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THE REAL FACE OF BORDERLINE PERSONALITY ORGANIZATION WITHIN INTIMATE PARTNER VIOLENCE

ADRIANA ISABEL PATINO AVILA

Master' Program in Criminology and Criminal justice

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by

Adriana Isabel Patino Avila

12/7/2022

Dedication

To my little brother Santiago.

THE REAL FACE OF BORDERLINE PERSONALITY ORGANIZATION WITHIN INTIMATE PARTNER VIOLENCE

by

ADRIANA ISABEL PATINO AVILA

THESIS

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Chapter 1: Introduction

Several studies have reported associations between borderline personality disorder (BPD) and intimate partner violence (IPV) based on both self- and partner- reported samples that include arrested individuals of both sexes (Hughes, Stuart, Gordon, & Moore, 2007; Latalova & Prasko, 2010; Mauricio, Tein, & Lopez, 2007; Stepp, Smith, Morse, Hallquist, & Pilkonis, 2012.) According to the Diagnostic and Statistical Manual for Mental Disorders (5th ed., DSM-V; American Psychiatric Association, 2013), BPD entails traits like pervasive patterns of instability of interpersonal relationships and self-image, intense and volatile emotions that are difficult to manage and control, intense fear of separation and abandonment, and marked impulsivity that can affect many social contexts. In addition, there is an increased risk for individuals with BPD to engage in self-harm and demonstrate suicidal tendencies. Accordingly, a less severe and intense characteristic is the borderline personality organization (BPO; Otto Kernberg, 1975), which will be the focus of this study. According to Otto Kernberg (1975), BPO is defined as a consistent pattern of functioning and behavior characterized by instability and reflecting a disturbed psychological self-organization. In other words, BPO is a clinical category characterized by the following characteristics: unstable interpersonal relationships, an unstable sense of self, intense anger, and impulsivity (Gunderson, 1984.) In this study, the term BPO will be used to refer to BPD traits of those who do not necessarily meet diagnostic criteria. Given the association between BPO, and problematic social relationships, it is no surprise that these personality traits correlates with IPV as shown by previous studies (e.g., Maneta, Cohen, Schulz, & Waldinger, 2013, Goldenson, Geffner, Foster, & Clipson, 2007, Dutton, & White, 2012; Jackson, Sippel, Mota, Whalen, & Schumacher, 2015.)

In addition, most studies about IPV make a distinction between perpetrators and victims, but in real life, this distinction is less clear or direct. Within the intimate partner violence dynamics, both parties usually exercise and receive violence (Archer, 2000.) This is especially complicated in relation to BPO since the perception of any type of social interaction can be biased due to the characteristic hypersensitivity of this type of personality. In other words, neutral and common behaviors from others can be interpreted as violent and hostile by someone with BPO (Smeijers D &Rinck M & Bulten E & van den Heuvel T & Verkes R-J, 2017.) Hence, they are more likely to make biased reports of their partner engaging in violent behaviors while not being able to identify their own violent conduct. That is, it is not completely accurate to say that individuals with BPO will be the only ones responsible for the presence of IPV. In this study, I will focus on physical violence to encourage a more objective interpretation that will not fall into the typical stigmatization of people with BPO as violent and abusive or perpetual victims.

Since there is a need to identify specific mechanisms responsible for the relationship between BPO and aggression and how they interact with external factors such as different environments or situations, understanding how violent behaviors fluctuate will help clarify the BPD stigmatization. In addition, it will help to develop essential elements of education for the partners of those with BPO, and to create crucial tools as therapeutic techniques for a more comprehensive therapeutic approach. This is the goal of the current study.

This goal will be accomplished through the following steps. First, the study will provide a literature review on BPD followed by a section dedicated to BPO, the main topic of this research. Second, the study will review literature on IPV. Here, I will highlight the various types of IPV as

documented below. Next, I will provide a literature review on the relationship between BPO and IPV. Fourth, I will present the data and methods used in the current analysis to examine the relationship between BPO and IPV. Finally, the results of the analysis will be presented, and the study will conclude with a general discussion of the results, limitations, and suggestions for future research.

The importance of this study lies in the fact that there is scarce literature dedicated to the differences between manifestations of BPD and BPO in males and females; as we will see in the next section, behaviors that stem from this mental condition vary among sex. In addition, this study can provide information to therapists and researchers to develop modern therapeutic tools, techniques, and approaches for treating borderline personalities. Since one of the main characteristics of BPD and BPO is troublesome relationships, education about this condition and the origins of specific reactions can help prevent IPV perpetration and victimization.

Chapter 2: Literature Review

Borderline Personality Disorder (BPD)

BPD is a severe psychological disorder found to impact approximately 1% of the general population (Coid et al., 2009; Lenzenweger, Lane, Loranger, & Kessler, 2007; Torgersen, Kringlen, & Cramer, 2001; Trull, Jahng, Tomko, Wood, & Sher, 2010.) BPD is a major public health problem of enormous scale and concern specially regarding the suicide rates that are almost 50 times higher with people with BPD than the general population (Skodol AE, Bender DS, 2003.) It also appears to be particularly impairing for women, who are estimated to be 3 times more likely to receive a BPD diagnosis than men according to research (Skodol AE, Bender DS, 2003.) The DSM-V (2013), published by the *American Psychiatric Association*, defines BPD as pervasive pattern of instability in interpersonal relationships, self-image, and emotion. In addition, it is marked by impulsivity beginning by early adulthood and present in a variety of contexts, like chronic feelings of emptiness, emotional instability in reaction to day-to-day events (e.g., intense episodic sadness, irritability, or anxiety usually lasting a few hours and only rarely more than a few days.) There are also frantic efforts to avoid real or imagined abandonment, identity disturbance with markedly or persistently unstable self-image or sense of self, impulsive behavior in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights), pattern of unstable and intense interpersonal relationships characterized by extremes between idealization and devaluation (also known as "splitting"), and recurrent suicidal behavior, gestures, or threats, or self-harming behavior transient, stress-related paranoid ideation or

severe dissociative symptoms.

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met according to the *American Psychiatric Association* (2013; pg. 766-767):

"A. Significant impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning.

B. One or more pathological personality trait domains or trait facets.

C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.

D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or sociocultural environment.

E. The impairments in personality functioning and the individual's personality trait expression are not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma.)"

Although this study is not focusing on BPD, it is fundamental to define this personality disorder for a better understanding of what BPO is. However, it is essential not to confuse both terms since they are not completely related, the origin of the term "BPO" will be described in the next section.

Otto Kernberg's Personality Organization Model

Otto Kernberg (1975) created the model of "personality organization," which contains the name of the three levels of severity of a mental disease. These levels of severity ranged from reasonably healthy to seriously ill: 1) The term "neurotic" to refers to the healthiest personality organization. 2) The term "borderline" to refer to less healthy personality organization. 3) The term "psychotic" is reserved for the most seriously ill and disordered personality organization. To assess the level of personality organization, Kernberg (1975) evaluated three factors: the first one is an "intact reality testing." This means that the person can distinguish between what is real from what is not. When this is not the case, the person has difficulties separating subjective, perceptual representations originated from their own mind and from real events occurring in their environment. A loss of reality-testing is indicated by the presence of hallucinations and delusions. The second factor is a "consistent sense of self and others." This is developed during childhood through early interactions with caregivers. In other words, the mind builds up a model of how a relationship look like and are supposed to function. A healthy sense of self means a person can distinguish between themselves and others, to separate their own characteristics, thoughts, feelings, wants, needs, and that they are not automatically known by everyone else. People with an unhealthy sense of self are less clear about personal boundaries, values, and preferences. This occurs because their early interactions with others did not enable them to build an accurate model of relationships. The third factor is the use of mature defense mechanisms. According to psychodynamic theory, defense mechanisms vary in terms of their maturity level. More mature defense mechanisms tend to be more sophisticated and flexible. Less mature defense mechanisms tend to be simpler in nature, more rigid, and can interfere with someone's ability to function well. Primitive defense mechanisms are maladaptive because they represent an

effort to rearrange reality and/or to ignore social demands, which undermines a person's ability to function well in society.

The Neurotic Level

This is the healthiest level of personality organization. People whose personalities are organized at the neurotic level have intact reality testing, a consistent sense of self and of other people, and generally rely on mature defense mechanisms when stressed. They have a good sense of their own strengths and weaknesses. They know what their moral values are. They have a consistent sense of purpose, direction, and life goals. They can deeply commit to, and care about other people and view them considering their strengths and weaknesses.

The Borderline Level

The reality testing is generally intact, however, people with a borderline level of personality organization have a fragmented sense of self and others. Because of this, they do not have a consistent view of themselves or others. This fragmented sense of self is the most significant and defining feature of this level and results in severe and repetitive problems with interpersonal relationships. In addition, people with this level of personality organization tend to rely on primitive defense mechanisms. Therefore, they do not manage stressful situations very well.

The Psychotic Level

This level is the severely disorganized personalities. People with this level of personality organization have severely compromised reality testing, an inconsistent sense of self and others, and utilize immature defenses. Because their reality testing is compromised these people might

hear or see things that are not there or have delusions. They do not have a clear sense of themselves and the boundary between themselves and other people is often blurred. As such, they have great difficulty distinguishing between experiences and perceptions that originate within their own mind, from those that originate in the real world. Their ability to cope with stress is extremely poor and they do not function well in society.

One of the main primitive defense mechanisms used by people with borderline personality organization is called "splitting" (Kernberg, 1968.) This defense mechanism is characterized by a tendency to view the world and other people in a polarized manner as "all good" or "all bad," flipping back and forth between these two extremes based on moment-to-moment perceptions. For example, if a loved one just behaved insensitively, that person suddenly becomes "all bad," as though all their loving acts before this one insensitive moment in time did not exist. Obviously, this degree of polarization makes it quite difficult for such a person to realistically assess other people's true qualities and to select and retain friends and romantic partners. It is also responsible for their tendency to act inconsistently and impulsively.

It is important to keep in mind that in Kernberg's model the term "borderline" is used to describe the middle ground between neurotic and psychotic. It should not be confused with the modern use of the word "borderline" that references the DSM-V diagnosis of Borderline Personality Disorder. However, both conditions show traits that overlap and some authors, like Dutton (1995) have taken advantage of the Kernberg's model to describe a personality type with specific traits that could be associated with BPD without a diagnosis being necessary. The next section will describe these traits in detail

Borderline Personality Organization (BPO)

Research on personality variables associated with IPV has consistently found a personality type among abusers that could be described as emotional or volatile, which are the core characteristics of the widely known BPD (e.g., Hastings & Hamberger, 1988; Holtzworth-Munroe & Stuart, 1994; Saunders, 1992; Tweed & Dutton, 1998.) However, according to Dutton (1995), there are individuals with several personality traits from this disorder that can or cannot meet the diagnose criteria. BPO has been defined as a consistent pattern of functioning and behavior characterized by instability and reflecting a disturbed psychological self-organization. The essential features of the BPO are as follows: the intermittent undermining of the significant other, devaluation, manipulation, and masked dependency; an unstable sense of self, with an intolerance for being alone, and severe abandonment anxiety; and intense anger, demandingness, and impulsivity, which may lead to substance abuse or promiscuity. All of these symptoms are depicted on the DSM-V definition of BPD. In this study, I saw BPO as a continuum of personality problems characterized by identity difficulties that become relevant in intimate relationships.

In the The Dutton's model (2007), BPO is correlated with early parental (especially paternal) rejection and trauma. BPO serves as a central organizing component of the self-structure and is correlated in adulthood with anxious attachment, experience of trauma symptoms, anger, and IPV. Dutton (1995) identified both trauma in the family and insecure attachment as contributing developmental factors to BPO. The attachment theory suggests that intimately abusive individuals are reacting with violence as a form of protest behavior when they perceive a threat of separation or abandonment (Bowlby, 1973; Dutton, 2007.) Anger is seen as

an “anger born of fear” (Bowlby, 1973) because in attachment terms, the initial fear is of separation, and the initial motive for anger is to signal the need for attachment.

According to Dutton (1995), people with BPO experience relationships in which their emotional needs go unmet, and they do not have the skills to assert their needs healthily. Frustrations can increase when they do not get what they want or need in their intimate relationship. When they perceive a possible loss of the relationship, people with BPO, who have an intense fear of abandonment and loneliness, may experience intense anger or rage. And because people with BPO do not have the skills to handle these feelings properly, they are very likely to manifest different types of aggression. In addition, people with BPO see their significant other as either all good or all bad; they tend to glorify and then devalue their partners, increasing the likelihood of all types of IPV. For example, to keep their partners from abandoning them, they may engage in manipulative behaviors to keep them from leaving them, which could be categorized as psychological violence. Therefore, the next section will be dedicated to a broader definition of IPV, so we can get a better understanding of the relationship between these two variables.

Intimate Partner Violence (IPV)

According to the *Centers for Disease Control and Prevention* (CDC), intimate partner violence typically consists of physical, psychological, and sexual aggression. This organization identifies four types of IPV, which are physical violence, sexual violence, stalking, and psychological aggression. The CDC define physical violence as “the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to the following: scratching, pushing, or shoving; throwing, grabbing,

or biting; choking, shaking, aggressive hair pulling, slapping, punching, hitting, or burning; use of a weapon; use of restraints or one's body, size, or strength against another person; physical violence also includes coercing other people to commit any of the above acts" (CDC, 2016).

Furthermore, psychological violence involves the regular and deliberate use of a range of words and non-physical actions with the purpose to manipulate, hurt, weaken or frighten a person mentally and emotionally; and/or distort, confuse or influence a person's thoughts and actions, changing their sense of self and harming their wellbeing (Kaukinen, 2004.) Psychological violence can include the following: expressive aggression (e.g., name-calling, humiliating), coercive control (e.g., limiting access to transportation, money, friends, and family; excessive monitoring of whereabouts), threats of physical or sexual violence, control of reproductive or sexual health (e.g., refusal to use birth control; coerced pregnancy termination), exploitation of victims' vulnerability (e.g., immigration status, disability), exploitation of perpetrators' vulnerability, presenting false information to the victim with the intent of making them doubt their own memory or perception (e.g., mind games) (CDC, 2016.) Research has shown that physical violence is often accompanied by psychological abuse and, in one-third to one-half of cases, by sexual abuse (Heise & Garcia-Moreno, 2002.)

Sexual violence is divided into five categories, and it can occur without the victim's consent, including when the victim is unable to consent due to being too intoxicated (e.g., incapacitation, lack of consciousness, or lack of awareness) through their voluntary or involuntary use of alcohol or drugs (CDC, 2016.) The first category is rape or penetration of the victim. This includes completed or attempted, forced or alcohol/drug-facilitated unwanted vaginal, oral, or anal insertion. Forced penetration occurs through the perpetrator's use of

physical force against the victim or threats to physically harm the victim. The second category is when the victim is forced to penetrate someone else. This consist of completed or attempted, forced or alcohol/drug-facilitated incidents. The third category is non-physically pressured unwanted penetration. This occurs when victim is pressured verbally or through intimidation or misuse of authority to consent being penetrated. The fourth category is unwanted sexual contact. This involves intentional touching of the victim or making the victim touch the perpetrator, either directly or through the clothing, or the genitalia, anus, groin, breast, inner thigh, or buttocks without the victim's consent. The fifth category is non-contact unwanted sexual experiences. This pertains to unwanted sexual events that are not of a physical nature that occur without the victim's consent. Some examples include unwanted exposure to sexual situations (e.g., pornography), verbal or behavioral sexual harassment, threats of sexual violence to accomplish some other end, and /or unwanted filming, taking, or disseminating photographs of a sexual nature of another person (CDC, 2016.)

Research has demonstrated that sexual and physical abuse is often accompanied by controlling behaviors. Some examples include keeping the individual from seeing friends, restricting contact with family of birth, insisting on knowing where the person is at all times, ignoring or treating the person indifferently, getting angry if the person speaks with other men/women, often accusing the person of being unfaithful, and controlling the person's access to healthcare (WHO, 2005.)

Stalking is a pattern of repeated, unwanted attention and contact that causes fear or concern for one's own safety or the safety of someone else, such as family member or friend (CDC, 2016.) Some examples of stalking include the following: repeated, unwanted phone calls,

emails, or texts; leaving cards, letters, flowers, or other items when the victim does not want them; watching or following from a distance; spying; approaching or showing up in places when the victim does not want to see them; sneaking into the victim's home or car; damaging the victim's personal property; harming or threatening the victim's pet; and making threats to physically harm the victim (CDC, 2016.) In the United States, it is estimated that 7.5 million people are stalked in one year, with 85% of the victims being stalked by someone they know. Sixty-one percent of female victims and 44% of male victims are stalked by an intimate partner. Among women who have been murdered, 76% were stalked by their intimate partner and 67% had been abused by their partner. Stalking victims may become fearful and anxious, and their physical and mental health can suffer as a result (National Center for Victims of Crimes, 2012.)

Coercive control and intimidation by the abusive partner is considered an underlying component of all of these types of violence (National Center for Victims of Crimes, 2012.) The abusive partner's ability to control relies on the abused person's belief that if she or he does not comply with the abusive partner's demands, themselves, or other persons or things the person cares about will be harmed. Often, threats are alternated with acts of kindness from the perpetrator, making it difficult for the victim to break free of the cycle of violence. This behavior can progress to physical or sexual assault. Several types of IPV may occur together. The ten-country World Health Organization survey and other research have consistently shown that emotional abuse can have a more profound and harmful effect than physical violence (National Center for Victims of Crimes, 2012.)

In addition, there is evidence that IPV in relationships may fall into distinct patters; Johnson (2011) described a distinction between situational couple violence and intimate

terrorism. The first one is the most common form of IPV, this term refers to IPV engaged by one or all of the partners who get engaged in a heated argument after conflict. On the other hand, intimate terrorism refers to a pervasive pattern of coercive control using one or more forms of IPV. Schager, Caetano, and Clark (1998) found that at least one n five couples in the United States of America has experienced a form of IPV. Evidence suggest a gender imbalance regarding intimate terrorism, with men being four times more likely to exercise this type of IPV than women (Johnson & Leone & Xu, 2014.) In the same way, Hamberguer and Guse (2002) found that men use more severe violence, and that the violence women exercise is mixed.

As stated by Rachel Jewkes (2002), the causes of IPV are complex. However, there are two factors that seem to be necessary in an epidemiological sense: the unequal position of women in a particular relationship and the use of violence as a strategy to face conflict. Ideologies of male superiority make men feel threatened whenever transgression of the traditional female gender role occurs. Such doctrines turn women into a vehicle for the reaffirmation of male power.

Males frequently use violence to resolve their identity crisis, sometimes caused by elements like poverty or inability to control women (Gelles, 1987.) The concept of being a man and successful manhood varies within cultures. Gelles (1987) first postulated that the link between violence and poverty could be measured through what constitutes a male identity crisis in each culture. He argued that in the occidental culture, men living in poverty were unable to achieve successful manhood, and in that stress, they would be violent towards women.

Regardless of sex, IPV perpetration has been associated with increased risk of physical and mental health problems for its victims, encompassing consequences like injury, chronic pain,

sexually transmitted diseases, depression, posttraumatic stress disorder and substance use (Afifi et al., 2009; Afifi, Henriksen, Asmundson, & Sareen, 2012; Campbell, 2002; Coker et al.) Now that we have defined the main key elements, we can examine previous literature about their relationship.

Intimate Partner Violence and Borderline Personality Organization

As previously stated, one of the main features of BPO is interpersonal dysfunction. One form of interpersonal dysfunction that has been observed in individuals with BPO is IPV (Dutton 1995.) Violence, including IPV, can be divided into different functions and forms of aggression, depending on the underlying motive. First, comes reactive aggression, which is unplanned and impulsive (Ramirez & Andreu, 2006.) This type of aggression is more likely to occur while facing something (stimuli) that is perceived or starts to be described as a threat—for example, a jealousy attack when a person sees another individual trying to flirt with their partner. The second is proactive aggression, which is goal-directed and instrumental. An example of proactive aggression would be an individual forcing their partner to block specific contacts or to delete social media accounts to prevent them from interacting with others.

Regarding the classification of forms of violence, two main categories are often displayed, which are physical and psychological or emotional violence. Physical violence encompasses different expressions of aggression such as sexual aggression or other types of physical harm. In contrast, psychological violence includes forms of manipulation like threats, coercion, and varied tactics to impair the other's self-confidence and self-esteem (Munoz- Rivas, Grana, O'Leary, & Gonzalez, 2007.) Both functions and forms of violence have been previously related to BPD since violent and outburst behaviors are common components of it. However,

psychological partner violence and reactive aggression are more commonly associated with BPD since the tendency to manipulative conduct is also a common factor of this condition (Fossati et al., 2004) and reactive aggression is often a reaction to environmental and interpersonal stressors perceived as "threats," such as the rejection of an intimate partner. This type of aggression is typically set beneath the frustration or provocation that comes with negative emotions such as anger (Barratt & Felthous, 2003; Mancke, Herpertz, & Bertsch, 2015.) Moreover, a unique feature of BPD-related aggression is that it emerges in the context of intimate relationships, as most aggressive behaviors are committed toward the significant other or close family members (Newhill, Eack, & Mulvey, 2009.)

Individuals with BPO have been shown to have greater rejection sensitivity relative to healthy volunteers and individuals with other psychiatric diagnoses, and the association between BPO and rejection sensitivity also exists in nonclinical samples (Goodman, Fertuck, Chesin, Lichenstein, & Stanley, 2014; Miano, Fertuck, Arntz, & Stanley, 2013; Staebler, Helbing, Rosenbach, & Renneberg, 2011.) Individuals who are high in rejection sensitivity are thought to be more likely to experience intense emotional reactions; hence, individuals with BPO may perceive ambiguous situations as hostile. These emotional reactions may be expressed in uncontrolled anger, which perpetuates relationship dysfunction (Berenson, Downey, Rafaeli, Coifman, & Paquin, 2011.)

Studies of batterer treatment programs support the notion that BPO traits are a strong predictor of physical IPV (e.g., Dutton, 1995; Dutton & Browning, 1988; Dutton, Starzomski, & Ryan, 1996; Hart, Dutton, & Newlove, 1993; Hastings & Hamberger, 1988; Holtzworth-Munroe, Bates, Smutzler, & Sandin, 1997; Mauricio, Tein, & Lopez, 2007; Oldham et al., 1985)

and psychological IPV (Dutton & Starzomski, 1993; Mauricio et al., 2007; Oldham et al., 1985.) Individuals with BPO use of IPV is usually impulsive and a function of their mood rather than any external stimulus. People suffering from BPO tend to be emotionally volatile, they tend to use IPV when there is some sort of perceived "socioemotional distance" between them and their partners (Dutton, 1995.) Another essential detail to notice is the difference in the manifestations of BPD and BPO among men and women. I will turn our attention to this in the next section. Based on the above review I will test the following hypotheses: BPO is positively associated with IPV perpetration, and BPO is positively associated with IPV victimization.

Differences Among Sexes

Hines (2008) used data from the *International Dating Violence Study* to examine whether BPD symptom scores differentially predict the use of self-reported IPV for men and women. Participants were 14,154 undergraduate students (5,054 men, 10,100 women) who were currently in a romantic relationship or had been in the past year. Results indicated that BPD scores were a significant predictor of all forms of IPV. For every symptom increase in BPD, the number of different types of physical IPV perpetrated by an individual increased by 245%, the number of types of psychological aggression increased by 52% and the number of types of sexual IPV perpetrated increased by 56%. Among a community sample of 872 late middle-aged adults, Weinstein et al. (2012) examined the relationship between personality pathology and physical and psychological IPV frequency. BPD scores were shown to be significantly related to the frequency of physical/psychological IPV regardless of whether a clinician-rated the participant's personality, self-rated, or informant rated.

Dutton and Starzomski (1993) examined 75 male partner violence perpetrators and found that BPD scores correlated with the degree of abuse reported by female partners. Based on a review of 79 male perpetrators, Tweed and Dutton (2003) developed a clinical typology, which included an impulsive subgroup characterized by a mixed psychological profile with BPD elements. Porcerelli, Cogan, and Hibbard (2004) asked 52 clinicians to describe a patient of theirs who was violent toward a partner. The subsequent analysis of these patient descriptions revealed that perpetrators had antisocial and borderline personality features. In a Canadian study of a cohort of 226 court-mandated male batterers, Tong (2021) reported associations with BPD. Mauricio and Lopez (2007) classified a cohort of male batterers about the level of violence. In this study, those with high levels of violence were most distinguished by borderline personality characteristics. Finally, Ross and Babcock (2009) examined male batterers in terms of patterns of violence and their relationship to general personality pathology. Proactive violence was associated with antisocial personality disorder whereas reactive violence was associated with BPD. The preceding sampling of studies indicates associations between BPD and male who exercise IPV, suggesting that BPD is relatively common in men with externalized aggression in the form of IPV.

Hughes et al. (2012) studied 103 women who were court-referred because of physical violence in their relationships; in their study, BPD demonstrated a correlation with increasingly violent behavior. Hines (2008) examined men and women from 67 worldwide university sites (analysis of data from the International Dating Violence Study) and found that BPD predicted several forms of interpersonal violence in this nonclinical sample. Specifically, BPD was a significant predictor of physical, psychological, and sexually aggressive behaviors toward an intimate partner. Despite the few studies of the link between BPD, BPO, and IPV in women, the

existing literature generally supports an association between these variables. Clift and Dutton (2011) found a significant correlation between BPO in female IPV perpetrators, this group was more likely to perpetrate IPV than experience IPV victimization. Similarly, in a sample of female IPV perpetrators involved in the legal system, borderline personality features were significantly associated with frequency of physical aggression towards partners, but not by partners (Hughes et al., 2007.)

Two studies indicated that female IPV perpetrators, both heterosexual and homosexual, were higher on BPD and BPO features than non-IPV comparison groups (Fortunata & Kohn, 2003; Goldenson, Geffner, Foster, & Clipson, 2007.) Ross (2011) found that emotional dysregulation was strongly related to BPO and BPD and defensive violence for both men and women. In contrast, retaliatory violence was more associated with BPD and BPO in men but not in women. Based on these studies, I will test the following hypotheses: BPO will be more strongly associated with IPV perpetration among females than males, and BPO will be more strongly associated with IPV victimization among females than males.

Chapter 3: Current Study and Hypotheses

Scholars have identified dozens of risk factors for IPV perpetration. However, the processes through which these risk factors may promote IPV perpetration are still underdeveloped and clarifying the interaction among the established risk factors is still needed (Eckhardt, Christopher I Finkel, Eli J, 2013.) Therefore, specific research about each one of these factors is essential. This study will focus on the factor of mental health, specifically BPD personality traits, or in other words, BPO.

It has been shown that BPO is a significant predictor of physical, psychological, and sexual IPV among men and women in clinical populations (e.g., Dutton & Starzomski, 1993; Stuart et al., 2006.) Since it is essential to determine if these findings are supported in nonclinical samples, I developed the following hypotheses to see if we get similar results: (1) BPO will be positively associated with IPV perpetration, and (2) BPO will be positively associated with IPV victimization.

In addition, although most studies on IPV generally focus on male-perpetrated physical violence, the current study will also assess psychological violence and female-perpetrated violence. Previous research among men and women who were arrested for IPV suggests that BPO may be more common among female perpetrators than male perpetrators (Henning et al., 2003.) However, other empirical research suggests gender symmetry in the variables that predict IPV, including various personality traits and dysfunctions (e.g., Busch & Rosenberg, 2004; Capaldi & Owen, 2001; Carney & Buttell, 2004; Giordano, Millhollin, Cernkovich, Pugh, & Rudolph, 1999; Henning et al., 2003; Magdol, Moffitt, Caspi,&Silva, 1998; Medeiros&Straus, 2006.) Considering these differences, I chose to test the following hypotheses: (3) BPO will be more strongly

associated with IPV perpetration among females than males, and (4) BPO will be more strongly associated with IPV victimization among females than males

Chapter 4: Methods

Data

Data for this research were obtained from the cross-sectional *International Dating Violence Stud*y (Straus, 2001-2006.) A team of researchers from 68 universities in 32 nations collected data on both perpetrating and being a victim of IPV. For this study, only the sample from the United States was used (n= 4,162) because I want to focus on the American population since the manifestation of BPO varies among cultures. According to Castillo (1997), different constructs of BPO, such as interpersonal functioning and emotions, are experienced differently in different cultures, and the perception of normal to abnormal personality functioning varies.

Before proceeding to the administration of the survey, approval from each university's internal review board (IRB) was obtained. Students enrolled in classes in criminal justice, sociology, and psychology were recruited to participate in the study. Before administrating the survey, participants were instructed to think about their current partner, or if they were single, to think about their last relationship that lasted a month or more when answering the items contained in the survey. The response rates ranged from a low 20% to as high as 100%, with 80% or researches reporting a response rate of 65% or above. Further information regarding the data can be obtained from Straus (2004.)

Dependent Variables

IPV perpetration was measured using the physical abuse items from the revised *Conflict Tactics Scale* (CTS2; Straus et al.,1996). A total of 12 questions were captured in the data. Respondents were asked if they have committed any of the following acts toward their intimate

partner in the past 12 months: “thrown something at them that could hurt,” “twisted their arm or hair,” “pushed or shoved them,” “used a knife or gun on them,” “punched or hit them with something that could hurt,” “choked them,” “slammed them against a wall,” “beat up,” “grabbed,” “ slapped,” “burned or scalded,” and “kicked.” Respondents marked their answers using an 8-point Likert-type scale (1 = Once in the past year to 6 = More than 20 times in the past year, and 7 = Not in the past year, but it happened to 8 = This has never happened.) According to Straus et al. (1996), there are five ways of recoding and scoring the CTS2, which are “year prevalence,” “chronicity,” “ever prevalence,” “modes,” and “year frequency.” In this study, I chose to focus on year prevalence since I am interested in the mere presence of IPV rather than its frequency. Responses were clustered in a dichotomous variable, where responses 1-7 equals 1, meaning that the respondent perpetrated an act towards their intimate partner, and 8 equals 0, which means that the respondent did not perpetrate an act towards their intimate partner (0=No, 1=Yes.).

IPV victimization was measured again using the physical abuse items from the revised *Conflict Tactics Scale* (CTS2; Straus et al.,1996). A total of 12 questions were captured in the data. Respondents were asked if their partners have committed the following act towards them in the past 12 months: “thrown something at them that could hurt,” “twisted their arm or hair,” “pushed or shoved them,” “used a knife or gun on them,” “punched or hit them with something that could hurt,” “choked them,” “slammed them against a wall,” “beat up,” “grabbed,” “ slapped,” “burned or scalded,” and “kicked.” Respondents marked their answers using an 8-point Likert-type scale (1 = Once in the past year to 6 = More than 20 times in the past year, and 7 = Not in the past year, but it happened to 8 = This has never happened). Responses were clustered in a dichotomous variable, where responses 1-7 equals 1, meaning that the respondent has been

victimized by their intimate partner, and 8 equals 0, which means that the respondent has not been victimized (0=No, 1=Yes.).

Independent Variable

BPO was measured through 9 questions originally dedicated to measuring BPD traits. Specifically, 2 subscales were used in the current study: instability and self-harm (DeVoe, Straus, & Mouradian, 1999.) For instability, five affirmations were used. These questions include the following: "I go back and forth between thinking that my partner is perfect or terrible" "my relationships have big ups and downs" "I change suddenly from being one kind of person to another" 'my mood is always changing" "I often feel empty". For self-harm, four affirmations were used "I'd do almost anything to keep people from leaving me" "I often get hurt by things that I do" "I've told others I will kill myself" "I have thoughts of cutting or burning myself". Respondents marked their answers using a 4-point Likert-type scale (1 - strongly disagree to 4 - strongly agree.) These 9 items were summed together, with higher scores indicating greater levels of BPO (α= 0.74)**.**

Demographic and Control Variables

Sex and age are the demographic variables controlled in this study. *Sex* is coded 1 for males and 0 for females. *Age* is measured in years. Prior research has reported links between low self-control (Gottfredson & Hirschi, 1990; Rebellon, Straus, & Medeiros, 2008), child abuse (Hamberger & Hastings, 1991; Hastings & Hamberguer, 1988; Margolin, John, & Foo, 1998; Murphy, Meyer, & O'Leary, 1993; Straus, Gelles, & Steinmetz, 1980 2006), past criminal behavior (Buzawa, Hotaling, Klein, & Bryne 1999; Straus & Ramirez, 2004), and violence

approval (Barnett, Fagan, & Booker 1991; Cano, Avery-Leaf, Cascardi, & O'leary, 1995; Haj-Yahia and Edleson, 1994; Margolin, john, & Foo, 1998) with IPV and are therefore controlled in the current study.

Self-Control

A total of five questions were used to measure self-control and these questions are as follows: "There is nothing I can do to control my feelings when my partner hassles me," "I don't think about how what I do will affect other people," "I often do things that other people think are dangerous," "I have trouble following the rules at work or in school," and "I often lie to get what I want". Respondents marked their answers using a 4-point Likert-type scale (1 = Strongly Disagree to 4 = Strongly Agree.) These five items were summed together, with higher scores indicating higher levels of self-control (α= .69.)

Child Abuse

A total of 8 questions were used to measure child abuse. The following questions are included: "When I was less than 12 years old, I was spanked or hit by my mother or father," "When I was a teenager, I was hit a lot by my mother or father," "When I was a kid, I saw and adult in my family who was not my mother or father push, shove, slap or throw something at someone," "When I was a kid I saw my mother or father kick, punch or beat up their partner," "My father or mother told me to hit back if someone hit me or insulted me". Respondents marked their answers using a 4-point Likert-type scale (1 = Strongly Disagree to 4 = Strongly Agree.) These five items were summed together, with higher scores indicating higher levels of child abuse (α= .69.)

Past Criminal Behavior

Past criminal behavior was measured by the following 7 items: “Before the age of 15 I stole or tried to steal something worth more than $50,” “Before the age of 15 I stole money from anyone (including family),” “Since age 15, I have stolen or tried to steal something worth more than $50,” “Before the age of 15, I physically attacked someone with the idea of seriously hurting them,” “Before the age of 15, I hit or threatened to hit my parents,” “Before the age of 15. I have physically attacked someone with the idea of seriously hurting them,” “Since age 15, I have hit or threatened to hit someone who is not a member of my family.” Respondents marked their answers using a 4-point Likert-type scale (1 = Strongly Disagree to 4 = Strongly Agree.) These five items were summed together, with higher scores indicating higher levels of past criminal behavior (α= .76.)

Violence Approval

Violence approval was captured by 10 questions. These questions included the following: “It is sometimes necessary to discipline a child with a good, hard spanking,” “I can think of a situation when I would approve of a wife slapping a husband’s face,” “I can think of a situation when I would approve of a husband slapping a wife’s face,” “It is sometimes necessary for parents to slap a teen who talks back or is getting into trouble,” “When a boy is growing up, it’s important for him to have a few fist fights,” “A man should not walk away from a physical fight with another man,” “A boy who is hit by another boy should hit back,” “A woman who has been raped probably asked for it,” “If a wife refused to have sex, there are times when it may be okay to make her do it,” and “Once sex gets past a certain point, a man can’t help himself until he is satisfied.” Respondents marked their answers using a 4-point Likert-type scale (1-strongly

disagree to 4-strongly agree.) These 10 items were summed together, with higher scores indicating greater violence approval (**α**= .76.)

Chapter 5: Analytical Plan

The analyses proceeded in a series of steps. First, sample descriptive are shown to demonstrate an overall view of the distribution of the measures. Second, binary logistic regression models are presented to determine which variables are statistically significant and how they vary across by gender, and which independent variables are correlates of the dependent variable.

Descriptive Statistics

Table 1 shows descriptive statistics for all of the variables in the study. Overall, 34.4% of the sample admitted to having been victimized, and 34.41% admitted to having perpetrated IPV against their partner. Moving our attention to the main independent variable, BPO traits show a mean of .5095. Regarding demographic and control variables, Table 1 indicates a mean of .4796 members who revealed they had suffered abuse during their childhood. At the same time, high levels of violence approval showed a mean of .5494, and lack of self-control displayed a mean of .7725. Finally, the sample is composed by 16.10% males and 83.90% females.

Table 1:

Table 1: Descriptives Statistics			(N=4533)	
Variable	Coded	Mean (%)	SD	Min/Max
Dependent Variable				
IPV Victimization	0= No	(65.86)		
	1= Yes	(34.17)		
IPV Perpetration	0= No	(65.59)		
	1=Yes	(34.41)		
Sex	1= males	(16.10)		
	2= females	(83.90)		
Age	In Years	21.65		18/45
Independent Variable				
Borderline Personality	9-Items	.5095	4.33	9/24
Control Variables				
Child Sexual Abuse	8-Items	.4796	3.67	7/27
Past Criminal Behavior	7-Items	.3728	3.60	7/28
Violence Approval	10-Items	.5494	3.88	10/35
Self Control	5-items	.7725	2.13	9/24

Chapter 6: Results

BPO and IPV Perpetration

Table 2 presents the results of three logistic regression models, one for the full sample and one for each sex, that will be used to examine the first and the third hypotheses, encompassing the relationship between BPO and female IPV perpetration. Model 1 reveals a positive association between BPO and IVP, respondents with high levels of BPO traits were 10.9% more likely to perpetrate IPV. Although child abuse seem not to be statistically significant, past criminal behavior, violence approval and lack of self-control showed a positive association with IPV by 4.8%, 6.3%, and 9.4% respectively

Models 2 and 3 reveal a positive association between BPO and IPV as well in both sexes. Female perpetrators who exhibited high levels of BPO traits were about 10.5% more likely to perpetrate acts of IPV than females with lower levels of BPO, while male perpetrators who exhibited high levels of BPO traits were 7.6% more likely to perpetrate acts of IPV than males with lower levels of BPO. The results of this model also show that violence approval is 1.8% more present in female perpetrators than in male perpetrators.

Turning our attention to the control variables, for female perpetrators, child abuse and past criminal behavior are positively associated with IPV perpetration by 3.9% and 8.3%, respectively. However, for male perpetrators, child abuse is negatively statistically significant, which means that having suffered from child abuse unexpectedly is a protective factor against the perpetration of IPV. Another surprising finding is that, contrary to what stereotypes of borderline personality depict, self-control is not statistically significant in either of the sexes.

Table 2:

Table 2: IPV Perpetration												
	Model 1 (full Sample)				Model 2 (Male Perpetration)				Model 3 (Female Perpetration)			
Variables	*B*	SE	OR		*B*	SE	OR		*B*	SE	OR	
Independent												
Borderline Personality	1.04	.009	1.109	***	.073	.019	1.076	***	.100	.011	1.105	***
Demographic												
Age	.014	.007	1.014		.013	.015	1.013		.011	.008	1.011	
Controls												
Child Abuse	.019	.011	1.019		-.015	.022	.985	**	.038	.014	1.039	**
Past Criminal Behavior	.047	.012	1.048	***	.063	.020	1.065		.079	.017	1.083	***
Violence Approval	.061	.011	1.063	***	.078	.019	1.081	***	.061	.013	1.063	***
Self-Control	.090	.020	1.094	***	.032	.038	1.033		.067	.024	1.07	
Constant	-6.387	0.56	.002	***	-5.264	1.066	.005	***	-6.194	.674	.002	***
-2 Log likelihood		5014.852				1469.394				3460.359		
Cox & Snell R		.079				.067				.104		
Nagelkerke R		.109				.096				.143		
N		45,33				14,59				30,74		

***p < .01; ***p < .001.*

BPO and IPV Victimization

Table 3 presents the results of the following logistic regression models that examine the relationship between BPO and IPV victimization to test the second and fourth hypotheses. The results of these models show that BPO is positively associated with IPV victimization supporting hypothesis two. At the same time, these models reveal that past criminal behavior, violence approval and self-control show a statistically significant relationship with IPV; and the percentages are the same as those shown in the perpetration models (4.8%, 6.3%, and 9.4% respectively). in addition, in this case, child abuse is not statistically significant either.

BPO is 4.4 more present in female victims of IPV than in male victims of IPV, supporting hypothesis four. Female victims who exhibited BPO traits were 11.7% more likely to report IPV victimization than females with lower BOP traits, while males who displayed BPO traits were 7.3% more likely to indicate IPV victimization than males with lower BOP traits. In males, child abuse, past criminal behavior, and violence approval seemed not to be statistically significant. However, females present significant results like 3.7%, 7.5%, and 5.2% on these variables respectively, implying that having suffered from child abuse, showing past criminal behavior, and having a high level of violence approval increases the chances of becoming a victim of IPV.

Table 3:

Table 3: IPV Victimization

	Model 1 (Full Sample)				**Model 1 (Male Victimization)**				**Model 2 (Female Victimization)**			
Variables	*B*	SE	OR		*B*	SE	OR		*B*	SE	OR	
Independent												
Borderline Personality	.104	.009	1.109	***	.070	.014	1.073	***	.111	.011	1.117	***
Demographic	.014	.007	1.014									
Age					.016	.019	1.017		.014	.008	1.014	
Controls												
Child Abuse	.019	.011	1.019		.000	..021	1.000		.037	.014	1.037	**
Past Criminal Behavior	.047	.012	1.048	***	.058	.019	1.060	**	.072	.017	1.075	***
Violence Approval	.061	.011	1.063	***	.078	.019	1.081	***	.050	.013	1.052	***
Self-Control	.090	.020	1.094	***	.019	.037	1.081		.074	.025	1.077	
Constant	-6.387	0.56	.002	***	-4.997		.077	***	-6.393	.681	.002	***
-2 Log likelihood		5014.852				1544.379				3397.127		
Cox & Snell R		.079				.075				.100		
Nagelkerke R		.109				.104				.138		
N		45,33				14,59				30,74		

***p < .01; ***p < .001.*

Chapter 7: Discussion

The purpose of this study is to examine the relationship between BPO, IPV perpetration, victimization, and sex. Although numerous studies have talked about this association, there is limited and/or mixed literature about how a borderline personality influences each sex differently regarding IPV (Jackson & Sippel & Mota & Whalen & Schumacher, 2017.) Several hypothesis hypotheses were tested using binary logistic regression models, and these hypotheses revealed the following findings.

Hypothesis 1 stated that BPO would be positively associated with IPV perpetration and Hypothesis 2 declared that BPO would be positively associated with IPV victimization. As you can see from the results (see Tables 2 and 3), the findings support both hypotheses. Hypotheses 1 and 2 are supported. In summarizing the reviewed studies, there is a significant amount of evidence for an association between BPD and IPV perpetration. Individuals with borderline personality, either BPD or BPO, seem to be at risk for perpetrating and also suffering IVP. One of the main traits of borderline personality is interpersonal dysfunction, which is related to other characteristics of this condition low frustration tolerance, reactiveness and hypersensitivity. As previously mentioned and according to Dutton (1995), if a borderline personality experiences a situation in which its affective needs go unmet, it can react with aggression since it does not have the skills to assert such needs healthily. This makes individuals with borderline personality prone to exercise different types of aggression.

Although people with BPO may become controlling and violent to establish psychological dominance over their partner to avoid a real or imagined abandonment, fears of abandonment might make someone with this type of personality vulnerable to abuse and control.

Such fears may make some feel compelled to stay even after violence or aggression has occurred.

Hypothesis 3 stated that BPO would be more strongly associated with IPV perpetration among females than males, and hypothesis 4 stated that BPO would be more strongly associated with IPV victimization among females than males. Both hypotheses are supported by the findings too. Previous research has examined the role of sex in the association between borderline personality and IPV, showing that BPO is more strongly related to female perpetrators and victims. According to the Diagnostic and Statistical Manual for Mental Disorders (5th ed., DSM-V; American Psychiatric Association, 2013), borderline personality traits are diagnosed predominantly (about 75%) in females, displaying a 3:1 female-to-male ratio. This represents a significative difference, which has led to speculation about the origins of these pronounced numbers. In the last decade, literature concerning gender and borderline personality traits has been the cause of controversy. The borderline personality traits have been attached to the "bad girl" stigma (Ruiz & Vairo, 2008.)

However, several elements can distort the reliability of such statistics, ranging from diagnosis bias to sociocultural and biological differences between both sexes. The issue of gender diagnosis bias was first raised by Kaplan (1983), she argued that the diagnostic experts (primarily men) had codified certain masculine-based assumptions about what behaviors were healthy and what behaviors should be cataloged as pathological. This can stem from a variety of factors; for example, women are more likely to look for professional help since, in our culture, the relationship between females and the pursuit of mental health treatment is not as frowned upon as it is for males (Skodol & Bender, 2003.)

The research examining the role of sex in the association between borderline personalities are limited. A method that associates contextual information related to the violence and the relationship dynamic with a previous diagnosis of BPD or a self-report that indicates BPO traits, although more complicated, may be better to understand manifestations of aggression in a more profound way. In addition, most studies reviewed focused on IPV within heterosexual couples. More research is required in regard to the relationship between IPV and borderline personality in LGBT relationships, as well as how sexual orientation influences such behaviors.

Moving forward with the control variables, several exciting results emerged; contrary to widespread expectations, results show that having suffered from physical violence and abuse during childhood directed to them prevents males from repeating their primary caretaker's patterns. Although the reason for this is yet to be determined, this could be a sign of the effects of awareness and education on child abuse and its impact on future mental health. Especially since a lot of such information is targeted toward fathers, who, culturally, are more prone to exercise violence

Contrary to previous literature, in this study, although self- control shows to be significant in the full sample, it does not seem significant enough to imply that it is related to BPO in IPV when we split the sample by sex. This defies one of the main characteristics of a borderline personality: the alleged lack of self-control. However, according to these results, this trait is not strong enough to be associated significantly with IPV perpetration or victimization. Even within the professional field, there is still a lot of stigmatization that depicts borderline personalities as extremely unstable and impulsive. However, in the previous literature review, we can see that type of aggression exercised by individuals with a borderline personality is reactive

aggression. Although this kind of aggression may seem spontaneous, it has a profound psychological background in which the person reacts to the confirmation of a fear of abandonment that has been boiling since long ago. This fear usually starts in the early stages of a relationship and continues to grow with time. So once an individual gets such confirmation, the aggressive reaction comes as a disguised plea for the partner not to abandon them (Flory & Janie D, 2015.)

In addition, BPO traits are more common in female IPV victims than in male victims agreeing with the previously mentioned literature that states the pattern of seeking destructive and violent partners in those with BPO traits. Although in males, this factor seems not to be significant, having experience child abuse is positively associated with IPV victimization in females. This relates to one of the most important variables in both cases of perpetration and victimization: violence approval, which talks about the normalization of violent behaviors for both parts of a violent relationship. This is a common phenomenon in individuals who have witnessed their primary caretakers being violent with each other (Izaguirre & Calvete E.,2017.)

Limitations

Regarding the limitations of this study, the first and most important is that the scales to measure BPO are not the ones used by my mental health professionals; future research should use established scales. There are many reasons why participants could refuse to answer with the truth; also, as I mentioned before, the answers of respondents with BPO traits could be biased due to the characteristic hypersensitivity and the misperception of aggression. In addition, psychological mechanisms such as denial or cultural prejudices could block their willingness to report perpetration or victimization. Second, this sample was obtained from a cross-sectional

study between 2001 and 2006, which does not accurately portray today's definition of violence. As the awareness of violence and healthy intimate partner relationships have grown with time, people have changed their perception of what would constitute abusive behavior; this skews the validity of self-reporting. Future research should collect data with this in mind, as well as a longitudinal design. Third, although I only focused on physical violence, many violent behaviors are associated with BPO and interpersonal relationships. As I previously mentioned in the literature review, psychological violence includes manipulative behaviors such as victimhood, gas lighting, and different types of seduction, and this type of violence is primarily related to BPO and BPD. This can limit the study's range of comprehension regarding BPO behavior. Future research should also look at other forms of aggression.

And fourth, due to the same variable of violence approval resulting from being so prevalent, it is possible that violence normalization could interfere with the perception of respondents, negatively affecting the accuracy of the reports of their experiences. The romanticization of violence in media and culture and its internalization, common in ghetto areas, influence their concept of normality. In other words, these factors play an essential role in their perception of how a relationship with an intimate partner should be (Izaguirre A., & Calvete E.,2017.) For example, suppose a child sees their father physically aggressive towards their mother. In that case, it is easier for these children to repeat this pattern with their partners unless there is an intervention encompassing education, which can be from a therapeutic approach or simple exposure to a different environment. With all this information in mind, I came to the following conclusion.

Chapter 8: Conclusion

This study tests the relationship between IPV perpetration and victimization with BPO. Results indicate that, as predicted, BPO is positively associated with both IPV perpetration and victimization and is more prevalent in female perpetrators and victims than in male perpetrators and victims. However, contrary to what previous literature says, self-control does not show enough significance to state that it is one of the leading causes of IPV perpetrated by those who present traits of BPO. In addition, results also indicate that having suffered from physical abuse during childhood diminishes the probability of perpetrating IPV. To fully understand these results, future studies should focus on the role self-control plays within those individuals who present BPO traits, the effects of physical childhood abuse in males, and why it affects males differently than females. Also, expanding the definition and list of physical violence could be helpful, as well as including psychological violence and the characteristic violent behaviors associated with BPO.

Many factors perpetuate misconceptions about borderline personality, whether we are talking about BPD or BPO. For example, in media, they are usually portrayed as promiscuous manipulators and addicts, creating a stigma that can negatively affect someone's willingness to accept a diagnosis and get treatment. As this study shows, many characteristic factors of BPD and BPO affect each sex differently; for example, child abuse tends to be a common element related to the development of a borderline personality, but results show that this is only statistically significant in females.

Development of future studies about borderline personalities is necessary to create updated therapeutic approaches and techniques to treat this mental condition since it represents a

massive obstacle to keeping healthy relationships of all kinds, including family members, friends, and intimate partners. Providing education about emotional intelligence and the causes of this condition, for example, violence normalization will help treat borderline personalities more effectively.

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Vita

Adriana Isabel Patino Avila was born in the city of Chihuahua, Mexico. They attended to the elementary of Colegio Montessori de Chihuahua and graduated from the Tec Milenio high school in 2013. The following January, they attended the university of ELPAC-Escuela Libre de Psicología and graduated with honors in 2019. Further, they worked in a rehabilitation clinic called Andenes where they were in charge of developing psychological profiles and therapeutic activities. Finally, they entered the University of Texas at El Paso in 2020 and received the Degree of Master of Science in Criminology and Criminal Justice in December 2022.

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