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Negative Urgency Accounts for the Association Between Borderline Personality Features and Intimate Partner Violence in Young Men

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Abstract

Many studies have demonstrated that borderline personality disorder (BPD) is associated with aggression and, in particular, intimate partner violence; however, the mechanisms underlying this association have been less clearly identified. The present study examines the hypothesis that negative urgency (impulsive behavior in response to intense, negative emotions) may explain the specific association between BPD and intimate partner violence. Cross-sectional self-report measures of BPD, violent behavior, and multiple dimensions of impulsivity were administered to 193 undergraduate men. BPD profile scores were associated with both general violence behaviors and intimate partner violence; however, an indirect path via negative urgency existed only with intimate partner violence. No indirect paths from BPD scores were demonstrated via any other factors of impulsivity, although sensation seeking was an independent predictor of general violence. Clinical implications and directions for future research are discussed.

Keywords

Borderline Personality Disorder; Intimate Partner Violence; Negative Urgency; Impulsivity; Aggression

BPD and Aggression

One of the diagnostic criteria of BPD is inappropriate anger and aggression (American Psychiatric Association, 2013), with aggression typically defined as behaviors carried out with the immediate intention of causing harm to another (Anderson & Bushman, 2003). Consistent with this, individuals diagnosed with BPD demonstrate more aggression on behavioral measures than healthy controls, in both a female-only sample (Dougherty, Bjork, Huckabee, Moeller, & Swann, 1999) and mixed-sex samples (McCloskey, New, & Siever,

2009; New et al., 2009), and describe themselves as more aggressive on self-report measures than both healthy controls in a female-only sample (Dougherty et al., 1999; Ferraz, Vázquez, Navarro, & Gelabert, 2009; McCloskey et al., 2009; New et al., 2009) and individuals with other personality disorders in a mixed sex sample (McCloskey et al., 2009). Similarly, within a sample of predominantly male convicted offenders, BPD diagnosis predicted increased self-reported aggression and the tendency to imagine violent scenarios (Gilbert, Daffern, Talevski, & Ogloff, 2013). Continuous measures of BPD symptoms are also associated with self-reported interpersonal aggression in a clinical sample comprised of predominately women (Stepp, Smith, Morse, Hallquist, & Pilkonis, 2011) and in mixed sex community and female student samples (Herr, Keenan-Miller, Rosenthal, & Feldblum, 2013; Weinstein, Gleason, & Oltmanns, 2012). Intense anger and aggression may be particularly characteristic of men with BPD, compared to women with the disorder, for both adolescents and adults (Bradley, Zittel Conklin, & Westen, 2005; Zlotnick, Rothschild, & Zimmerman, 2002).

In addition to being a risk factor for aggression broadly, BPD may specifically increase risk for intimate partner violence. In a sample of men and women with BPD, over the course of a year, 73% reported engaging in aggressive behavior with others, primarily conflict with significant others or other familiar individuals (Newhill, Eack, & Mulvey, 2009). BPD symptom severity is also associated with increased marital distress and perpetration of marital violence in both women and men (Whisman & Schonbrun, 2009), and BPD features are associated with the perpetration of teen dating violence for both male and female adolescents (Reuter, Sharp, Temple, & Babcock, 2014). This risk may be specific to BPD, compared to other personality pathology such as antisocial personality disorder (ASPD). Within a sample of violent men, BPD diagnosis was associated specifically with more reactive violence (aggressive emotional behavior in response to provocation) compared to ASPD, which predicted more proactive violent behavior (violent behavior enacted for personal gain; Ross & Babcock, 2009). BPD features, but not ASPD features, are also associated with IPV in men and women in late middle age (55-64 years; Weinstein et al., 2012). Understanding the mechanisms through which BPD may contribute to risk for aggression, particularly IPV, is key for prevention efforts.

The Role of Negative Urgency

While dysfunctional impulsivity is broadly recognized as a defining feature of BPD (Links, Heslegrave, & van Reekum, 1999), increasingly, impulsivity is viewed as a multidimensional construct, with facets that map onto various components of personality (Whiteside & Lynam, 2001). BPD is characterized by multiple dimensions of impulsivity, including rash action in response to emotion (urgency), difficulties with premeditation and perseverance, and, to a lesser extent, risk-taking and excitement-seeking behavior. Urgency, as defined by the UPPS model (Whiteside & Lynam, 2001), can be further separated into two related but distinct components: negative urgency, in which individuals engage in regrettable behavior in response to or when experiencing distressing emotions, and positive urgency, in which individuals engage in rash behavior when experiencing positive affect (Cyders & Smith, 2008). Of these, negative urgency has been the strongest predictor of BPD features (Lynam, Miller, Miller, Bornova, & Lejuez, 2011; Peters, Upton, & Baer, 2013;

Tragesser & Robinson, 2009). While associated with the general domain of neuroticism, negative urgency also is associated with decreased conscientiousness and agreeableness (Cyders et al., 2008; Settles et al., 2012), consistent with its definition encompassing aspects of affective instability and disinhibition.

Aggressive behavior in BPD may occur as a result of this characteristic impulsive temperament, particularly in concert with negative emotions. Among adolescents, impulsive aggression has been associated with both self-reported BPD profile scores and neuroticism, compared to premeditated aggression, which was associated with antisocial and narcissistic personality disorder scores (Gauthier, Furr, Mathias, Marsh-Richard, & Dougherty, 2009). In further support, the heightened aggressive behavior in BPD has been linked to activation in brain regions associated with emotional functioning and to reduced activation in regions associated with cognitive control (New et al., 2009), suggesting that aggression in BPD may be emotionally driven and disinhibited.

One prospective study attempted to examine the relative contributions of emotion dysregulation and impulsivity in the relationship between BPD and aggression in a mixed clinical and community sample of adults (Scott, Stepp, & Pilkonis, 2014). The authors concluded that emotion dysregulation, rather than impulsivity, accounted for increased aggression (Scott et al., 2014). However, the study utilized total scores from a measure of emotion dysregulation that includes a subscale of impulsive behavior and a blended, broader measure of impulsivity, making it difficult to draw firm conclusions. It may be that an overlapping construct, impulsivity in response to emotion, i.e. negative urgency, is the driving force behind increased aggression in BPD.

Present Study

The current study seeks to explore the contribution of negative urgency to the relation between BPD and two forms of aggressive behavior, generalized violence and intimate partner violence. Negative urgency has also been shown to be associated specifically with IPV in young men, in contrast to sensation-seeking (preference for novel and risky behavior) predicting general aggressive tendencies (Derefinko, DeWall, Metze, Walsh, & Lynam, 2011). Accordingly, we hypothesized that BPD would predict both IPV behavior (IPV) and general violent behavior (GV). Negative urgency was expected to account for the association between BPD and IPV. This association was predicted to be specific to IPV and not general aggression and specific to negative urgency and not other forms of impulsivity.

Methods

Participants

Participants were 193 male undergraduates, aged 17 to 26 years ($M = 19.69$, $SD = 2.76$). The study was available through an online registration system to all students in introductory psychology course to earn course credit. One hundred and thirty-one participants were allowed to sign up from the general pool of participants from undergraduate psychology classes. To ensure that a number of individuals participating in the study endorsed delinquent behaviors, seventy participants were selected from introductory psychology

classes based on scores from a screening measure of antisocial characteristics, which was administered in a mass screen of all introductory psychology classes. Screening forms were completed by 362 individuals. Ninety-one individuals scoring in the top 25% (with a total score > 54) of the antisocial characteristics screener were selected and contacted to participate in the study. This selection process served to ensure that the top of the general distribution of behavioral problems was well represented. In addition to scores on the screening measure, participants reported their age on screening forms.

Measures

Borderline Personality Features—BPD features were assessed by matching individuals' NEO PI-R profiles (Costa & McCrae, 1992) to an expert-generated Borderline Personality Disorder Profile (FFM-BPD; Lynam & Widiger, 2001). Matching was done using intraclass Q-correlations that take into account similarity in shape and magnitude and can range from -1 (opposite profile) to 1 (perfect match). The higher the similarity between the profiles, the higher the individual is said to be in BPD features. The FFM-BPD profile has demonstrated strong associations with other validated BPD assessments in both nonclinical and clinical samples (Trull, Widiger, Lynam, & Costa, 2005).

Violent Behavior—The Crime and Analogous Behaviors Scale (CAB; (Lynam, Whiteside, & Jones, 1999) is a 69-item self-report inventory that asks the participant about a number of delinquent behaviors, including aggression. Two variety variables were created to assess aggressive behavior: general violence (GV: ever in a physical fight, ever attacked a person with a weapon, ever hurt another person so badly that they needed bandages or a doctor, ever commit armed robbery) and intimate partner violence (IPV: ever thrown something at an intimate partner, ever twisted an intimate partner's arm or pulled hair, ever pushed or shoved an intimate partner, ever grabbed an intimate partner, ever slapped an intimate partner, ever punched or hit an intimate partner with something that could hurt). Variety of behaviors endorsed was used rather than the frequency with which individuals may have engaged in specific behaviors, because variety variables are more accurate (e.g., participants are more likely to accurately recall types of acts rather than specific numbers of times they may have engaged in acts), less vulnerable to the over-reporting of minor acts, and more reliable predictors of future behaviors than frequency scores (Bendixen, Endresen, & Olweus, 2003; Elliott & Huizinga, 1988; Monahan & Piquero, 2009). The majority of the sample (77.2%) denied ever engaging in any forms of IPV. For those who did engage in IPV, only 7 individuals in the sample engaged in more than 2 types of IPV. Thus, we created a dichotomous IPV variable with 0 indicating no history of IPV.

Impulsivity—The UPPS-P (Lynam, Smith, Whiteside, & Cyders, 2006; Whiteside & Lynam, 2001) includes 59 items, scored on a 4-point Likert-style scale, assessing five distinct personality pathways to impulsive behavior: negative urgency, positive urgency, (lack of) premeditation, (lack of) perseverance, and sensation seeking. Internal consistency is good to excellent for all of the subscales in previous research (Cyders & Smith, 2010; Whiteside, Lynam, & Miller, 2005) and in the present study ($\alpha = .82-.95$).

Procedure

The questionnaires in the current study were part of a larger protocol administered. A total of 193 participants individually completed two 1.5-hour sessions for which they received course credit and the chance to earn modest monetary incentives. Measures were presented in counterbalanced order. The university's Institutional Review Board approved all procedures.

Results

Descriptives and Correlations

Analyses were conducted using SPSS version 21. Descriptive statistics and intercorrelations are presented for all study variables in Table 1. BPD was significantly positively correlated with both forms of violent behavior and all UPPS impulsivity variables. The association between BPD and negative urgency was significantly stronger than the associations between BPD and sensation seeking ($t[190]=6.72$), (lack of) premeditation ($t[190]=3.44$), positive urgency ($t[190]=3.47$) and (lack of) perseverance ($t[190]=2.46$). In addition, the association between BPD and sensation seeking was significantly weaker than the associations between BPD and positive urgency ($t[190]=4.61$), (lack of) premeditation ($t[190]=3.54$) and (lack of) perseverance ($t[190]=3.90$). Of the UPPS impulsivity dimensions, IPV was significantly correlated only with negative and positive urgency, whereas GV was significantly correlated with both sensation seeking and (lack of) premeditation. Age was not significantly correlated with any variables except for GV. Due to the high correlation between negative and positive urgency, only negative urgency was included in subsequent analyses to reduce multicollinearity.

Hierarchical Regressions and Indirect Effects

A hierarchical multiple logistic regression model was estimated predicting IPV (see Table 2). BPD was entered in step 1 and was a significant predictor of IPV, with a one standard deviation increase in BPD associated with an estimated 86% increased risk of engaging in IPV. In Step 2, UPPS impulsivity variables were added to the model, eliminating the significant effect for BPD. Negative urgency predicted increased risk of IPV, with a one-standard deviation increase in negative urgency associated with an estimated 80% increase in risk of engaging in IPV. Additionally, a significant suppression effect emerged with lack of perseverance predicting reduced risk of IPV when controlling for BPD and the other UPPS variables; a one standard deviation increase in perseverance was associated with an estimated 70% *decrease* in risk of engaging in IPV.

GV is technically a count variable; however, it was not zero-inflated, with the modal number of behaviors endorsed being 1 ($n = 98$), not 0 ($n = 64$). Accordingly, a ZIP model was not used, and a hierarchical linear regression model was estimated predicting GV (see Table 2). BPD was entered in step 1 and was a significant predictor of variety of GV. UPPS impulsivity variables were added in step 2. The association between BPD and GV remained significant, increasing in magnitude. Sensation seeking was also a significant independent predictor of increased GV; no other UPPS impulsivity facets were significant predictors.

Parallel bootstrapping procedures (Preacher & Hayes, 2004) were used to estimate indirect effects from BPD via UPPS impulsivity dimensions to IPV and to GV. Indirect effects were simultaneously estimated for each impulsivity dimension. When predicting IPV status, a significant indirect effect via negative urgency (95% CI: .060-.739) accounted for 58% of the total effect of BPD features on IPV. The indirect effect via lack of perseverance was also significant (95% CI: -.553 - -.011), again predicting reduced IPV. When predicting GV, BPD did not demonstrate a significant indirect effect via sensation seeking (95% CI: -.001 - .059), nor any of the other impulsivity dimensions.

Discussion

As hypothesized, among young men at risk for externalizing behaviors, BPD features were significantly associated with both IPV and GV, and negative urgency accounted for only the association with IPV. This is consistent with the theory that the impulsive responses to negative affect characteristic of BPD may underlie the increased tendency for violence within personal relationships. Although previous work emphasized emotion dysregulation, rather than impulsivity, in explaining the aggressive acts of those with BPD, this may be because studies were not utilizing multifaceted conceptualizations of impulsivity (Scott et al., 2014). Impulsive behavior specifically in the context of negative emotions, rather than broader disinhibition or sensation-seeking, may be a key link between BPD features and reactive, intimate partner violence.

This finding has important implications. Specifically, it may be important for interventions targeting violent behavior, especially IPV, for young men with BPD or high in BPD features, to focus on increasing self-control in the context of intense emotion. For example, treatments that incorporate mindfulness skills training, such as dialectical behavior therapy (Linehan, 1993), that encourage a nonjudgmental, decentered approach to emotions may facilitate better self-regulation during distress (Baer, 2003; Lynch, Chapman, Zachary Rosenthal, Kuo, & Linehan, 2006).

In both general and clinical samples, men perpetrate IPV that causes injury and other problems at higher rates than women (Archer, 2000; Hamberger & Guse, 2002), so improving the understanding of underlying mechanisms within men is of particular importance. Additionally, BPD is likely under-diagnosed in men (Grant, Chou, & Goldstein, 2008), which may result in men at risk for perpetration failing to receive appropriate interventions. The current study suggests that screening for BPD and addressing negative urgency in men may be an essential step in IPV prevention. However, women also engage in IPV, so further research should examine the effect of gender on these associations between BPD, negative urgency, and IPV.

Findings suggest that BPD features may also be a risk factor for GV, but that the aspects of the BPD personality profile associated with GV are not the components overlapping with impulsivity. Sensation seeking is not strongly associated with BPD, so while sensation seeking may be a general risk factor for GV, it may not account for the elevated risk within BPD. The increased risk for people with BPD could be more related to

disagreeableness or negative affectivity than impulsivity; these possibilities should be investigated in future research.

While (lack of) perseverance did not demonstrate a significant zero-order correlation with IPV, it was an unexpected predictor of *reduced* IPV when shared variance with other UPPS facets and BPD was removed. The construct of perseverance involves persisting in goal-oriented behavior despite distress or boredom. However, lack of perseverance is correlated with negative urgency and BPD features; perhaps when the overlapping variance is removed, so is any component of the construct that relates to difficulties tolerating distress. What remains could simply be the tendency to disengage readily from situations, which might indeed reduce the risk of escalating interpersonal conflict; however, without further examination, this is speculation.

Limitations of the present study include the cross-sectional design, which precludes causal conclusions and a true test of mediational effects. Longitudinal or experimental follow-up studies could more conclusively test the proposed models. The study is also limited by its reliance on self-report assessments. Two of the self-report measures utilized (FFM-BPD and UPPS) are based on the FFM. While this provides a strong theoretical rationale for each instrument as well as good content coverage for a non-clinical sample, it may also result in elevated overlap between the two measures. A further limitation is use of an undergraduate sample with a relatively low incidence of IPV. Additionally, recruitment targeted self-reported violent behavior but not BPD features, so although a range of BPD scores were found in the present sample, recruiting for high BPD features specifically as well as violent behavior would have been ideal. Replicating these findings using additional means of assessing the constructs, such as a wider range of self-report measures, other-reports or behavioral tasks, in community and clinical samples, would increase confidence in and generalizability of the findings. Further research directions may also include intervention studies targeting negative urgency in efforts to reduce IPV in men with BPD.

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Table 1

Descriptive Statistics and Intercorrelations for all Study Variables (N=193).

	1	2	3	4	5	6	7	8	Mean (SD) or %
1. BPD Features									-.20 (.28)
2. IPV	.26***								22.8%
3. GV	.16*	.09							.86 (.73)
4. Negative Urgency	.64***	.27***	.02						2.67 (.71)
5. Sensation Seeking	.15*	.11	.21**	.20**					3.89 (.66)
6. Premeditation	.42***	.14***	.17*	.34***	.34***				2.44 (.63)
7. Perseverance	.50***	.03	-.02	.46***	-.02	.45***			2.26 (.56)
8. Positive Urgency	.50***	.22**	.07	.74***	.29***	.51***	.42***		2.27 (.83)
8. Age	.01	.13	.26**	-.02	-.01	-.04	-.07	-.06	19.69 (2.76)

Note.

* $p < .05$ ** $p < .01$ *** $p < .001$

BPD = Borderline Personality Disorder; IPV = Intimate Partner Violence; GV = Variety of General Violence Behaviors

Table 2

Hierarchical Regression Models Predicting Intimate Partner Violence and General Violence Behaviors from BPD profile scores and UPPS Impulsivity Dimensions (N = 193).

Intimate Partner Violence (logistic regression predicting risk of engaging in any IPV)				
Step	Predictor	Nagelkerke R ²	χ ² for step	Exp(B)
1	BPD	.10	12.53 ***	1.86 * (1.30-2.66)
2	BPD	.17	9.85 *	1.56 (.94-2.59)
	NU			1.80 * (1.09-2.96)
	SS			1.02 (.69-1.53)
	PREM			1.23 (.80-1.89)
	PERS			.59 * (.37-.95)
General Violence Behaviors (linear regression predicting variety of GV endorsed)				
Step	Predictor	R ²	R ²	β
1	BPD	.03 *		.16 *
2	BPD	.09 **	.07 **	.25 **
	NU			-.15
	SS			.16 *
	PREM			.12
	PERS			-.13

Note.

* $p < .05$

** $p < .01$

*** $p < .001$. BPD = Borderline Personality Disorder; IPV = Intimate Partner Violence; GV = Variety of General Violence Behaviors; NU = Negative Urgency, SS = Sensation Seeking; PREM = (lack of) Premeditation; PERS = (lack of) Perseverance.