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Research article

Borderline personality features and emotion regulation deficits are associated with child physical abuse potential

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ABSTRACT

The present study extends prior research examining the association between borderline personality disorder (BPD) features and child physical abuse (CPA) risk. We hypothesized that: (1) high CPA risk parents (compared to low CPA risk parents) would more often report clinically elevated levels of BPD features; (2) high CPA risk parents with elevated BPD features would represent a particularly high-risk subgroup; and (3) the association between elevated BPD features and CPA risk would be partially explained by emotion regulation difficulties. General population parents ($N = 106$; 41.5% fathers) completed self-report measures of BPD features, CPA risk, and emotion regulation difficulties. Results support the prediction that BPD features are more prevalent among high (compared to low) CPA risk parents. Among the parents classified as high CPA risk ($n = 45$), one out of three (33.3%) had elevated BPD features. In contrast, none of the 61 low CPA risk parents reported elevated BPD symptoms. Moreover, 100% of the parents with elevated BPD features ($n = 15$) were classified as high-risk for CPA. As expected, high CPA risk parents with elevated BPD features (compared to high CPA risk parents with low BPD features) obtained significantly higher scores on several Child Abuse Potential Inventory scales, including the overall abuse scale ($d = 1.03$). As predicted, emotion regulation difficulties partially explained the association between BPD features and CPA risk. Findings from the present study suggest that a subset of high CPA risk parents in the general population possess clinically significant levels of BPD symptoms and these parents represent an especially high-risk subgroup. Interventions designed to address BPD symptoms, including emotion regulation difficulties, appear to be warranted in these cases.

Broadly defined, personality disorders represent enduring patterns of cognition, affect, and behavior that result in impairments in multiple areas of functioning, such as interpersonal relationships and occupational functioning (American Psychiatric Association [APA], 2013). Borderline personality disorder (BPD) is often recognized as one of the most severe forms of personality disorder, affecting approximately 1.6–5.9% of the general population (APA, 2013). BPD is characterized by affective instability, tumultuous interpersonal relationships, marked impulsivity, and identity disturbance (APA, 2013). Individuals with BPD often experience intense anger, feelings of chronic emptiness, and fear of real or imagined abandonment. Other features of BPD include dissociative episodes, suicidal and/or self-injurious behavior, and a tendency to fluctuate between the idealization and devaluation of others.

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Within the context of parenting, the core characteristics of BPD have been theorized to negatively impact attachment with children (Newman & Stevenson, 2005) and affect parenting efficacy (Lamont, 2006; for a review see Laulik, Chou, Browne, & Allam, 2013). Moreover, given the affective instability and impulsivity characteristic of BPD, mothers with this disorder may exhibit intense anger and volatile behavior during stressful interactions with their children (Stepp, Whalen, Pilkonis, Hipwell, & Levine, 2012). Thus, it has been suggested that features of BPD may be associated with risk for perpetration of child physical abuse (CPA; Prodgers, 1984), although research examining this relationship is currently limited.

In one of the few published empirical studies examining the link between BPD and child abuse, Perepletchikova, Ansell, and Axelrod (2012) assessed mothers whose children had been removed from their homes for substantiated child abuse and/or neglect. Rates of elevated BPD features among mothers substantiated for abuse/neglect were compared to a control group of mothers with no history of involvement with child protective services (CPS). Clinically elevated BPD features were noted in 50% of the mothers substantiated for child abuse/neglect, whereas only 14.5% of mothers in the control group reported elevated BPD features. Moreover, even after controlling for socio-economic status, alcohol/drug use, and childhood receipt of maltreatment, higher self-reported BPD features predicted mothers' involvement in child protective services.

Similar results were reported by Laulik, Allam, and Browne (2014), who found that 60.8% of mothers substantiated for child maltreatment ($N = 68$) were classified as having elevated BPD features based on information recorded in their case records. Compared to maltreating mothers whose case records did not reflect elevated BPD features, maltreating mothers whose case records suggested the presence of BPD were more likely to engage in child physical abuse and were more likely to be substantiated for multiple forms of maltreatment (i.e., both child physical abuse and neglect; Laulik et al., 2014). Based on these findings, Laulik et al. concluded that maltreating mothers with elevated BPD features may be a "particularly high-risk subgroup."

Thus, the studies by Perepletchikova et al. (2012) and Laulik et al. (2014) suggest that a significant proportion (50–60%) of maltreating mothers may present with elevated BPD features; however, the generalizability of these findings may be limited due to the inclusion of only mothers who had been substantiated for child maltreatment. Given that substantiated cases of maltreatment represent only a subset of maltreating parents (Gilbert et al., 2009), research examining BPD features in high-risk general population parents is needed. In addition, recent research has emphasized the need to include fathers in research examining the influence of BPD on parenting (see Lamont, 2006; Laulik et al., 2013). Indeed, two studies examining the personality and parenting characteristics of men who perpetrated intimate partner violence reported an association between BPD features and risk for child physical abuse (Herron & Holtzworth-Munroe, 2002; Holden, Barker, Appel, & Hazlewood, 2010). To extend our understanding of the generalizability of the association between BPD features and risk for child physical abuse, the present study examined BPD features in a general population sample of mothers and fathers whose child physical abuse potential was assessed using a validated risk screening tool.

According to the biosocial theory of BPD (Linehan, 1993), pervasive deficits in emotion regulation lie at the core of BPD (e.g., Glenn & Klonsky, 2009; Salsman & Linehan, 2012). Emotion regulation is conceptualized as the ability to respond in a manner appropriate to environmental demands, particularly in the presence of emotional distress (e.g., Gratz & Roemer, 2004). Difficulties with emotion regulation may be evidenced by an inability to inhibit impulsive behaviors and/or engage in goal-directed behaviors when experiencing negative emotions (Linehan, 1993). Other examples of difficulties with emotion regulation include pervasive attempts to control emotional experiences and difficulties recognizing the functional use of emotions (e.g., Cole, Michel, & Teti, 1994; Thompson, 1994).

Difficulties with emotion regulation are theorized to play a role in the development and maintenance of maladaptive behavioral responses (e.g., aggression toward others) exhibited by individuals with BPD (e.g., Aldao, Nolen-Hoeksema, & Schweizer, 2010; Gross & Munoz, 1995). In a prospective study of aggression in adults, the association between BPD features and aggression was fully mediated by difficulties with emotion regulation (Scott, Stepp, & Pilkonis, 2014). Thus, the association between BPD features and CPA risk may be at least partly explained by difficulties with emotion regulation. To date, emotion regulation difficulties in high-risk/abusive parents have received surprisingly little attention. The lack of attention to emotion regulation abilities in high CPA risk parents is surprising given that dispositional negative affect (e.g., depression, distress, unhappiness; Mammen, Kolko, & Pilkonis, 2002; Milner, 1994), as well as negative affective states (e.g., anger; Ateah & Durrant, 2005; Holden, Coleman, & Schmidt, 1995), have been linked to increased risk for harsh parenting practices, including child physical abuse. To our knowledge, no study to date has examined emotion regulation deficits in parents with high CPA risk or whether emotion regulation deficits might account for the association between BPD features and risk for child physical abuse.

Based on the literature presented above, the present study was designed to advance our understanding of the associations between BPD features, emotion regulation difficulties, and CPA risk. Specifically, a convenience sample of general population parents completed measures assessing BPD features, difficulties with emotion regulation, and child physical abuse potential. Based on the research reviewed above (e.g., Laulik et al., 2014; Perepletchikova et al., 2012), we hypothesized that, compared to low CPA risk parents, high CPA risk parents would more often be classified as possessing clinically elevated levels of BPD features (Hypothesis 1). Based on the assertion that high CPA risk parents with elevated BPD features represent an especially high-risk subgroup (Laulik et al., 2014), we predicted that high CPA risk parents with high BPD features (compared to high CPA risk parents with low BPD features) would present with significantly higher levels of child abuse potential and emotion regulation difficulties (Hypothesis 2). Drawing from research indicating that emotion regulation difficulties mediate the association between BPD features and general aggression (Scott et al., 2014), we predicted that the association between elevated BPD features and CPA risk would be partially explained by emotion regulation difficulties (Hypothesis 3).