

# The Interface



## BORDERLINE PERSONALITY AND CRIMINALITY

by Randy A. Sansone, MD, and Lori A. Sansone, MD

*Psychiatry* (Edgemont) 2009;6(10):16–20

This ongoing column is dedicated to the challenging clinical interface between psychiatry and primary care—two fields that are inexorably linked.

### ABSTRACT

Borderline personality disorder is characteristically associated with a broad variety of psychiatric symptoms and aberrant behaviors. In this edition of *The Interface*, we discuss the infrequently examined association between borderline personality disorder and criminality.

According to our review of the literature, in comparison with the rates of borderline personality disorder encountered in the general population, borderline personality disorder is over-represented in most studies of inmates. At the same time, there is considerable variation in the reported rates of this Axis II disorder

in prison populations, which may be attributed to the methodologies of and populations in the various studies. Overall, female criminals appear to exhibit higher rates of borderline personality disorder, and it is oftentimes associated with a history of childhood sexual abuse, perpetration of impulsive and violent crimes, comorbid antisocial traits, and incarceration for domestic violence.

### KEY WORDS

borderline personality disorder, BPD, criminality, inmate

### INTRODUCTION

The year is 1992. The movie is, “Single White Female.” The storyline entails protagonist, Hedra Carlson (Jennifer Jason Leigh), who appears to suffer from borderline personality disorder (BPD). She attempts to copy the appearance and characteristics of sequential roommates in a guilty attempt to virtually recreate her dead twin sister, who drowned during a family picnic. As the movie unfolds, the viewer is introduced to the fact that a previous roommate did not “work out,” so Hedy killed her.

Clinicians have long been aware of associations between mental illness and criminality. Indeed, according to a recent report by 57 independent monitoring boards of prisons in the United Kingdom (UK), 90 percent of inmates have at least one diagnosable mental disorder.<sup>1</sup> While a number of Axis I disorders, such as bipolar disorder, are clearly represented in prison populations, there are also various Axis II disorders among the incarcerated. Importantly, these Axis II disorders extend beyond antisocial personality disorder—the traditional prison “personality.” In this edition of *The Interface*, we focus on one specific personality disorder, BPD, and its associations with criminality.

## THE PREVALENCE OF BPD IN PRISON POPULATIONS

**Studies indicating an over-representation of BPD in prison populations.** The prevalence of BPD in the general US population ranges between two percent with rates reportedly greater in women (i.e., the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*)<sup>2</sup> and six percent with rates approximately equal between the sexes (the recent findings of Grant et al<sup>3</sup>). In comparison, we found that there is substantial empirical evidence that BPD is over-represented in prison populations. Although not intended as a full review of the literature, the following studies provide a general sense of the high prevalence of BPD in various prison populations.

In an interview-based study, Jordan et al<sup>4</sup> examined female felons (N=805) who were newly admitted to a North Carolina prison. They found that 28 percent of these inmates met the criteria for BPD. In a Spanish study by Riesco et al,<sup>5</sup> researchers examined 56 male prisoners with a structured personality disorder assessment and determined that 41 percent suffered from BPD. In a study comparing the diagnostic efficacy of two measures of personality disorders, Davison, Leese, and Taylor<sup>6</sup> examined male prisoners in two UK prisons. On one measure, the prevalence of BPD in these populations was 45.7 percent, and on the second, 47.4 percent. Among imprisoned men convicted of sexual offenses, Dunsieath et al<sup>7</sup> found that 28.3 percent of 113 participants met the criteria for BPD based on structured clinical interviews. Using a structured interview for diagnosis, Black et al<sup>8</sup> examined the rate of BPD in newly admitted prisoners to the Iowa Department of Corrections. In this sample, 29.5 percent met the

criteria for BPD; the rate among women was twice that encountered in men. Collectively, these studies—all using specific measures for personality disorder assessment—suggest that approximately 25 to 50 percent of prisoners suffer from BPD.

There are two studies of offenders in which researchers examined rates of BPD in a specific population—those in prison substance abuse treatment programs. In the first, Zlotnick et al<sup>9</sup> systematically examined 272 offenders in these treatment programs and found that 8.3 percent of male and 20.7 percent of female participants suffered from BPD. In the second study of 280 participants, using a structured interview, Grella et al<sup>10</sup> found that 13 percent of offenders in prison substance abuse treatment programs evidenced BPD.

**Studies with differing rates depending on gender.** Some studies have found differing rates of BPD in prison populations based on gender, with rates among men approximating the general population and rates among women being far higher. For example, using psychological testing, Burke examined 8,574 male and 894 female prisoners and determined that the prevalence of BPD traits was 5.3 percent and 11.5 percent, respectively.<sup>11</sup> In a German study, using structured clinical interviews, von Schonfeld et al<sup>12</sup> examined the rates of BPD among both male (n=76) and female (n=63) prisoners; the overall rate of BPD in this population was 22.3 percent. However, men demonstrated rates comparable to the general population (5.3%), whereas women had exceedingly higher rates (42.9%).

**Studies refuting an over-representation of BPD in prison populations.** We were able to locate two studies that found rates of BPD

in prison populations that were comparable to community samples. In the first, a study of Cluster B disorders, researchers initially screened 802 female inmates.<sup>13</sup> In the second phase of the study, all Cluster-B-positive patients (261) underwent a structured interview. Of the initial 802 subjects, ultimately only 5.2 percent evidenced BPD; both antisocial and paranoid personality disorders exceeded this percentage. While these data appear to refute the preceding findings, note that the initial sample of 802 participants did not undergo structured interviews for personality disorder assessment. It is possible that the screening measure in this study underdetected the rates of BPD in this sample.

In the second study, researchers retrospectively examined diagnoses of patients admitted to forensic psychiatry units in the UK between 1988 and 1994.<sup>14</sup> Of these admissions, only 5.7 percent met the criteria for BPD. Again, the methodology may have influenced the percentage of patients with BPD, based upon the following: (1) the historical nature of the data, which is potentially limited by the individuals who unsystematically recorded these data; and (2) the possibility that patients with personality-disorders-only are under-represented in bonafide forensic facilities (i.e., in these settings, patients with Axis I disorders, such as bipolar, schizophrenic, and dissociative identity disorders, may be predominant).

**Conclusions.** We may draw several general conclusions from the preceding data. First, a substantial majority of studies in this area support the impression of higher rates of BPD in prison populations than in community samples, with rates generally ranging between 25 and 50 percent. Second, in studies

that simultaneously compared men and women, rates among women appear to be consistently higher than in men. Finally, while two studies found rates of BPD similar to rates in community samples, the respective methodologies may explain these uncharacteristically low rates.

### **FACTORS RELATED TO A HEIGHTENED LIKELIHOOD OF BPD IN INMATES**

A number of factors appear to be associated with a greater likelihood of the diagnosis of BPD in a given inmate. In this section, we will review these factors.

**Being female.** It appears that incarcerated women harbor higher rates of BPD than incarcerated men.<sup>9,11,12,14</sup> Whether this is genuine or related to a subtle bias in the measures for this disorder is unknown.

**Childhood sexual abuse.** Sexual abuse in childhood has long been known to be a general but nonspecific contributory factor to the development of BPD in adulthood. The data in prison populations appear to mirror this literature. For example, Christopher, Lutz-Zois, and Reinhardt<sup>15</sup> examined 142 female inmates to examine contributory variables to BPD. In this sample, 61 participants were sex offenders and 81 were not. As expected, sexual abuse in childhood was associated with the diagnosis of BPD. In addition, participants in the sex-offender subsample were significantly more likely to report such histories.

**Violent offenses.** Borderline personality is associated with longstanding impulsivity and affective instability, including rage reactions. Therefore, one would suspect that more impulsive and violent offenders might be diagnosed with this disorder. Data seem to support these impressions.<sup>16,17</sup> For

example, Logan and Blackburn<sup>18</sup> examined 95 women who had been incarcerated for violent offenses. Compared with women who had perpetrated minor violence, those with incarcerations related to major violence were four times more likely to be diagnosed with BPD. In keeping with these findings, Hernandez-Avila et al<sup>19</sup> examined 370 alcohol/substance-dependent patients for criminal behavior and found that the diagnosis of BPD was associated with a greater number of pretreatment violent crimes.

While few studies have systematically examined the prevalence of BPD in those who commit homicide, Yarvis<sup>20</sup> reported that BPD was one of the more common psychiatric diagnoses in a series of 100 murderers. In a British study of 90 men who were incarcerated for the murder of their female partner, Dixon et al<sup>21</sup> found that 49 percent had borderline personality characteristics. In a German study, Hill et al<sup>22</sup> examined individuals convicted of one-time sexual homicides and found that BPD was well represented. In contrast to these studies, in a French study, Pera and Dailliet<sup>23</sup> found that only eight percent of 99 murderers suffered from BPD.

A number of authors have speculated about associations between variations of BPD (i.e., subtypes) and murderous acts. For example, Ansevics and Doweiko<sup>24</sup> present the perspective that serial murderers represent a subtype of BPD, highlighted by manipulateness. Cartwright argues that rage-based murders are related to a particular subtype of BPD characterized by elements of over-control.<sup>25</sup> Finally, Papazian<sup>26</sup> discusses the role of BPD in the serial killer. In summary, while not definitive at this juncture, the majority of current data and impressions indicate an

association between BPD and the impulsive, rage-fueled murder.

**Antisocial personality traits/disorder.** Comorbid antisocial personality features may be associated with a heightened risk of criminality in individuals with BPD. In this regard, Howard et al<sup>27</sup> compared those with mixed antisocial and borderline personality traits to individuals with various types of other personality dysfunction, including antisocial or borderline personality only. They found that the mixed cohort demonstrated higher trait anger, trait impulsivity, and aggression scores, resulting in an overall higher score on psychopathy.

Researchers have also compared criminals with antisocial versus borderline personality disorders and found some differences in the nature of their crimes. For example, de Barros et al<sup>28</sup> found that while antisocial individuals tend to engage in more property crimes, borderline individuals tend to exhibit more episodes of aggression and physical violence. The authors concluded that criminals with pure antisocial personality are more calculating and exhibit more detailed planning, whereas those with BPD experience more impulsive and explosive episodes of violence. Again, one would assume that combining the two disorders would result in a very criminally combustible outcome.

**Domestic violence.** An association between BPD and partner violence has peppered the empirical literature over the past decade or so. For example, compared to nonbatterers, Else et al<sup>29</sup> described a small sample of male batterers as evidencing comparatively higher scores on borderline and antisocial measures. Tweed and Dutton<sup>30</sup> examined subtypes of male batterers and described a Type 2 profile with

borderline personality characteristics. In a sample of 94 male batterers, Meyer<sup>31</sup> found evidence of chronic personality dysfunction, again primarily with antisocial and borderline elements. Lawson et al<sup>32</sup> examined 91 male batterers and identified three subgroups: (1) nonpathological, (2) borderline/dysphoric, and (3) antisocial. In developing a psychometric typology of male batterers in the UK, Johnson et al<sup>33</sup> identified four types of offenders, one of which was BPD. In a similar vein, Chambers and Wilson<sup>34</sup> examined 93 male batterers and found evidence for two clusters, one of which was BPD. Dutton<sup>35</sup> summarized this literature in 2007 by indicating that many male batterers suffer from borderline personality as well as chronic symptoms of trauma.

Interestingly, the continual diagnostic appearance of BPD in male batterers is echoed in the literature on female batterers, as well. In this regard, Chavez<sup>36</sup> examined both male and female batterers and found a higher prevalence of borderline personality characteristics in both when compared to nonbatterers. Stuart et al<sup>37</sup> examined female batterers who were arrested for domestic violence and found that 27 percent met the criteria for BPD.

## CONCLUSION

According to the findings of the majority of studies in this area, compared to rates expected in the community, BPD is over-represented in prison populations. This finding may be particularly evident among female prisoners. Rates vary, depending on the methodology, but generally appear to be in the range of 25 to 50 percent. Factors that may be associated with the presence of BPD among criminals include being female, having a history of childhood

sexual abuse, committing an impulsive and violent crime (e.g., murder), having antisocial personality disorder traits, and perpetrating domestic violence. Given this association, clinicians in both mental health and primary care settings need to be aware of the possibilities of such histories in their patients with BPD.

## REFERENCES

1. BBC News. Too many mentally ill in jails. [http://news.bbc.co.uk/2/hi/uk\\_news/7867398.stm](http://news.bbc.co.uk/2/hi/uk_news/7867398.stm). Accessed on 2/4/09.
2. American Psychiatric Association. *The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington, DC: American Psychiatric Press Inc.;2000.
3. Grant BF, Chou SP, Goldstein RB, et al. Prevalence, correlates, disability, and comorbidity of DSM-IV borderline personality disorder: results from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiatry*. 2008;69:533–545.
4. Jordan K, Schlenger WE, Fairbank JA, Caddell JM. Prevalence of psychiatric disorders among incarcerated women. *Arch Gen Psychiatry*. 1996;53:513–519.
5. Riesco Y, Perez Urdaniz A, Rubio V, et al. The evaluation of personality disorders among inmates by IPDE and MMPI. *Actas Luso Exp Neurol Psiquiatr Cienc Afines*. 1998;26:151–154.
6. Davison S, Leese M, Taylor PJ. Examination of the screening properties of the Personality Diagnostic Questionnaire 4+ (PDQ-4+) in a prison population. *J Personal Disord*. 2001;15:180–194.
7. Dunsieath NW, Nelson EB, Brusman-Lovins LA, et al. Psychiatric and legal features of 113 men convicted of sexual crimes. *J Clin Psychiatry*. 2004;65:293–300.
8. Black DW, Gunter T, Allen J, et al. Borderline personality disorder in male and female offenders newly committed to prison. *Compr Psychiatry*. 2007;48:400–405.
9. Zlotnick C, Clarke JG, Friedmann PD, et al. Gender differences in comorbid disorders among offenders in prison substance abuse treatment programs. *Behav Sci Law*. 2008;26:403–412.
10. Grella CE, Greenwell L, Prendergast M, et al. Diagnostic profiles of offenders in substance abuse treatment programs. *Behav Sci Law*. 2008;26:369–388.
11. Burke JM. Male borderline personality disorder with comorbid disorders as contrasted to females with comorbid disorders in a correctional setting. *Diss Abstr Int*. 2005;65:4885B.
12. von Schonfeld C-E, Schneider F, Schroder T, et al. Prevalence of psychiatric disorders, psychopathology, and the need for treatment in female and male prisoners. *Nervenarzt*. 2006;77:830–841.
13. Warren JI, Burnett M, South SC, et al. Personality disorders and violence among female prison inmates. *J Am Acad Psychiatry Law*. 2002;30:502–509.
14. Coid J, Kahtan N, Gault S, Jarman B. Patients with personality disorder admitted to secure forensic psychiatry services. *Br J Psychiatry*. 1999;175:528–536.
15. Christopher K, Lutz-Zois CJ, Reinhardt AR. Female sexual-offenders: personality pathology as a mediator of the relationship between childhood sexual abuse history and sexual abuse perpetration against others. *Child Abuse Negl*. 2007;31:871–883.
16. Ullrich S, Marneros A. Dimensions of personality disorders in

- offenders. *Crim Behav Ment Health*. 2004;14:202–213.
17. Coid J, Kahtan N, Gault S, Jarman B. Patients with personality disorder admitted to secure forensic psychiatry services. *Br J Psychiatry*. 1999;175:528–536.
  18. Logan C, Blackburn R. Mental disorder in violent women in secure settings: potential relevance to risk for future violence. *Int J Law Psychiatry*. 2009;32:31–38.
  19. Hernandez-Avila CA, Bureson JA, Poling J, et al. Personality and substance use disorders as predictors of criminality. *Compr Psychiatry*. 2000;41:276–283.
  20. Yarvis RM. Axis I and Axis II diagnostic parameters of homicide. *Bull Am Acad Psychiatry Law*. 1990;18:249–269.
  21. Dixon L, Hamilton-Giachritsis C, Browne K. Classifying partner femicide. *J Interpers Violence*. 2008;23:74–93.
  22. Hill A, Habermann N, Berner W, Briken P. Psychiatric disorders in single and multiple sexual murderers. *Psychopathology*. 2007;40:22–28.
  23. Pera SB, Dailliet A. Homicide by mentally ill: clinical and criminological analysis. *Encephale*. 2005;31:539–549.
  24. Ansevics NL, Doweiko HE. Serial murderers: early proposed developmental model and typology. *Psychotherapy Priv Pract*. 1991;9:107–122.
  25. Cartwright D. The role of psychopathology and personality in rage-type homicide: a review. *S Afr J Psychol*. 2001;31:12–19.
  26. Papazian LM. Literature review on the personalities and patterns of serial killers. *Diss Abstr Int*. 2001;61:6144B.
  27. Howard RC, Huband N, Duggan C, Mannion A. Exploring the link between personality disorder and criminality in a community sample. *J Personal Disord*. 2008;22:589–603.
  28. de Barros DM, de Padua Serafim A. Association between personality disorder and violent behavior pattern. *Forensic Sci Int*. 2008;179:19–22.
  29. Else LT, Wonderlich SA, Beatty WW, et al. Personality characteristics of men who physically abuse women. *Hosp Community Psychiatry*. 1993;44:54–58.
  30. Tweed RG, Dutton DG. A comparison of impulsive and instrumental subgroups of batterers. *Violence Vict*. 1998;13:217–230.
  31. Meyer S-L. Prevalence and characteristics of sexual aggression in court-mandated batterers. *Diss Abstr Int*. 2000;60:3573B.
  32. Lawson DM, Weber D, Beckner HM, et al. Men who use violence: intimate violence versus non-intimate violence profiles. *Violence Vict*. 2003;18:259–277.
  33. Johnson R, Gilchrist E, Beech AR, et al. A psychometric typology of U.K. domestic violence offenders. *J Interpers Violence*. 2006;21:1270–1285.
  34. Chambers AL, Wilson MN. Assessing male batterers with the Personality Assessment Inventory. *J Pers Assess*. 2007;88:57–65.
  35. Dutton DG. *The Abusive Personality: Violence and Control in Intimate Relationships*. New York: Guilford Press;2007.
  36. Chavez LJ. Analysis of borderline personality organization among female and male domestic violence batterers. *Diss Abstr Int*. 2005;65:6039B.
  37. Stuart GL, Moore TM, Gordon KC, et al. Psychopathology in women arrested for domestic violence. *J Interpers Violence*. 2006;21:376–389.

**FINANCIAL DISCLOSURES:** The authors have no conflicts of interest relevant to the content of this article.

**AUTHOR AFFILIATIONS:** Dr. R. Sansone is a professor in the Departments of Psychiatry and Internal Medicine at Wright State University School of Medicine in Dayton, Ohio, and Director of Psychiatry Education at Kettering Medical Center in Kettering, Ohio; Dr. L. Sansone is a family medicine physician (government service) and Medical Director of the Primary Care Clinic at Wright-Patterson Air Force Base. The views and opinions expressed in this column are those of the authors and do not reflect the official policy or the position of the United States Air Force, Department of Defense, or US government.

**ADDRESS CORRESPONDENCE TO:**

Randy A. Sansone, MD, Sycamore Primary Care Center, 2115 Leiter Road, Miamisburg, OH 45342; Phone: (937) 384-6850; Fax: (937) 384-6938; E-mail: Randy.sansone@khnetwork.org ●