

Borderline personality disorder in male and female offenders newly committed to prison

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Abstract

Background: The objective of the study was to estimate the rate of borderline personality disorder (BPD) in male and female offenders newly committed to the Iowa Department of Corrections. We also compared clinical and demographic characteristics of offenders with and without BPD.

Methods: A random sample of 220 offenders entering Iowa's prison system were evaluated by using a version of the Mini International Neuropsychiatric Interview, the BPD module of the Structured Interview for DSM-IV Personality Disorders, the Medical Outcome Survey Short Form-36 Health Survey, and the Level of Service Inventory-Revised.

Results: Borderline personality disorder was present in 65 (29.5%) subjects, although 93.2% had at least one Diagnostic and Statistical Manual of Mental Disorders-IV BPD trait. The percentage of women meeting criteria for BPD was more than twice that for men. Subjects with BPD were more likely than those without to be married, employed, and to have a high suicide risk score. Offenders with BPD were more likely than others to report prior mental health treatment, and to have reported high levels of interference from their mental disorder. Offenders with BPD had worse quality of life than offenders without BPD as assessed with the Medical Outcome Survey Short Form 36 Health Survey, and higher rates of mood, anxiety, psychotic, and eating disorders; antisocial personality disorder; and attention deficit hyperactivity disorder. Borderline personality disorder was also associated with higher Level of Service Inventory-Revised total scores, which indicates their having a greater risk for recidivism than nonborderline offenders. These relationships were observed after adjusting for sex, age, race/ethnicity, and presence of antisocial personality disorder.

Conclusion: Borderline personality disorder is relatively common among both male and female offenders in prison, and is associated with substantial psychologic stress and impaired quality of life. Early recognition and treatment of BPD in prisons may be warranted.

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1. Introduction

Borderline personality disorder (BPD) is increasingly being recognized as a major public health problem. Research in clinical settings shows that BPD affects as many as 15% of psychiatric outpatients, and community surveys suggest that it has a prevalence of between 1% and 2% of the general population in the United States [1-3]. Research has shown that BPD substantially impairs quality of life. In addition to being associated with comorbid

psychiatric disorders, psychosocial impairment, and suicide [1,4-6], BPD has also been associated with disrupted relationships and excessive health care use [1,7]. Despite these concerns documented in psychiatric and community settings, little is known about BPD in correctional settings. In fact, work by several independent research groups suggests that the prevalence of BPD in these settings is even higher than in clinical psychiatric settings [8-13]. Further, in none of these studies were direct comparisons made between borderline and nonborderline offenders, nor was an effort made to assess the effect of BPD on quality of life. An important implication to be drawn from this work is that offenders with BPD have special treatment needs that correctional systems may not be currently addressing.

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We recently had an opportunity to assess the prevalence of BPD and other psychiatric disorders in a group of offenders newly committed to the Iowa Department of Corrections (IDOC). This study represents one of the first opportunities to directly assess BPD in randomly selected men and women in this setting. Subjects were assessed with the Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV criteria, and with standardized instruments of known reliability. Our expectation was that we would find BPD in both men and women, and that offenders with BPD would have poorer quality of life ratings, higher rates of psychiatric comorbidity, and overall worse functioning than offenders without BPD.

2. Methods

2.1. Subjects

Subjects were randomly selected for participation from the list of incoming offenders newly committed to the Iowa Medical and Classification Center (IMCC), located at Oakdale, Iowa. The IMCC serves as a reception facility for the IDOC, wherein all new offenders are admitted for essential intake and reception activities, including a health screen, basic orientation to Iowa's correctional system, institutional assignment, and initiation of the IDOC's central offender record. The process lasts from 4 to 6 weeks, after which offenders are assigned to 1 of 9 correctional facilities throughout Iowa to serve their sentence. The sample did not include violent offenders, persons who had violated probation, those requiring special programming (eg, close supervision, segregation, seclusion), or those requiring maximum security.

Interviewing was conducted at IMCC by trained raters. All subjects gave written, informed consent according to procedures approved by the University of Iowa institutional review board. Compensation was provided. The study was conducted in compliance with Office of Human Research Protection regulations regarding research with prisoners [14]. These regulations help to ensure that the rights of offenders are fully protected and that research procedures are not coercive.

Demographic data, including age, sex, race/ethnicity, education, income, and marital status, were obtained along with legal/criminal variables of interest. Offenders were administered the Mini International Neuropsychiatric Interview (MINI)-Plus [15], a fully structured instrument that assesses the presence of DSM-IV [16] mood disorders, anxiety disorders, somatoform disorders, substance use disorders, psychotic disorders, eating disorders, conduct disorder, and adjustment disorder; a summary score is calculated to indicate suicide risk. This instrument also diagnoses attention deficit hyperactivity disorder (ADHD) and antisocial personality disorder (ASPD), both disorders of particular interest in a correctional population. The MINI-Plus uses different time frames for various disorders: current,

past, or lifetime; psychometric properties show acceptable test-retest, and interrater reliability. The BPD module of the Structured Interview for DSM-IV Personality Disorders [17] was used to assess the presence of BPD and its traits. The screen consists of 9 questions, each corresponding to a DSM-IV criterion, and 5 are required for the BPD diagnosis. Interrater reliability estimates are high for all disorders (>0.76) including BPD (0.85) [18]. The Medical Outcome Study Short Form-36 Health Survey (SF-36) [19,20] was used to assess physical and mental dimensions of functioning. Finally, subjects were administered a Level of Service Inventory-Revised (LSI-R) [21], an instrument widely used in correctional settings to gather data on social and demographic variables, and criminal history. The instrument provides a measure of the primary risk factors that contribute to the development of lifetime adjustment problems and is used to predict recidivism.

A *P* value of less than .05 was considered statistically significant.

3. Results

A total of 322 subjects were recruited, and 320 completed the assessment protocol. Because the BPD screen was added

Table 1
Demographic characteristics in offenders with and without BPD

| Variable | BDP status | | <i>P</i> |
|-----------------------------|------------------|------------------|-------------------|
| | Present (n = 65) | Absent (n = 155) | |
| Age, mean (SD) | 29.5 (7.3) | 31.7 (10.1) | .125 |
| Sex | | | |
| Women | 18.5% | 6.5% | .007 |
| Men | 81.5% | 93.5% | |
| Race/ethnicity | | | |
| African American | 15.4% | 19.4% | .499 |
| White | 67.7% | 69.0% | |
| Other | 16.9% | 11.6% | |
| Education | | | |
| Less than high school | 58.5% | 61.3% | .522 |
| High school or GED | 18.5% | 21.9% | |
| More than high school | 23.1% | 16.8% | |
| Marital status | | | |
| Divorced | 15.6% | 26.1% | .036 |
| Married | 31.3% | 15.0% | |
| Single | 4.7% | 3.9% | |
| Other | 48.4% | 54.9% | |
| Current suicide risk | 63.1% | 16.8% | <.001 |
| Type of current offense | | | |
| Drug manufacturing/delivery | 38.5% | 32.9% | .734 ^a |
| Assault/abuse | 24.6% | 24.5% | |
| DUI/driving while barred | 7.7% | 15.5% | |
| Burglary | 12.3% | 11.6% | |
| Parole violation | 6.2% | 7.1% | |
| Fraud/forgery | 6.2% | 6.5% | |
| Possession of firearm | 3.1% | 1.3% | |
| Unknown | 1.5% | 0.7% | |

P value from Pearson χ^2 test. DUI indicates driving under the influence (of alcohol or other substances); GED, general equivalency degree.

^a Fisher exact test was used.

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