

Reasons for Non-Suicidal Self-Harm in Adult Male Offenders With and Without Borderline Personality Traits

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The presented study aimed to advance understanding of the reasons for non-suicidal self-harm (NSSH) in adult male offenders, with and without borderline personality traits. 179 offenders completed self-report measures of NSSH and other clinical constructs, with 42 being identified as having self-harmed. Results were consistent with past research and supported the relative importance of intrapersonal over interpersonal functions, but also highlight that self-harm is performed rarely for one type of reason. The results also show that the presence of borderline personality traits increases the likelihood of endorsing a range of interpersonal reasons. These findings highlight the importance of understanding the range of reasons for engaging in NSSH to help manage the behaviour within the prison

Keywords borderline personality disorder traits, functions, non-suicidal self-harm, offenders, self-injury

THE EXTENT AND COST OF SELF-HARM IN PRISONS

Self-harm presents a significant challenge within the prison environment and management of the behaviour is a major priority for authorities. In the UK the incidence of self-harm within the prison population is high with some 139,195 self-harm incidents recorded in 26,510 individual offenders in the whole prison estate of England and Wales between 2004 and 2009 (Hawton, Lindsell, Adeniji, Sariasla, & Fazel, 2014). Self-harm is over-represented in females offenders—20–24% relative to 5–6% of male offenders

engaging in self-harm every year (Hawton et al., 2014). The lifetime prevalence of self-harm in UK prison settings is also high for both females (up to 51%; Borrill et al., 2003; Vollm & Dolan, 2009) and males (17%; Maden, Chamberlain, & Gunn, 2000), and suggests that many offenders begin self-harm before coming to prison. Recent Government statistics confirm these worrying trends, with some 25,755 incidents of self-harm in 2014 alone (Ministry of Justice, 2015). Both female and male incidents of self-harm in prisons increased by around 10% between 2013 and 2014, and the number of males and females self-harming also increased some

10 and 6%, respectively. However, while incidents of female self-harm in prison fell between 2010 and 2013, rates for males have continued to rise steadily each year. Moreover, despite females accounting for a disproportionate number of self-harm incidents in prisons, females make up only 5% of the UK prison population (Ministry of Justice, 2015). Male self-harm thus presents a significant problem for the prison service.

The personal cost of self-harm is evident, as it is associated with increased psychological distress and suicidal feelings (e.g., Lohner & Konrad, 2006), suicidal behaviour (Hamza, Stewart, & Willoughby, 2012) and a high risk of completed suicide (Hawton et al., 2014). Within the prison environment self-harm is especially costly and puts a significant strain on service resources. Not surprisingly, staff report feeling increased frustration and powerlessness (Marzano, Adler, & Ciclitira, 2013), and often hold negative, dismissive, and hostile attitudes towards offenders (e.g., Knowles, Townsend, & Anderson, 2013; Marzano, Ciclitira, & Adler, 2012). This costly nature of self-harm combined with the larger male prison population, means that understanding and treating self-harm in male offenders is a priority.

THE NATURE AND FUNCTIONS OF NON-SUICIDAL SELF-HARM

Underpinning any attempt to assess and manage offenders at risk of self-harm should be an understanding of the functions that self-harm serves. This field has seen an explosion of research over the last decade, but conceptual and terminological disparities hamper attempts to review and aggregate the literature. In particular, there is dispute about the importance of distinguishing non-suicidal from suicidal forms. Some researchers in the UK use the term *self-harm* to refer to deliberate self-injury

and self-poisoning (through either illicit or prescribed substances), regardless of intent (e.g., Madge et al., 2008). Thus, self-harm includes: (i) methods that directly damage the skin (e.g., cutting, scratching/carving, and biting or hitting oneself), as well as less direct methods where the damage is likely to be internal (e.g., self-poisoning); and (ii) suicidal as well as non-suicidal intentions. The inclusion of self-poisoning is justified because the behavior is often performed in the absence of suicidal intent (Kapur et al., 2006), and can have near-immediate damaging internal effects.

Many other researchers in the UK (e.g., Mars et al., 2014), Europe (e.g., Brunner et al., 2013; Groschwitz et al., 2015), the United States (e.g., Klonsky, May, & Glenn, 2013; Nock, 2010) and other countries distinguish clearly between suicidal and non-suicidal self-harm. In the United States the term “self-harm” is typically synonymous with “self-injurious behaviors” and denotes a broad spectrum of behaviors ranging from indirectly self-damaging behaviors such as smoking and alcohol abuse, to “non-suicidal self-injury” (NSSI) and suicidal behaviors which are seen as distinct but related phenomena (Bentley, Nock, & Barlow, 2014; Nock, 2010). NSSI was recently included within the DSM-5 (American Psychiatric Association, 2013) as a condition requiring further study, and refers to attempts to deliberately and directly hurt one’s body in some way in the absence of suicidal intent (American Psychiatric Association, 2013; Klonsky & Glenn, 2009; Nock, 2008). NSSI is direct in terms of the directness of the act and the immediate consequences that occur. In the review below, we use the terms *self-harm*, but revert to NSSI when reviewing studies or theories that have focused specifically on *non-suicidal self-injury* (for discussion of the approaches to defining and conceptualizing self-harm see Lohner & Konrad, 2007).

The reasons that motivate people to engage in self-harm can be broadly categorized into two superordinate domains: intrapersonal/automatic functions such as affect regulation, and interpersonal/social functions such as to communicate one's pain to others (Klonsky & Glenn, 2009). Nock and Prinstein (2004) have further broken this down into intra and interpersonal functions where the behavior functions to provide either positive or negative reinforcement; the former involves the presentation of a favorable stimulus, whilst the latter involves the removal of an aversive stimulus. Intrapersonal reasons for NSSI are typically endorsed to a greater degree than social ones (e.g., Nock & Prinstein, 2004; Klonsky, 2009), and the relative importance of intrapersonal functions has been demonstrated in numerous studies. For example, intrapersonal functions predict unique variance in lifetime NSSI frequency above and beyond that explained by interpersonal functions (Saraff & Pepper, 2014), and conclusions from a review of 18 studies found that affect regulation was by far the most common function for NSSI (Klonsky, 2007). Specifically, NSSI is often preceded by negative affect, reduces negative affect, and is most commonly driven by the need to reduce negative affect. However, many of the studies reviewed deliberately set out to investigate affect regulation accounts of self-harm; fewer studies provided a more balanced view by investigating both intrapersonal and interpersonal functions that often coexist simultaneously (e.g., Scoliers et al., 2009). Moreover, psychiatric and adolescent populations are overrepresented in the studies reviewed. As the base rate for particular functions will vary according to the sample type and environment, it is important to base conclusions about the functions of self-harm on research using the sample of interest.

A small handful of studies have explored the intrapersonal and interpersonal

functions of self-harm within forensic populations and arrived at the same conclusion: according to a review of 11 studies, intrapersonal functions such as affect regulation dominate (Dixon-Gordon, Harrison, & Roesch, 2012). The studies reviewed by Dixon-Gordon et al., used a variety of different sample types (male and female, young and adult offenders) and definitions of self-harm, with some studies not separating the suicidal from non-suicidal form of the behavior. In terms of methodology, the majority were qualitative ($n=6$), thus providing depth of understanding of functions. Other studies include a study that used just four questions to assess the frequency of specific motives (e.g., "to spite your lover or parents" in a Greek sample); two retrospective reviews of self-harm incidents or discharge summaries; and two studies focused on topics that did not explicitly examine functions (i.e., studies on antecedents/consequences, or on the psychophysiology of self-harm). Four published studies not included in this review employed either a case study or qualitative methods (Bennett & Moss, 2013; Jeglic, Vanderhoff, & Donovan, 2005), or a brief self-report measure that assesses a limited number of functions in young offenders (Knowles, Townsend, & Anderson, 2011). In sum, these quantitative studies have not provided sufficient breadth of understanding of the range of functions of self-harm; use of a comprehensive standardized measure such as the Inventory of Statements about Self-Injury (Klonsky, 2007) would address this gap. The relative importance of intrapersonal functions is almost certainly likely to be supported even with the use of such measures. Nonetheless, a more balanced view of intra- and interpersonal functions is necessary, not least because: (a) many individuals endorse multiple intra- and interpersonal functions simultaneously (Klonsky, 2009); and (b) interpersonal functions should be acknowl-

edged and understood. The latter is important because staff working with offenders often overestimate interpersonal functions such as “to gain attention,” and perceive these to be manipulative and controllable reasons for self-harm (Kenning et al., 2010; Knowles et al., 2013; Pannell, Howells, & Day, 2003). Thus, it seems that interpersonally motivated self-harm is acknowledged by staff, yet it is poorly understood. In further support of this, there is some evidence that interpersonally motivated self-harm is not perceived to be a “genuine” reason, nor does it represent psychological distress or a risk of suicide (Kenning et al., 2010; Knowles et al., 2013; Short, Cooper, Shaw, Kenning, Abel, & Chew-Graham, 2009). This is in spite of evidence that many offenders who self-report perceived manipulative functions such as “to obtain a transfer,” are simultaneously high in suicidal intent (Dear, Thomson, & Hills, 2000). Staff training is an important component of the management of self-harm in prisons (Humber, Hayes, Senior, Fahy, & Shaw, 2011), but due consideration also needs to be given to the sources of variation in self-harm functions. In particular, dispositional vulnerability factors that are prevalent in offenders, such as personality disorder traits, may increase the likelihood that an individual self-harms for a particular reason.

BORDERLINE PERSONALITY TRAITS AS A SOURCE OF VARIATION IN NON-SUICIDAL SELF-HARM FUNCTIONS

Offenders with personality disorders are a group of individuals within which the rate of self-harm is high, with up to 61.4% reporting at least one incident of self-harm (Mannion, 2009). Self-harm features most commonly in borderline personality disorder and is one of the DSM-5 criteria for the disorder (American Psychiatric Association,

2013). In the UK the prevalence of BPD in prison populations is high between 25 and 50% (Sansone & Sansone, 2009). The percentage of men with BPD is much lower than for women (e.g., 26.8% versus 54.5%, respectively; Black et al., 2007) and this mirrors the pattern of prevalence rates of self-harm in prisons. However, these figures are much higher than for community samples where only 1 to 6% of adults have BPD (Coid, Yang, Tyrer, Roberts, & Ullrich, 2006; Zanarini et al., 2011).

Borderline personality disorder is conceptualized as a disorder of emotion dysregulation (Linehan, 1993), and many of the behaviors exhibited by those with BPD (e.g., self-harm and impulsive substance taking) typically result from either attempts to regulate emotion or emotion dysregulation (Linehan, 1993). These affective difficulties occur within the context of unstable and intense relationships, with the individual experiencing significant interpersonal distress, abandonment and/or rejection fears (DSM-5; American Psychiatric Association, 2013), and difficulties with attachment (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004). Research in offender populations is limited but evidence suggests that BPD traits predict both NSSI and suicidal behaviors (Gardner, Dodsworth, & Selby, 2014, using the same sample as this study; N = 179), and that offenders with BPD report a positive emotional shift following NSSI (Chapman & Dixon-Gordon, 2007). This affect regulatory function of self-harmers with BPD is supported throughout a range of other sample types and methods, with interpersonal motivations for NSSI being endorsed significantly less frequently (Brown, Comtois, & Linehan, 2002; Kleindienst et al., 2008). The same pattern has emerged in studies using the comprehensive Inventory of Statements about Self-injury (Bracken-Minor & McDevitt-Murphy, 2014; Klonsky & Glenn, 2009; Sadeh et al., 2014).

Ultimately, we argue that the presence of BPD traits in male offenders will influence the reasons why offenders engage in self-harm. This argument is partially supported by a recent study using the Inventory of Statements about Self-Injury (ISAS) (Klonsky & Glenn, 2009) that found that self-harmers with BPD traits were significantly more likely to engage in the behavior for self-punishment, to end the experience of dissociation, and to avoid the impulse to commit suicide (three intrapersonal functions: Bracken-Minor & McDevitt-Murphy, 2014). Yet, the study used a predominantly female (80%) student sample and controlled gender when examining differences between several BPD/NSSI groups on NSSI functions, an approach that removes real construct variance from and thus distorts the BPD/NSSI variable (see Miller & Chapman, 2007, for discussion). We argue that interpersonal difficulties and distress may increase the likelihood of self-harming for interpersonal reasons, relative to individuals without BPD traits. Moreover, in addition to traits such as BPD explaining offenders' self-harm motivations in general, offenders may differ in their motivations as a direct result of constraints of the prison environment. Specifically, interpersonal reasons may be endorsed more frequently in prison samples where the restrictive prison environment means that attachment needs are not fulfilled, which is crucial for those with BPD traits (Agrawal et al., 2004; Fonagy, Target, Gergely, Allen, & Bateman, 2003). This may be even more likely in male offenders with BPD traits given evidence of an increased incidence of interpersonal functions in males relative to females (e.g., Claes, Vandereycken, & Vertommen, 2007, using an adolescent sample). Yet, the stigma around self-harm as a predominantly feminine behavior (see Chandler, Myers, & Platt, 2011, for discussion) may reduce the likelihood of males' disclosing or revealing their

self-harm to others. Further research comparing the full range of specific reasons for self-harm within male offenders with and without BPD traits is needed to advance our understanding of these issues.

RATIONALE, AIMS AND OBJECTIVES

The reduction of self-harm is an important objective for the prison service, and staff training that raises awareness and understanding of the reasons that drive self-harm is integral to managing the behavior. Indeed, understanding the function of self-harm is equally as important as the behavior itself. The primary aim of this study was to advance our understanding of the broad range of reasons for self-harm in adult male offenders, with and without borderline personality *traits*, i.e., traits that are consistent a diagnosis of BPD. In light of the somewhat restricted approach to conceptualization and measurement of self-harm functions (which has often been biased towards assessing intrapersonal functions), we provided a comprehensive and balanced assessment of functions through use of the ISAS (Klonsky & Glenn, 2009). This allowed us to obtain a more *complete* picture of the range of self-harm functions in adult male offenders with low and high BPD traits, and interpret these within the context of an empirically supported theoretical model of self-harm functions.

In this article we define self-harm as any deliberate self-injurious behavior that does not involve suicidal intent, irrespective of degree of lethality. Thus, the definition includes direct methods of self-injury vis-à-vis the skin and body, and self-poisoning. We refer to this as *non-suicidal self-harm* (NSSH) henceforth. The term itself is not important, but this definition is because it distinguishes NSSH from suicide and these are distinct but related phenomena (for review see Hamza

et al., 2012). Moreover, this definition captures the full range of clinically severe and less severe NSSH behaviors. There were four objectives of this study:

1. to identify, using an established and comprehensive psychometric measure, the frequency of both broad (i.e., scale level) and specific reasons for NSSH within adult male offenders;
2. to identify whether the multiple reasons endorsed by participants reside predominantly in just the intrapersonal or interpersonal domain, or both;
3. to examine whether the endorsement of intrapersonal and interpersonal functions differ for individuals with and without borderline personality traits;
4. to test the hypothesis that the most frequently endorsed specific reason for self-harm in participants with BPD traits falls within the realms of affect regulation, based on the emotion dysregulation theory of BPD (Linehan, 1993).

METHOD

Participants and Procedure

Participants were 179 adult male offenders (M age = 37.70, SD = 13.53, Range = 21–77) detained in Category C (medium-secure) prisons in the UK, recruited during a period of lock down when offenders were in their cells. The researcher approached participants by knocking on cell doors and providing a brief verbal explanation (the verbal explanation referred to a study on specific behaviors and traits within the prison, rather than to self-harm specifically), and subsequently the questionnaire booklet if the participant was interested. The majority of offenders serving determinate sentences had been in prison for between 1 and 10 years (68.2%), with a small minority being

detained for less than 12 months (3.4%) or more than 10 years (4%); 24.4% were serving indeterminate life sentences. Regarding offence type, largest percentages were for sexual (35.7%), acquisitive (26.9%) and violent (non-fatal) offences (15.2%), followed by possession of drugs (9.9%), murder/manslaughter (5.8%), arson/attempted arson (4.7%) and fraud (1.8%). Of the 179 offenders, 42 (23.5%) had engaged in lifetime NSSH. Ethical approval was provided by the University, and a prison ethics application was approved to undertake research in Her Majesty's Prison Service.

Materials

The ISAS (Klonsky & Glenn, 2009) comprises two sections which measure (1) the frequency of a range of NSSH behaviors over the person's lifetime, including cutting, biting, burning, carving, pinching, pulling hair, severe scratching, banging or hitting, interfering with wounds, rubbing skin against rough surfaces, sticking self with needles, and swallowing dangerous substances; and (2) the function of NSSH. We summed the frequencies for each behavior to calculate the lifetime frequency of NSSH. Internal consistency in this sample was .70 for the 12 self-harm behaviors. It is worth noting that including self-poisoning and the less severe yet typically compulsive "hair pulling" have not inflated the prevalence of NSSH in this study: of those who endorsed "self-poisoning" or "hair pulling," only three did not endorse another NSSH behavior.

Participants only completed the second section of the ISAS if they had reported having engaged in NSSH within section one. Functions were rated on 3-point Likert scale (from 0 = *not relevant at all*, to 2 = *very relevant*) using 39 statements. Thus, a score of 1 or more indicates endorsement of the function. The ISAS is a reliable and

valid measure of NSSH in other samples (e.g., Klonsky & Glenn, 2009) but has yet to be examined in an offender sample.

Items from the Personality Diagnostic Questionnaire 4th Edition (PDQ-4; Hyler, 1994) were used to BPD traits (9 items). The PDQ-4 is a false/true (0/1) self-report questionnaire based on the DSM-IV criteria and can thus determine the presence or absence of personality disorder *traits* that are consistent with a DSM-IV diagnosis (APA, 2000). The PDQ-4-BPD scale has good psychometric properties in nonclinical samples (Gardner & Qualter, 2009) and has also been used in prison samples (Blackburn, Donnelly, Logan, & Renwick, 2004). A cut-score of >5 is used to indicate the presence or absence of BPD traits. To obtain information about sample characteristics items from the remaining cluster B personality disorder subscales were also administered: Anti-social (8 items), Narcissistic (9 items) and Histrionic (8 items) personality disorder. Internal consistencies (Cronbach's alpha) in this sample were: .71 (BPD), .74 (APD), .61 (NPD), and .24 (HPD). Note that likelihood of obtaining statistically significant effects with the HPD variable are low given the alpha of .24.

To obtain information about the sample characteristics, suicidal behaviors and depression were also assessed. The *Suicide Behaviours Questionnaire-Revised* (SBQ-R; Osman et al., 2001) was used to measure suicidal behaviors. The measure uses four items to assess suicidality: (1) lifetime suicide ideation and/or suicide attempt, (2) frequency of suicidal ideation over the past 12 months, (3) threat of suicide attempt, and (4) self-reported likelihood of suicidal behavior in the future, but item 4 not used due to concerns about disclosure of future suicides within the prison environment. This measure has acceptable internal consistency reliability (alpha) estimates (Osman et al., 2001). In this sample, Cronbach's alpha was .73.

The *Center for Epidemiologic Studies Depression Scale* (CES-D; Radloff, 1977) includes 20 items responded to in relation to the past week, and rated on a 4-point Likert-type scale (from 0 = rarely or none of the time, to 3 = most or all of the time). The CES-D has good internal consistency and adequate test-retest reliability (Radloff, 1977). Internal consistency in this sample was .80.

RESULTS

Sample Characteristics

Characteristics of offenders are shown in Table 1. As expected, the NSSH group were significantly more likely to have spent time being monitored for self-harm and suicide and were also significantly higher on self-reported suicidal behaviors and depression. Thirty-two offenders (17.9% of the whole sample) met the criteria for BPD traits. The NSSH group was significantly more likely to include offenders high on BPD traits ($n=20$ or 47.6% of the NSSH group), compared with the non-NSSH group ($n=12$, or 8.8% of the total non-NSSH group). In contrast, the NSSH group were significantly less likely to be high on antisocial personality traits. Notably, the prevalence of offenders with BPD traits is lower than studies using similar populations and BPD screening measures (e.g., 26.8% using a 9-item BPD screening interview and a prison sample, Black et al., 2007; and 31% in a sample of personality disordered offenders in a high secure setting).

Frequency of NSSH

Forty-two offenders had engaged in lifetime NSSH. Table 2 shows the percentage of self-harming offenders who use different NSSH behaviors. The more clinically severe (i.e., cutting, banging,

TABLE 1. Prison and Psychological Characteristics of NSSH and Non-NSSH Offenders

	No NSSH (<i>n</i> = 137)	NSSH (<i>n</i> = 42)	Significance
Self-Reported time spent on self-harm/suicide monitoring (%)	12.5	51.2	$\chi^2(1) = 28.01, p < .001^1$
Meets threshold for BPD (%)	8.8	47.6	$\chi^2(1) = 33.06, p < .001^1$
Meets threshold for APD (%)	22.5	50.0	$\chi^2(1) = 8.94, p < .001^1$
Meets threshold for HPD (%)	0.7	4.8	$\chi^2(1) = 3.17$, Fisher's exact $p = .138^2$
Meets threshold for NPD (%)	6.6	14.3	$\chi^2(1) = 2.49$, Fisher's exact $p = .122^2$
Depression (M [SD])	17.07 (8.45)	24.83 (9.52)	$t(177) = -5.06, p < .001^3$
Suicidal Behaviours (M [SD])	4.27 (1.96)	6.89 (3.00)	$t(52.14) = -5.33, p < .001^3$

Note. ¹ p value obtained from Pearson chi square test ² p value obtained from Fisher's exact test due to low expected cell frequencies. ³ p value obtained from independent samples t-tests.

dangerous substances) were most frequently endorsed. A total of 28.6% engaged in just one method (excluding the "other" category), with the majority

(50%) using between 2 and 4 methods. Similar to previous studies of offenders with personality disorders (e.g., Mannion, 2009), the most frequently endorsed

TABLE 2. Percentage of Offenders Using Different NSSH Methods and Frequency of NSSH

	NSSH sample (%) (<i>n</i> = 42)	NSSH sample with Low BPD traits (%) (<i>n</i> = 22)	NSSH sample with high BPD traits (%) (<i>n</i> = 20)
Method			
Banging or hitting self	33.3	9.1	60.0***
Hair pulling	9.5	4.5	15.0
Pinching	11.9	4.5	20.0
Cutting	59.5	45.5	75.0
Biting	16.7	4.5	30.0*
Wound picking	33.3	13.6	55.0**
Severe scratching	23.8	18.2	30.0
Rubbing skin against rough surfaces	11.9	0.0	25.0*
Burning	19.0	13.6	25.0
Needle sticking	4.8	4.5	5.0
Carving	16.7	4.5	30.0*
Swallowing dangerous substances	31.0	13.6	50.0*
Other	19.0	9.1	30.0
Frequency of NSSH incidents across all methods			
Range	1–4000	1–180	2–4000
Median	8.5	2.5	214.0
Mode	1.0	1.0	4

Note. Statistical significance determined by Mann Whitney U test. * $p < .05$, ** $p < .01$, *** $p < .001$.

method was cutting. Offenders in the high BPD trait group were significantly more likely to use a range of other methods, including banging, wound interference, curbing skin, carving, and swallowing dangerous substances (i.e., self-poisoning).

The descriptive statistics show that the frequency of lifetime NSSH incidents ranged from 1 to 4,000 separate acts in the whole NSSH group. In the low BPD trait group, the mode was 1 which may reflect individuals who have harmed themselves once versus repeatedly. The mode for the high BPD trait group suggests that for most there may have been multiple episodes of self-harm.¹

Preliminary Analyses

The functions of NSSH were examined for the 42 offenders who reported having engaged in NSSH. Missing data were present across some ISAS functions, but as this was only a few cases pairwise deletion was used. Thus, for some analyses there were less than 42 participants. We reduced in size, one extreme univariate outlier on the Interpersonal scale of the ISAS.

Table 3 shows the means, standard deviations and alpha values for the various functions. Cronbach's alphas ranged from .54 to .88, with the majority being above .70. The mean total score on the ISAS functions scale was 14.17 ($SD = 15.22$), which was similar to the mean score previously found in a student sample by Klonsky and Glenn (2009). Also, as expected the scaled mean for the Intrapersonal factor ($M = .57$, $SD = .55$) was significantly higher ($t(39) = 6.36$, $p < .001$) than for Interpersonal factor ($M = .23$, $SD = .30$). We then compared mean scores for each of the 13 scales to those reported

¹This method assumes that per episode participants used one method. Participants could have used multiple methods within one episode.

in a non-detained sample of 235 participants (Klonsky & Glenn, 2009). Using the Welch-Satterthwaite test for independent samples with unequal variances, only the anti-suicide function was significantly different between the two samples, with male offenders scoring significantly higher than the student sample. Note that Peer Bonding, Revenge, and Sensation Seeking could not be analyzed due to insufficient variability in the data, suggesting low endorsement of these three interpersonal functions. All three variables were excluded from further analysis.

In sum, the patterns of means is highly similar to previous research, but 3 of the 12 functions scales were endorsed by few participants. Taking this into account, and to reduce the number of analyses, only the 39 items and 2 superordinate factors were used in subsequent analyses.

Functions of NSSH

To address the first objective, we first examined the number and type of reasons for self-harm. Analyses were conducted at the item ($n = 39$ ISAS reasons) and factor level ($n = 2$ Intra- and Interpersonal factors). The 39 reasons for self-harm are shown in Table 4, along with the percentage of participants engaging in NSSH who endorsed each reason (a reason was identified as "endorsed" if it had been rated between 1 and 3 and "not endorsed" if rated 0 by the participant). For descriptive purposes, the Table shows which of the 13 functions the item corresponds to. In total, there are 15 intrapersonal items and 24 interpersonal ones.

Out of the 39 reasons, an average of 9.56 ($SD = 8.42$) were endorsed overall, although the standard deviation shows there is considerable variation in the number of reasons endorsed. On average, there were more intrapersonal reasons endorsed: scaled $M = .57$ ($SD = .55$) compared to

TABLE 3. Means (M), Standard Deviations (SD), Reliability and Correlations of ISAS Functions

Function	Reliability	M (SD)	Klonsky and Glenn (2009) M (SD)
1. Intrapersonal			
2. Affect regulation	.67	2.60 (2.23)	3.0 (2.1)
3. Anti-dissociation	.77	1.53 (1.99)	1.0 (1.6)
4. Anti-suicide	.85	1.43 (1.20)**	0.8 (1.4)
5. Marking distress	.85	1.15 (1.89)	1.4 (1.8)
6. Self-punishment	.86	2.75 (2.34)	2.0 (2.1)
7. Autonomy	.66	.69 (1.34)	0.6 (1.3)
8. Interpersonal			
9. Interpersonal boundaries	.77	.90 (1.35)	0.8 (1.4)
10. Interpersonal Influence	.54	1.10 (1.50)	0.8 (1.4)
11. Peer bonding	.60	–	0.5 (1.3)
12. Revenge	.77	–	0.6 (1.4)
13. Self-care	.76	.77 (1.51)	0.8 (1.4)
14. Sensation seeking	.88	–	0.7 (1.3)
15. Toughness	.69	.95 (1.55)	1.0 (1.4)

Note. Mean not calculated for Peer Bonding, Revenge and Sensation Seeking due to insufficient variability in the data; all three variables contained excess zeros and only several extreme univariate outliers. Mean scores were compared to those in a previously published student sample (Klonsky & Glenn, 2009) and the Welch-Satterthwaite test for independent samples with unequal variances was used to calculate significance.

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

$M = .23$ ($SD = .30$) for interpersonal reasons. Of the participants, 82.9% endorsed a reason that was intrapersonal in nature, and 72.5% interpersonal. Finally, as shown in Table 4, all 39 items were endorsed by at least one participant.

Regarding the types of reasons, the five most frequently endorsed reasons were of an intrapersonal nature and from the affect regulation (“releasing emotional pressure,” “reducing anxiety, frustration and anger”) and self-punishment scales (“punishing myself,” “expressing anger towards myself,” and “reacting to feeling unhappy or disgusted with myself”). Note that the five most frequently endorsed “Interpersonal” items belonged to a range of different scales: interpersonal boundaries (“creating a boundary between myself and others”); interpersonal influence (“letting others know the extent of my emotional pain,”

“seeking care or help from others”); self-care (“creating a physical injury that is easier to care for”); and toughness (“seeing if I can stand the pain”).

To address the second objective, we used the 39 reasons and found that the number of participants endorsing reasons that are just intrapersonal, interpersonal, or both were 17.1%, 2.9% and 80.0%, respectively.

Functions of NSSH in Offenders With Low Versus High BPD Traits

To address the third objective, we examined the percentage of offenders endorsing each item within both low and high BPD trait groups. An average of 3.00 ($SD = 3.36$) and 7.85 ($SD = 4.18$) out of 15 intrapersonal items were endorsed

TABLE 4. Frequency (%) of NSSH Sample and Individuals with Low and High BPD Traits Endorsing Each Reason

Reasons for NSSH	Total NSSH sample (n = 42)	Low BPD (n = 22)	High BPD (n = 20)	Low vs. High BPD χ^2 (p)	Effect size: Phi (ϕ)
Intrapersonal domain (15 reasons)					
Affect Regulation					
(1) ...calming myself down	41.0	30.0	52.6	.151	.23
(14) ...releasing emotional pressure that has built up inside of me	65.0	45.0	85.0	.008**	.42
(27) ...reducing anxiety, frustration, anger or other overwhelming emotions	63.2	52.6	73.7	.179	.22
Anti-Dissociation					
(5) ...causing pain so I will stop feeling numb	46.2	20.0	73.7	.001***	.54
(18) ...trying to feel something (as opposed to nothing) even if it is physical	30.0	14.3	47.4	.038*	.36
(31) ...making sure I am still alive when I don't feel real	21.1	5.3	36.8	.042*1	.39
Anti-Suicide					
(6) ...avoiding the impulse to attempt suicide	25.6	5.0	47.7	.003**1	.49
(19) ...responding to suicidal thoughts without actually attempting suicide	37.5	15.0	60.0	.008**	.47
(32) ...putting a stop to suicidal thoughts	28.9	10.5	47.4	.012*	.41
Marking Distress					
(11) ...creating a physical sign that I feel awful	17.5	4.8	31.6	.040*1	.35
(24) ...proving to myself that my emotional pain is real	26.3	10.5	42.1	.027*	.36
(37) ...signifying the emotional distress I'm experiencing	35.1	21.1	50.0	.065	.30
Self-Punishment					
(3) ...punishing myself	62.5	45.0	80.0	.022*	.36
(16) ...expressing anger towards myself for being worthless or stupid	57.8	50.0	65.0	.337	.15
(29) ...reacting to feeling unhappy with myself or disgusted with myself	55.3	31.6	78.9	.003**	.48
Interpersonal domain (24 reasons)					
Autonomy					
(13) ...ensuring that I am self-sufficient	10.3	0.0	21.1	.047*1	.35
(26) ...demonstrating that I do not need to rely on others for help	15.8	10.5	21.1	.660	.14

(39) ... establishing that I am autonomous/independent	21.6	15.8	27.8	.447	.15
Interpersonal Boundaries					
(2) ... creating a boundary between myself and others	42.5	25.0	60.0	.025*	.35
(15) ... demonstrating that I am separate from other people	7.7	0.0	15.8	.106 ¹	.30
(28) ... establishing a barrier between myself and others	21.1	10.5	31.6	.232	.26
Interpersonal Influence					
(9) ... letting others know the extent of my emotional pain	30.8	15.0	47.4	.029*	.35
(22) ... seeking care or help from others	23.7	10.5	36.8	.124 ¹	.31
(35) ... keeping a loved one from leaving or abandoning me	21.1	10.5	31.6	.232 ¹	.26
Peer Bonding					
(8) ... bonding with peers	12.8	5.0	21.1	.182 ¹	.24
(21) ... fitting in with others	2.7	0.0	5.3	1.00 ¹	.16
(34) ... creating a sign of friendship or kinship with friends or loved ones	5.3	0.0	10.5	.486 ¹	.24
Revenge					
(12) ... getting back at someone	7.7	0.0	15.8	.106 ¹	.30
(25) ... getting revenge against others	7.9	5.3	10.5	1.00 ¹	.01
(38) ... trying to hurt someone close to me	1.1	0.0	10.5	.486	.24
Self-Care					

(Continued)

TABLE 4. Continued

Reasons for NSSH	Total NSSH sample (n = 42)	Low BPD (n = 22)	High BPD (n = 20)	Low vs. High BPD χ^2 (p)	Effect size: Phi (ϕ)
(4) ... giving myself a way to care for myself (by attending to the wound)	17.9	5.0	31.6	.044* ¹	.35
(17) ... creating a physical injury that is easier to care for than my emotional distress...	25.6	20.0	31.6	.480 ¹	.13
(30) ... allowing myself to focus on treating the injury, which can be gratifying or satisfying	5.3	0.0	10.5	.486 ¹	.24
Sensation Seeking					
(7) ... doing something to generate excitement or exhilaration	17.9	0.0	36.8	.003** ¹	.48
(20) ... entertaining myself or others by doing something extreme	13.2	5.3	21.1	.3401	.23
(33) ... pushing my limits in a manner akin to skydiving or other activities	15.8	0.0	31.6	.020* ¹	.43
Toughness					
(10) ... seeing if I can stand the pain	28.2	10.0	47.4	.010**	.42
(23) ... demonstrating I am tough and strong	15.8	0.0	31.6	.020* ¹	.43
(36) ... proving I can take physical pain	20.5	10.5	30.0	.235 ¹	.24

Note. All p values are from the Pearson chi square test. ¹ p value obtained from Fisher's exact test due to low expected cell frequencies. Total sample size ranges from 37 to 42 due missing data for some functions.

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

in the low and high BPD groups, respectively: $t(39) = -4.10, p < .001$. This same pattern emerged for interpersonal functions, where the high BPD traits group endorsed an average of 6.10 ($SD = 4.89$) out of 24 functions, compared to 1.55 ($SD = 2.21$) for the low BPD traits group: $t(38) = -3.79, p < .001$. Thus, those with high BPD traits endorse a broader range of both intrapersonal and interpersonal functions. We further investigated this potential relationship between BPD and intrapersonal and interpersonal functions using correlations and found no significant difference in the strength of the relationship between the dichotomous BPD traits variable and the Intrapersonal ($r = .55, p < .01$) and Interpersonal ($r = .50, p < .01$) factors (Hotelling's $t^2(37) = .63, p > .05$, two-tailed). The strength of these correlations increases to $r = .69$ for both factors when correlated with a continuous BPD variable. Note that all of these effects remain significant when controlling for NSSH frequency, suggesting that the differences are not accounted for by the higher self-harm in the high BPD group.

In the low BPD group, reasons belonging to the Intrapersonal factor were endorsed by 66.7% of participants, compared to 50.0% for the Interpersonal factor; in the high BPD traits group these figures were 100.0% and 95.0, respectively.

Finally, as shown in Table 4, in both low and high BPD groups all 15 intrapersonal reasons were endorsed by at least one participant. However, in the low BPD group 10 of the 24 interpersonal reasons were not endorsed at all, relative to all 24 items in the high BPD group. We then used chi-square analyses to identify significant differences between the two groups in terms of the percentage of self-harmers endorsing of each reason. As shown, there were significant effects for 19 of the 39 reasons, with a significantly higher percentage of BPD participants endorsing all 19 reasons. Eleven of these were

intrapersonal in nature (out of a possible 15 intrapersonal reasons: 73%), suggesting that the high BPD group are significantly more likely to endorse a range of reasons relating to anti-dissociation, anti-suicide, distress and self-punishment.

Eight reasons (out of a possible 24: 33%) endorsed by significantly more of the high BPD group were interpersonal in nature. These reasons related to autonomy, interpersonal boundaries, interpersonal influence, self-care, sensation seeking, and toughness; items relating to revenge or peer bonding were not endorsed to a significantly higher extent.

Effect sizes (ϕ) typically ranged from small (.10) to large (.50), with an average effect size .31, or .37 or .28 for intra versus interpersonal reasons, respectively.

To address the hypothesis that the most frequently endorsed specific reason for NSSH in participants with BPD traits is an affect regulation reason, we identified the five most frequently endorsed reasons and found them to be intrapersonal. Within the low BPD group, the most frequently endorsed were the same reasons with one exception: "causing pain so I will stop feeling numb" was endorsed less frequently. The most frequently endorsed reason in the high BPD as well as low BPD and whole NSSH sample was "releasing emotional pressure that has built up inside of me."

Finally, it is possible that offenders with BPD traits who self-harm are more clinically severe overall, and if this is the case, group differences in the functions of self-harm could be due to general psychopathology rather than BPD traits. To explore this, a series of 2 (self-harm group) x 2 (BPD group) between subjects factorial ANOVAs were conducted using either HPD, NPD, APD, depression or suicidal behaviors as dependent variables. To summarize these findings, we did not find evidence to support the notion that our NSSH with BPD traits group was more

clinically severe *overall*; the group scored significantly higher on only suicidal behavior (due to space constraints these analyses are not reported here but are available upon request from the first author).

DISCUSSION

This study aimed to understand the specific reasons for non-suicidal self-harm (NSSH) within a group of detained adult male offenders, with and without borderline personality traits. In this sample, 24% reported a history of NSSH and the majority reported having engaged in the more clinically severe forms such as cutting and swallowing dangerous substances. These individuals were distinguishable from non-NSSH offenders in terms of high BPD traits, increased suicidal behaviors and depression, and lower antisocial personality disorder traits. Thus, the NSSH group reported more emotional disturbance than offenders who do not self-harm.

To achieve our aim, we used a comprehensive measure of NSSH functions. Results showed that the ISAS is a reliable measure in a male offender population and produces comparable data to non-detained individuals (Klonsky & Glenn, 2009). There were some notable exceptions, including moderate reliabilities for some functions and insufficient variability for the peer bonding, revenge, and sensation seeking functions. This low endorsement is interesting in and of itself, and could suggest that self-harm does not serve these functions in this population. The desire to “fit in with others” for example (peer bonding), may be less likely in a male sample in which self-harm is not disclosed due to fear of stigma because self-harm is perceived to be a feminine behavior (see Chandler et al., 2011, for discussion). Alternatively, it is possible that this small sample of self-harmers failed to capture many individuals with the specific

characteristics that make them vulnerable to self-harming for interpersonal reasons. Indeed, there is evidence that the need to self-harm for intra- relative to interpersonal reasons is driven by the affective and not behavioral or interpersonal features of BPD (Sadeh et al., 2014), and the presence of these features can vary massively between samples due to heterogeneity of the disorder. Interestingly though, at the item level it was clear that at least one person endorsed each of the three items within each subscale, highlighting the relevance of these functions for some individuals.

In relation to our first and second objectives, the reasons for NSSH were broad and it was clear that in the vast majority of cases, offenders endorsed multiple specific intrapersonal and interpersonal reasons; this is consistent with past studies using student samples (e.g., Klonsky, 2009). These findings, along with the preference for *intrapersonal* reasons, are a challenge to prison staff who overestimate the interpersonally motivated reasons for self-harm (e.g., Kenning et al., 2010; Knowles et al., 2013). However, although less frequently endorsed by offenders, interpersonal reasons for self-harm are equally as present in offenders as they are in student populations (e.g., Klonsky & Glenn, 2009). One exception was the anti-suicide function, suggesting that offenders used self-harm more to stop suicidal thoughts.

In relation to the third objective, interestingly BPD traits was not correlated more strongly with the broadly conceptualized intra- relative to interpersonal factor, unlike in a student sample (Klonsky & Glenn, 2009). However, identifying the number of offenders endorsing individual reasons enabled us to identify important and more specific differences between offenders with low and high BPD traits. It was clear that the latter group endorsed a broader range of interpersonal reasons, suggesting the presence of within group differences. In

particular, those with high BPD traits were significantly more likely to self-harm to establish autonomy, manage boundaries between themselves and others, influence others, create sensation, demonstrate toughness, and for self-care. Moreover, all but one participant in the high BPD group endorsed at least one interpersonal reason, compared to only half of the low BPD group. These differences may reflect the interpersonal difficulties that characterize BPD and which manifest through socially reinforcing self-harm. In this sense, self-harm serves to influence and communicate with others, probably because other methods have failed (Nock, 2008). However, it should be noted that these are item-level analyses and not all items relating to these concepts were endorsed to a significantly greater extent than the high BPD trait group. It is also worth noting that not all who self-harmed in this study were high on BPD traits, supporting the separateness of self-harm from BPD and being consistent with the notion of an “NSSI disorder” (American Psychiatric Association, 2013).

In support of the hypothesis, the most frequently endorsed specific reasons in this sample and in those with high BPD traits were affect regulatory in nature. These results are consistent with previous research (e.g., Klonsky & Glenn, 2009; Sadeh et al., 2014) and theory (Linehan, 1999). However, the findings herein and heterogeneity of BPD reminds us that self-harm is often performed for a range of individual reasons, and is not always driven by affect.

There are limitations to this study that warrant attention. First, we adopted a definition of self-harm that considered intent, focusing only on non-suicidal self-harm. It is possible though, that offenders were not fully aware of their intentions, possess ambiguous intentions, or provide socially desirable responses (e.g., claiming that their self-harm is non-suicidal instead of suicidal).

Second, the study focused on lifetime self-harm rather than self-harm within the prison because our interest was in the stable personality traits of this sample (which are likely to have been present prior to incarceration as they develop in early adolescence/early adulthood e.g., Becker, Grilo, Edell, & McGlashan, 2002), that might explain the endorsement of specific functions. As a result, generalization of the findings to a specific observation period (e.g., 1-month prevalence, or past 12 months) either in or outside of the prison is not possible, and it means that we cannot be sure whether some self-harm occurred prior to criminal activity. Isolating prevalence to a specific period of interest would ascertain whether specific functions of NSSH are more prevalent within the constraints of the prison environment. For example, interpersonal functions may be more prevalent as a means of eliciting care within a restrictive environment where attachment needs—which are central to the development of BPD traits (Agrawal et al., 2004; Fonagy et al., 2003)—are not fulfilled. However, previous research with youths in custody has shown that some 75% of lifetime self-harm began in prison, and this may have been the case in our sample (Kenny, Lennings, & Munn, 2008).

Third, although we recruited a relatively large number of offenders, the number self-harming was relatively small; this may have reduced the variation in the reasons endorsed. In addition, given the small sample combined with the exploratory nature of the study, we chose not to use a more conservative alpha level when interpreting the results of multiple tests because this would have led to a reduction in statistical power. Our study was powerful enough to detect large effect sizes, but some results were only just statistically significant and these would have been missed with a more stringent alpha level. This highlights the importance of replicating the findings with a larger sample.

Reasons for Non-Suicidal Self-Harm in Adult Male Offenders

Future research should address these limitations but also explore functions in distinct subgroups of self-harmers. Specifically, offenders who began their NSSH before versus in prison may represent distinct subgroups of self-harmers that are distinguishable, in part, through their reasons for self-harm. This may also be the case for individuals who harm themselves once versus repeatedly, which we did not separate in this study (Muehlenkamp, Brausch, Quigley, & Whitlock, 2013), and for individuals who self-harm only through self-poisoning. Self-poisoning is a behavior that does not cause pain or immediate damage to the skin, and so any affective relief is less immediate (Brooke & Horn, 2010). However, overdosing can serve similar affective and interpersonal functions to cutting and is sometimes performed in the absence of suicidal intent (Brooke & Horn, 2010; Hawton, Harriss, & Rodham, 2010; Rodham, Hawton, & Evans, 2004), which justifies its inclusion in this study.

This study has implications: staff training is an integral component of the care planning system currently used in the UK for prisoners at risk of self-harm or suicide (Assessment Care in Custody and Teamwork: ACCT), and our findings should be incorporated into ACCT training to improve awareness and understanding of the varied intra- and interpersonal reasons for self-harm in male offenders. As ACCT is a uniform process across the prison estate and staff implementing it often have limited or no psychological background, an individualized approach to managing self-harm through understanding its functions may prove challenging. Policy makers must consider how the ACCT process can be responsive to these demands.

Finally, the evidence that some offenders self-harm for interpersonal reasons should not reinforce the perceived “manipulative” function of NSSH; rather, this is a genuine reason that resides within

an empirically supported theoretical model of self-harm functions. Moreover, according to these results offenders hold multiple interpersonal and intrapersonal functions, thus highlighting the complexity of the reasons behind NSSH: it is performed rarely for one reason, nor one type of reason.

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Reasons for Non-Suicidal Self-Harm in Adult Male Offenders

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Reasons for Non-Suicidal Self-Harm in Adult Male Offenders

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