare, particularly studies that include personality disorder features. To address this gap in the literature, the aim of the current study was to explore whether borderline features in adolescents were related to increased levels of TDV victimization and perpetration, controlling for potential confounding variables known to relate to TDV (i.e., alcohol use and exposure to interparental violence). Additionally, though borderline features have been shown to relate to severe (i.e., physical and sexual) violence in adults, it remains unknown whether this finding holds true for TDV. Differences by gender on the impact of borderline features on TDV were also investigated. Specifically, based on findings from the adult literature on the relation between BPD and IPV, we hypothesized the following:

*Hypothesis 1:* Borderline features will be positively associated with TDV victimization and TDV perpetration, including severe TDV.

*Hypothesis 2:* Borderline features will make unique contributions to both TDV victimization and perpetration, including severe TDV, over and above confounding variables (i.e., alcohol use, exposure to interparental violence).

*Hypothesis 3:* The relation between borderline features and TDV victimization will be moderated by gender, with females showing a stronger relation among these variables than males.

### Method

#### Participants

The data for the present study were from the second wave of a larger, ongoing school-based longitudinal study investigating the risk and protective factors of TDV (Temple, Shorey, Fite, et al., 2013). Recruitment occurred during the first wave, and participants were recruited from seven schools in five Houston-area school districts. Of the 1,702 students present on recruitment days, 1,215 returned parental permission forms (71%), 1,119 obtained parental permission to participate (66% of those recruited; 92% of those who returned permission forms), and 1,046 completed the survey (62% of those recruited; 94% of those who received parental permission). The sample for the present study consisted of participants who completed relevant measures at the second wave of the longitudinal study, which included 964 adolescents (age  $M = 15.1$ ,  $SD = .79$ , 56.9% female, 72.6% in the 10th grade). The sample was ethnically diverse: 31.3% White, 32.3% Hispanic, 26.9% Black, 1.8% Asian, and 7.8% who identified as "Other." Only students reporting a history of dating at the second wave of the study (i.e., endorsed the item *I have begun dating, going out with someone, or had a boyfriend/girlfriend*) and who answered all study-relevant items were included in the current analyses ( $n = 778$ ).

### Measures

**Teen dating violence.** The Conflict in Adolescent Dating and Relationship Inventory (CADRI; Wolfe et al., 2001) is a 50-item measure that assesses TDV perpetration and victimization (e.g., physical, psychological, sexual, and relational). Each question is divided into two parts, one that indicates perpetration (e.g., *I threw something at him/her*) and one that indicates victimization (*He or she threw something at me*). Using binary responses (i.e., *yes = 1*, *no = 0*), participants reported whether or not they perpetrated and/or were victimized by an act during a conflict or argument with their boyfriend/girlfriend (ex-boyfriend/ex-girlfriend) in the past year. Total scores of TDV victimization and perpetration (i.e., sum of all items) and total scores of severe TDV victimization and perpetration (i.e., sum of only physical and sexual items) were used as dependent variables in separate regression analyses. Reliability and validity of the measure has been demonstrated in previous studies, with Wolfe et al. (2001) reporting a Cronbach's alpha of .83 and the present study an alpha of .92 for the total scale and an alpha of .83 for the severe scales.

**Borderline personality disorder features.** The Borderline Personality Features Scale for Children (BPFS-C; Crick, Murray-Close, & Woods, 2005) contains 24 items measuring borderline features, including identity problems (*How I feel about myself changes a lot*), affective instability (*When I'm mad, I can't control what I do*), negative qualities of peer relationships (*Lots of times, my friends and I are really mean to each other*), and self-harm (*When I get upset, I do things that aren't good for me*). Participants indicated on a scale of 1 (*not at all*) to 5 (*always true*) how they feel about themselves or other people. Previous research (Chang, Sharp, & Ha, 2011) has identified a clinical cutoff of 66, which has found high accuracy ( $AUC = .931$ ;  $Se = .856$ ;  $Sp = .840$ ) in discriminating adolescents with a diagnosis of BPD, as assessed through an interview based measure (Childhood Interview for borderline personality disorder; CI-BPD; Zanarini, 2003). In the present study, 257 (29.2%) scored above clinical cutoff. This is quite high when compared with rates of BPD in community samples (Bernstein et al., 1993), though this should be interpreted against the background that the BPFS-C is primarily a screening measure and thus likely to include false positives. The BPFS-C total score was used dimensionally as an independent variable in regression analyses. Reliability and validity of the measure has been demonstrated in previous studies, with Crick et al. (2005) reporting a Cronbach's alpha of .76 and the present study an alpha of .86.

**Alcohol use.** Methods used to assess alcohol use were adapted from the "Monitoring the Future: National Survey Results on Drug Use, 1975–2009" (Johnston, O'Malley, Bachman, & Schulenberg, 2010). Alcohol use was operationalized as total number of days of the past 30 that the participant engaged in binge drinking, which was used dimensionally as an independent variable in regression analyses. Previous research on adolescents has generally found that they are reliable and valid sources for reporting their substance use behaviors (Johnston et al., 2010).

**Exposure to interparental violence.** Father-to-mother and mother-to-father interparental violence was assessed using a single item: *In the past year, how many times did your father (or male caregiver) do any of the above behaviors to your mother (or female caregiver)?* The same question was then asked for mother-

to-father violence. Participants were provided with examples of moderate to severe violent acts (e.g., slapped, slammed against wall, choked) and then asked to report the number of times they have witnessed violence: never (coded "0"), once or twice (coded "1"), 3–20 times (coded "2"), and more than 20 times (coded "3"). This variable was used dimensionally as an independent variable in regression analyses (Temple, Shorey, Tortolero, et al., 2013b). Previous research has demonstrated single-item measures to be reliable and valid when the construct is clearly defined and homogeneous (Loo & Kelts, 1998; Postmes, Haslam, & Jans, 2013), and similar single item measures have been used in previous studies examining exposure to interparental violence (Ehrensaft et al., 2003).

**Procedures**

This study was approved by the appropriate institutional review board, and the data are part of a larger dataset investigating adolescent health behaviors, including TDV. Recruitment occurred during school hours in classes with required attendance. Research staff attended each class twice before assessment to explain the study and answer questions. Information about the study, as well as parental permission slips, were sent home with the students for their parents to read, sign, and return. Assent was then obtained from students who returned the forms, and those who assented were pulled from class to complete the survey.

**Results**

**Descriptive Statistics and Data**

Table 1 summarizes means and standard deviations for main study variables, as well as the results of correlational analyses examining the bivariate relations between continuous variables separately for males and females. Note that 702 (82.5%) of the sample indicated having either been victimized at least once by any violence or perpetrated any violence at least once. Thus, 17.5% of the participants did not report any TDV victimization or TDV perpetration. Consistent with previous studies (e.g., Shorey, Cornelius, & Bell, 2008), 29% of the current sample reported severe TDV victimization and 24% reported severe TDV perpetration. The high prevalence of TDV in this study was primarily driven by psychological abuse (77% reported both victimization and perpetration), which is also consistent with the literature (Orpinas, Nahapetyan, Song, McNicholas, & Reeves, 2012; Shorey et al., 2008). To examine whether data were missing at random, differences between participants with complete data and incomplete data were examined. Chi-square analyses and independent samples *t* tests showed that participants with incomplete data were not significantly different from those with complete data on gender,  $\chi^2 = 2.305, p = .145$ , alcohol use,  $t = .004, p = 1.000$ , father-to-mother violence,  $t = 1.519, p = .187$ , or mother-to-father violence,  $\chi^2 = 1.406, p = .217$ , thus confirming that data were missing at random for these main study variables.

**Bivariate Relations Between Main Study Variables**

As hypothesized, borderline features were positively associated with TDV victimization and perpetration (see Table 1). When males

**Table 1**  
*Results of Correlational Analyses Examining Bivariate Relations Between Continuous Variables for Males and Females*

| Variable                              | Borderline features | TDV victimization | TDV perpetration | Severe TDV victimization | Severe TDV perpetration | Exposure to mother-to-father violence | Alcohol use | Age         | Mean (SD)     |
|---------------------------------------|---------------------|-------------------|------------------|--------------------------|-------------------------|---------------------------------------|-------------|-------------|---------------|
| Borderline features                   | —                   | .310***           | .317***          | .175**                   | .119*                   | .134*                                 | .146*       | .071        | 55.09 (14.41) |
| TDV victimization                     | .345***             | —                 | .799***          | .718***                  | .512***                 | .071                                  | .030        | .073        | 3.32 (3.48)   |
| TDV perpetration                      | .275***             | .798***           | —                | .572***                  | .630***                 | .052                                  | .053        | .066        | 2.84 (3.09)   |
| Severe TDV victimization              | .252***             | .800***           | .622***          | —                        | .665***                 | .031                                  | .019        | .084        | .42 (.97)     |
| Severe TDV perpetration               | .206***             | .605***           | .764***          | .686***                  | —                       | .028                                  | -.048       | .011        | .21 (.67)     |
| Exposure to mother-to-father violence | .191***             | .084              | .091*            | .054                     | .065                    | —                                     | .107        | -.002       | 1.12 (.44)    |
| Alcohol use                           | .157*               | .148*             | .018             | .178**                   | .068                    | .202**                                | —           | .005        | .81 (2.69)    |
| Age                                   | -.112*              | .023              | .062             | .042                     | .114*                   | .013                                  | .032        | —           | 16.09 (.81)   |
| Mean (SD)                             | 59.98 (13.70)       | 4.78 (4.49)       | 4.83 (4.11)      | .70 (1.34)               | .69 (1.26)              | 1.15 (.43)                            | .66 (2.39)  | 16.09 (.78) | —             |

Note. Males are displayed above the diagonal, and females below.  
\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

and females were grouped together, age was not significantly correlated with BPFS-C scores, TDV victimization, or TDV perpetration. However, BPFS-C scores were positively correlated with TDV victimization, TDV perpetration, alcohol use, and exposure to mother-to-father violence. To examine the bivariate relations between gender on the one hand and BPFS-C scores, dating violence, alcohol use, and exposure to parental violence on the other, several independent samples *t* tests were conducted. Results showed that females scored significantly higher on the BPFS-C,  $t = 5.22, p < .001$ , TDV victimization,  $t = 5.37, p < .001$ , and TDV perpetration,  $t = 7.94, p < .001$ . There were no differences by gender on alcohol use or exposure to mother-to-father violence. Results showed that BPFS-C scores were not related to father-to-mother violence or mother-to-father violence, TDV victimization to father-to-mother violence, or TDV perpetration to father-to-mother violence. The lack of association between borderline traits in adolescents and exposure to interparental violence stands in contrast to findings that suggest higher rates of general forms of family conflict associated with BPD (Bandelow et al., 2005).

In summary, analyses of the bivariate relations between main study variables showed that gender, alcohol use, and exposure to mother-to-father violence were all potential confounders of the relation between BPFS-C scores and TDV (victimization and perpetration). These variables were therefore controlled for in subsequent analyses.

### The Relation Between Borderline Features and TDV Controlling for Confounds

For our second and third hypotheses, we tested whether borderline features would make unique contributions to both

TDV victimization and perpetration over and above confounding variables. To test this, all independent variables were first mean centered. Next, variables demonstrating relations with TDV in the bivariate analyses (gender, alcohol use, and mother-to-father violence), BPFS-C scores, and the product between gender (dummy coded: *female* = 0, *male* = 1) and BPFS-C scores were entered as independent variables in two separate hierarchical linear regressions. TDV victimization and TDV perpetration, respectively, were entered as dependent variables.

**TDV victimization.** As shown in Table 2, after entry of gender, alcohol use, mother-to-father violence, BPFS-C scores, and the interaction of gender and BPFS-C scores, the total variance explained by the model was 14.8%,  $F(5, 740) = 25.45, p < .001$ . BPFS-C scores ( $\beta = .380, p < .001$ ), and the interaction of gender and BPFS-C scores ( $\beta = -.294, p = .036$ ) were statistically significant. These results provide support for hypotheses 2 and 3 and show that gender moderated the relationship between borderline features and TDV victimization (see Figure 1). To determine whether similar findings were demonstrated when using a more conservative definition of TDV, additional analyses were conducted with severe victimization (i.e., combination of physical and sexual abuse subscales) as the dependent variable. The total variance explained by this model was 8.2%,  $F(5, 756) = 13.32, p < .001$ , with BPFS-C scores ( $\beta = .289, p < .001$ ), and the interaction of gender and BPFS-C scores ( $\beta = -.365, p = .012$ ), retaining significance (see Figure 2).

**TDV perpetration.** As shown in Table 2, after entry of gender, alcohol use, mother-to-father violence, BPFS-C scores, and the interaction of gender and BPFS-C scores, the total variance

Table 2

Results of Linear Regressions With Gender, Alcohol Use, Exposure to Mother-to-Father Violence, Borderline Features, and Gender  $\times$  Borderline Features as Independent Variables and TDV Victimization, TDV Perpetration, Severe TDV Victimization, and Severe TDV Perpetration as Dependent Variables

| Variable                              | <i>n</i> | <i>B</i> | <i>SE</i> | $\beta$ | <i>t</i> | <i>r</i> | <i>df</i> 1 | <i>df</i> 2 | <i>R</i> <sup>2</sup> | <i>f</i> <sup>2</sup> |
|---------------------------------------|----------|----------|-----------|---------|----------|----------|-------------|-------------|-----------------------|-----------------------|
| TDV victimization                     |          |          |           |         |          |          |             |             |                       |                       |
| Gender                                | 740      | 1.262    | 1.191     | .151    | 1.059    | .039     | 5           | 740         | .148                  | .174                  |
| Alcohol use                           |          | .074     | .057      | .045    | 1.301    | .048     |             |             |                       |                       |
| Exposure to mother-to-father-violence |          | .182     | .339      | .019    | .537     | .020     |             |             |                       |                       |
| Borderline features                   |          | .110     | .014      | .380    | 8.011*** | .283     |             |             |                       |                       |
| Gender $\times$ Borderline features   |          | -.042    | .020      | -.294   | -2.101*  | .077     |             |             |                       |                       |
| TDV perpetration                      |          |          |           |         |          |          |             |             |                       |                       |
| Gender                                | 744      | -.815    | 1.082     | -.106   | -.753    | .028     | 5           | 744         | .152                  | .179                  |
| Alcohol use                           |          | .004     | .052      | .002    | .068     | .003     |             |             |                       |                       |
| Exposure to mother-to-father-violence |          | .312     | .311      | .035    | 1.001    | .037     |             |             |                       |                       |
| Borderline features                   |          | .079     | .013      | .299    | 6.320*** | .226     |             |             |                       |                       |
| Gender $\times$ Borderline features   |          | -.016    | .018      | -.120   | -.861    | .032     |             |             |                       |                       |
| Severe TDV victimization              |          |          |           |         |          |          |             |             |                       |                       |
| Gender                                | 756      | .583     | .350      | .244    | 1.664    | .061     | 5           | 756         | .082                  | .089                  |
| Alcohol use                           |          | .033     | .017      | .069    | 1.933    | .070     |             |             |                       |                       |
| Exposure to mother-to-father-violence |          | .032     | .100      | .012    | .323     | .012     |             |             |                       |                       |
| Borderline features                   |          | .024     | .004      | .289    | 5.908*** | .210     |             |             |                       |                       |
| Gender $\times$ Borderline features   |          | -.015    | .006      | -.365   | -2.518*  | .091     |             |             |                       |                       |
| Severe TDV perpetration               |          |          |           |         |          |          |             |             |                       |                       |
| Gender                                | 758      | .361     | .305      | .172    | 1.180    | .043     | 5           | 758         | .092                  | .101                  |
| Alcohol use                           |          | .004     | .015      | .010    | .271     | .001     |             |             |                       |                       |
| Exposure to mother-to-father-violence |          | .095     | .087      | .039    | 1.091    | .040     |             |             |                       |                       |
| Borderline features                   |          | .018     | .004      | .245    | 5.032*** | .180     |             |             |                       |                       |
| Gender $\times$ Borderline features   |          | -.014    | .005      | -.382   | -2.656*  | .096     |             |             |                       |                       |

\*  $p < .05$ . \*\*\*  $p < .001$ .

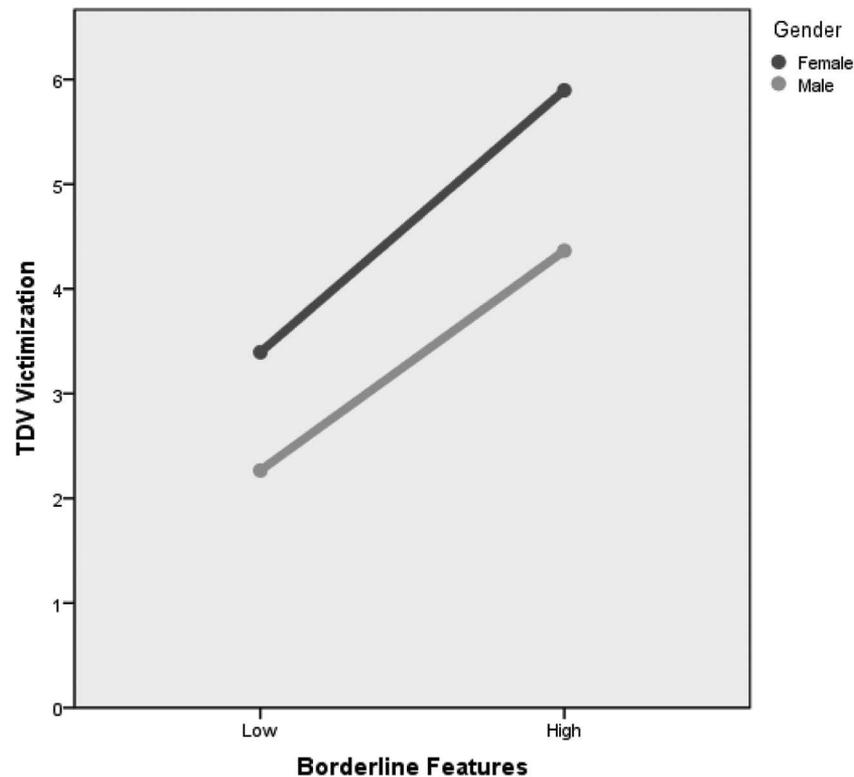


Figure 1. Graphical representation of mean TDV victimization by gender and borderline features. Low/High borderline features were determined by median split.

explained by the model was 15.2%,  $F(5, 745) = 26.44, p < .001$ . BPFSC scores ( $\beta = .299, p < .001$ ) retained significance. The interaction of gender and BPFSC scores was not statistically significant. Consistent with hypothesis 2, these results show that BPFSC scores made independent contributions to TDV perpetration, though gender did not moderate this relationship. To determine whether similar findings were demonstrated when using a more conservative definition of TDV, additional analyses were conducted with severe perpetration as the dependent variable. The total variance explained by this model was 9.2%,  $F(5, 758) = 15.12, p < .001$ , with BPFSC scores ( $\beta = .245, p < .001$ ), and the interaction of gender and BPFSC scores ( $\beta = -.382, p = .008$ ) were significant (see Figure 3).

### Discussion

Given recent calls for the inclusion of personality disorder variables in the etiology of IPV (Bell & Naugle, 2008), and given the lack of studies investigating maladaptive personality traits and TDV, the present study sought to explore the relation between borderline features and TDV in a community sample of adolescents. Because of the hallmark characteristics of BPD (e.g., intense anger, impulsivity, stormy relationships, fear of abandonment), the finding that borderline features were associated with both TDV victimization and perpetration is not surprising. Further, research has consistently demonstrated a positive relation between BPD traits (or a BPD diagnosis) and IPV in the adult literature, even after controlling for Axis I

disorders (Bouchard et al., 2009; Edwards et al., 2003; Hamberger & Hastings, 1991). Individuals with borderline features may be more prone to both TDV victimization and perpetration, perhaps as a result of feelings of unmet needs (Dutton, 1995) or a means to regulate negative emotions when distressed (Keltner & Kring, 1998). Indeed, research on adults shows that patients with BPD perceive both their past and current relationships as more hostile and lacking cohesion, even more so than those with depression or bipolar disorder (Benjamin & Wonderlich, 1994). Adults with borderline features also report higher levels of interpersonal sensitivity and distress (Trull, 1995).

Regarding adolescents, research has demonstrated links between relationship violence and difficulties with emotion regulation (Cummings & Davies, 1996), a hallmark feature of BPD, as well as child maltreatment (Wekerle et al., 2009; Wolfe et al., 1998). Because parents provide a salient model for how adolescents behave in their dating relationships (Kinsfogel & Grych, 2004), youth exposed to healthier models are likely to approach dating with more effective conflict resolution strategies and emotion regulation abilities (Wolfe et al., 2003). In turn, dating violence is likely attenuated for those adolescents equipped with these skills. Specific to BPD, although some research shows a relation between borderline features and both proactive and relational forms of aggression (e.g., Ostrov & Houston, 2008), very little is known about the relation between borderline features and violence in adolescents' romantic relationships. This is the first study to provide evidence, albeit

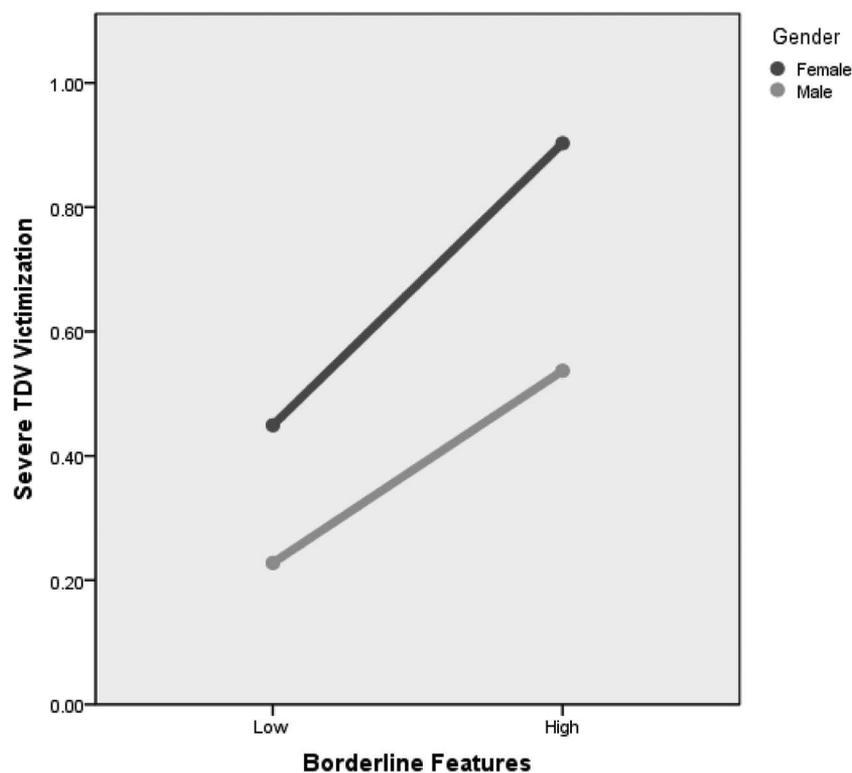


Figure 2. Graphical representation of mean severe TDV victimization by gender and borderline features. Low/High borderline features were determined by median split.

preliminary, that the link between borderline features and IPV in adults can be extended downwardly to adolescents.

The finding that borderline features were associated with both TDV victimization and perpetration even after controlling for covariates is especially important, and is consistent with recent calls for more comprehensive models of TDV that are broad in scope and include risk factors from multiple domains. Such models should include situational factors (e.g., alcohol use), distal antecedents (e.g., exposure to interparental violence), and, as demonstrated by the present study, personality variables (e.g., borderline features). In fact, across all forms of TDV (i.e., victimization, perpetration, severe), borderline features exerted the strongest effect in comparison with traditional covariates, further underscoring the importance of this variable when considering dating violence. Specifically, this finding suggests that BPD makes an independent contribution to TDV above and beyond typical predictors. Future TDV research may benefit from models that include diverse, theoretically derived risk factors, such as attitudes toward violence or emotion regulation skills. What is clear from our findings is that the addition of an understudied variable, in this case borderline features, may contribute to our understanding of TDV by going beyond traditional risk factors in the literature.

Finally, our findings demonstrate that the relation between borderline features and TDV victimization was influenced by gender. Thus, it is possible that separate developmental pathways exist for males and females in the explanation of TDV. Perhaps this is explained by evidence showing that BPD may be

expressed differently for males and females, such that adolescent females with BPD tend to be more internalizing and emotionally dysregulated, whereas adolescent males with BPD tend to be more externalizing and angry (Bradley et al., 2005). Assuming this split in symptom presentation is true, it is possible that dysregulated emotion may be more likely than externalizing behavior and anger to elicit violent behavior from a dating partner, perhaps because repeated displays of negative affect and unpredictable changes in emotion cause significant strain on relationship quality and increase odds of conflict arising (Kinsfogel & Grych, 2004). Another possibility is that fear of real or imagined abandonment, another central feature of BPD, could lead to dramatic efforts to avoid being alone or abandoned, which may include violent behavior. Or, perhaps it is possible that those with BPD features may choose partners more prone to violent behaviors (Maneta et al., 2013). Future studies are needed to parse out how borderline features may influence TDV, both victimization and perpetration, differently in males and females. What is clear from our study is that borderline features appear to place female teens at higher risk for TDV victimization, and when considering severe violence, they are more at risk for both victimization and perpetration, which is congruent with the literature demonstrating the two often co-occur (Malik et al., 1997). The fact that teenage girls with borderline features experience higher rates of victimization also fits with adult literature showing that females with a borderline diagnosis are more likely to have experienced phys-

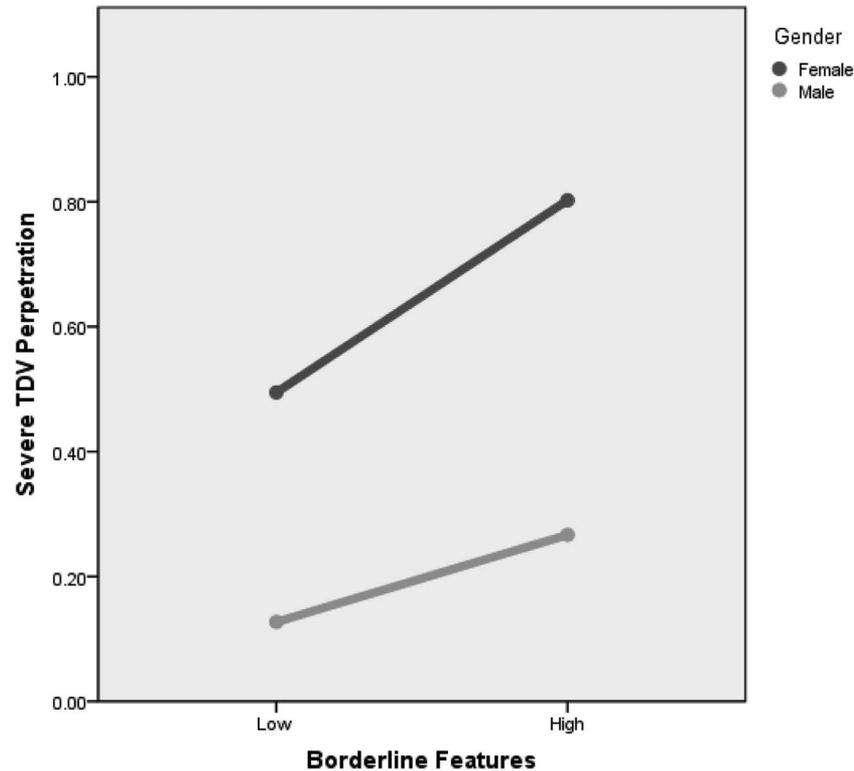


Figure 3. Graphical representation of mean severe TDV perpetration by gender and borderline features. Low/High borderline features were determined by median split.

ical or sexual assault as adults compared to males with a borderline diagnosis or Axis II controls (Zanarini et al., 1999).

### Limitations

As with any study, our findings should be interpreted in light of several limitations. Specifically, the reliance on self-report data may limit the generalizability of the study's findings. Further, because questions only assessed frequency of TDV, and not the severity or context surrounding the violence, our findings do not identify situations in which youth are most at risk for TDV. As demonstrated in the adult literature, situational or contextual cues, such as problem solving skills or degree of relationship conflict, often play an important role in providing a basis for violence between partners to occur (Riggs et al., 1990). The cross-sectional nature of the study is a second limitation. At most, the current study suggests that borderline features are a correlate of TDV. Future studies should investigate these links prospectively to establish the temporal relations between these variables. Third, the fact that 29% of the sample exceeded the clinical cutoff on the BPFS-C warrants discussion. First, it should be noted that the BPFS-C is a screening tool for BPD. Screening tools are known to include high levels of false positives (Lochman, 1995). In addition, a more substantive interpretation of this finding is the fact that normative changes in adolescence (e.g., affective instability) may mimic some of the features classic to BPD. In fact, prevalence rates of BPD in other community samples evidenced similar rates (Bernstein et al., 1993). Fourth, the present study did not assess for previous child-

hood physical, emotional, or sexual abuse, which has been demonstrated to predict future TDV (Cyr, McDuff, & Wright, 2006; Wekerle et al., 2009) and should be included in future studies.

### Research Implications

Despite these limitations, the results of the present study are strengthened in numerous ways. Specifically, the study had a large, ethnically and geographically diverse, community sample. Further, variables known to relate to TDV were controlled for, which underscores the importance of the unique impact of borderline features on TDV victimization and perpetration. The present study also examined how gender and borderline features interact with respect to TDV, helping parse out the diverse factors that contribute to the significant heterogeneity of TDV. Future research may benefit from obtaining richer data on the degree and context related to TDV. Additionally, research should examine the contribution of specific features of BPD to TDV. That is, it remains unknown whether the nine criteria of BPD contribute equally to TDV, or whether a few key features (e.g., affective instability, fear of abandonment) are driving this relation.

### Clinical and Policy Implications

Echoing findings from the adult literature (Holtzworth-Munroe, 2000), identifying personality disorder features associated with TDV may be important from a clinical standpoint to identify adolescents most at risk for being a perpetrator and/or victim of

TDV. Despite the fact that the current study is in need of replication, given the high rate of TDV coupled with negative physical and mental health outcomes, continued investigation of this understudied yet important variable appears warranted. Congruent with calls from the adult literature recommending assessment of personality disorder features when working with perpetrators and victims of intimate partner violence, similar methods should be incorporated when dealing with TDV.

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